



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

January 28, 2016

Ms. Lori Harris  
Norstar Development USA, L.P.  
733 Broadway  
Albany, New York 12207

**Re: Asbestos Abatement Closeout Report – Hikone  
2702-2760 Hikone Road, Ann Arbor, Michigan  
ECS Project N100-0008**

Dear Ms. Harris:

Environmental Consulting Solutions, LLC (ECS) is pleased to submit this Asbestos Abatement Closeout Report for Hikone in Ann Arbor, Michigan. The asbestos abatement work took place from March 30, 2015 through January 12, 2016.

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.

AEC concluded "All clearance samples were below the applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy".

Please refer to Attachment 1 for the AEC Air Monitoring Report and Attachment 2 for the EME Abatement Closeout Documents.

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**

A handwritten signature in black ink that reads "Andrew J. Foerg". The signature is written in a cursive, flowing style.

Andrew J. Foerg, CPG  
President

Enclosures

**ATTACHMENT 1**

**AEC AIR MONITORING REPORT**

# **AIR MONITORING REPORT**

**FOR**

**ENVIRONMENTAL CONSULTING SOLUTIONS  
523 W. SUNNY BROOK DRIVE  
ROYAL OAK, MI 48073**

**AT**

**HIKONE  
2700 HIKONE  
ANN ARBOR, MI 48108**

**PREPARED BY:**

**AMERICAN  
ENVIRONMENTAL  
CONSULTANTS, LLC**

**12838 GAVEL  
DETROIT, MICHIGAN 48227  
OFFICE: 313-491-2600  
FAX: 313-491-2601**

**PROJECT NUMBER  
1478-15003**

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## **Introduction**

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at Hikone located at 2700 Hikone, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from March 30, 2015 through January 12, 2016.

AEC representatives Matt Rodgers, Lance Hassell, Jef Fox and Ron Fraley were the on site “competent person” for AEC. AEC project manager Jef Fox performed project oversight for the monitoring throughout the project.

AEC performed asbestos air sampling following the abatement in the units. The workers were below the Occupational Safety and Health Administration (OSHA) permissible exposure limit (PEL) for the personal protective equipment (PPE) worn. All clearance samples were below applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy. Please refer to the appendices for sample results and daily paperwork.

## **Sampling Types**

AEC utilized a variety of sampling types for monitoring the work that is being performed. These sampling types are used to show the levels of contaminants before, during, and after the work performed. Pump and cassette placement is site specific and is done in areas the on site representative deems worthy of being monitored. Some areas of monitoring importance are work areas, areas with unprotected personnel, and points of potential contaminant release. The sampling end of the cassettes is run in the “breathing zone” to mimic what an average human being would be breathing in. Below is a list of sampling types and a brief description describing the general areas and information the results provide.

**Outside Work Area Samples** are used to show that the contaminant is being contained within the work area or regulated area and that the controls that are used to prevent the release of a contaminant are working properly. These samples demonstrate that there was no release of the

contaminant or allow potential contaminant releases to be observed and corrected before a greater environmental issue arises.

**Inside Work Area Samples** are run inside the work area to determine the concentration of a contaminant before, during, and after the work being performed. A variety of monitoring activities are performed inside the work area. Background sampling determines the concentration of a contaminant before the start of work to determine if there is a significant concentration that could skew the rest of the air monitoring results. Also post abatement clearance samples are run in the work area to ensure the area is safe for re-occupancy based on regulatory standards set forth for the contaminant of concern.

**Personal Samples** are samples that show that the workers performing the work are within their permissible exposure limits of the personal protective equipment they are wearing. The information these samples provide is used to calculate statistical data such as short-term exposure levels and OSHA 8 hour time weighted averages (TWA). The samples are attached a number of workers that represents 25 percent of the work force. The cassette is attached in the “breathing zone” of the worker.

### **Sampling Equipment**

AEC utilizes high and low volume pumps for the sampling processes. The high volume pumps are AC powered and have a sampling flow rate range of 5 to 15 liters per minute (LPM). The low volume pumps are powered by a rechargeable battery, which allows the pump to have greater flexibility for specific tasks such as personal sampling, areas with no power, or in “no spark” regulated areas. The sampling flow rate range of the low volume pumps is 0.1 to 4 LPM. All samples are calibrated with secondary calibrated rotameter that is regularly calibrated against a primary digital calibration system.

The asbestos monitoring is done with a 25 millimeter MCE filtered 3-piece cassette where the filter can be dissolved with vaporized acetone to be analyzed by the technician on site. The filter of the cassette has a pore size optimized for trapping asbestos fibers.

## **Analytical Methods**

AEC utilizes Phase Contrast Microscopy (PCM) for the analysis of the asbestos air samples. The PCM samples were analyzed on site by a NIOSH 582 (Equivalency) trained AEC representative. AEC participates in the AIHA PAT Round program for analyzing asbestos fibers. The PCM samples are taken and analyzed in accordance with EPA regulations and the NIOSH 7400 Method A Counting Rules Protocols. This method is a fiber counting method in which all fibers are counted, not just asbestos fibers. The technician is unable to decipher asbestos fibers from other fibers with this method. The microscope is calibrated each time it is moved from the previous calibration spot. Field blank samples are prepared and analyzed everyday to determine if there is any contamination in the cassettes from the factory or any cross contamination with the method of slide preparation. The amount of field blank samples is determined by the total daily samples, in which 2 or 10 percent of the total daily samples are field blanks. The field blank results are incorporated in the final determination of fibers per cubic centimeter (f/cc). Also a blind recount is performed on a randomly chosen sample and reanalyzed for statistical comparison.

AEC utilizes Transmission Electron Microscopy (TEM) for projects that require this more sensitive method. AEC utilizes accredited laboratories for the analysis of these samples. This method is more sensitive in counting asbestos fibers because the method can accurately count only the asbestos fibers. The laboratory uses the EPA 40 CFR Part 763 Final Rule (AHERA) method of asbestos fiber analysis.

## **Regulatory Standards**

The EPA clearance standard for re-occupancy is 0.01 f/cc. Outside work area samples are to be below 0.01 f/cc to be within the standard if no predetermined concentration exists from the background sampling. If a significant concentration of asbestos fibers was identified in the background samples, the background samples must be included in the final determination for re-occupancy.

The regulatory standards for personal samples are determined by the personal protective equipment the workers were wearing. Unprotected workers cannot be exposed to greater than 0.1 f/cc. Workers wearing half face negative pressure respirators must be below a STEL of 10.0 f/cc and an OSHA TWA of 1.0 f/cc for an 8-hour workday. If the workers are wearing positive pressure air purifying full-face respirators the STEL is 100.00 f/cc and the OSHA TWA is 10.0 f/cc for an 8-hour workday.

## **Results**

The asbestos air sampling sheets with results are located in Appendix A. The daily paperwork is located in Appendix B.

### **PCM Air Monitoring**

The air monitoring conducted during asbestos abatement activities did not show any significant fiber release during any portion of the work AEC monitored. The workers did not exceed the permissible exposure limit (PEL) of the personal protective equipment (PPE) they were wearing. All clearances performed passed applicable EPA and State clearance standards. Refer to the reports in the appendices for individual data.

## **Conclusion**

AEC feels that the work performed at the referenced facility for the stated areas for the dates specified was performed in a safe and thorough manner. All areas were deemed safe for re-occupancy after all abatement activities.

## **Limitations**

The information and opinions obtained in this report are for the exclusive use of AEC's Client. No distribution to or reliance by other parties may occur without the express written permission of AEC. AEC will not distribute this report without your written consent or as required by law

or Court order. The information and opinions that are contained in this report are given in light of that assignment. The report must be reviewed and relied upon only in conjunction with the terms and conditions expressly agreed upon by the parties and as limited therein. Any third parties who have been extended the right to rely on the contents of this report by AEC (which is expressly required prior to any third party release), expressly agrees to be bound by the original terms and conditions entered into by AEC and Client.

Subject to the above terms and conditions, AEC accepts responsibility for the competent performance of its duties in executing the assignment and preparing reports in accordance with the normal standards of the profession, but disclaims any responsibility for consequential damages. Although AEC believes that the results contained herein are reliable, AEC cannot warrant or guarantee that the information provided is exhaustive or that the information provided by Client or third parties is complete or accurate.

It was a pleasure to work with you on this project and AEC looks forward to working with you on future projects. If you have any questions regarding this report please feel free to contact us at our office at 313-491-2600.

Sincerely,

**American Environmental Consultants, LLC.**



Jef Fox

Project Manager

# **Appendix A**

## **Air Sampling Sheets**





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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/1/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Project Contact:</b> Andy Foerg						<b>Contractor:</b> EME					
<b>Microscope Field Area:</b>		0.00785 mm2		Fibers per mm <sup>2</sup>		Time (24 Hour Clock)		Vol. (L)					
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)	Start	Stop	Total	LOQ (f/cc)	Fibers /cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	6	100	10	2.00	0800	1200	240	0.0102	< 0.0102
	4	IWA	2702 By Stairs	CL	8	100	10	10.00	1200	1400	120	0.0041	< 0.0041
	5	IWA	2712 By Stairs	CL	9	100	10	10.00	1200	1400	120	0.0041	< 0.0041
<b>Total Samples</b>	5												
<b>Blind Recount</b>	4												

10.00      120      1200.00      0.0041      < 0.0041

12.7      10      100      8

10.00      120      1200.00      0.0041      < 0.0041

<p><b>Sample Issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OSWA</li> <li><input type="checkbox"/> IWA</li> <li><input type="checkbox"/> P</li> <li><input type="checkbox"/> STEL</li> <li><input type="checkbox"/> HEPEX</li> <li><input type="checkbox"/> FB</li> <li><input type="checkbox"/> NA-PE</li> <li><input type="checkbox"/> NA-OLF</li> <li><input type="checkbox"/> NA-WDF</li> </ul>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BKGD</li> <li><input type="checkbox"/> REM</li> <li><input type="checkbox"/> CL</li> <li><input type="checkbox"/> W</li> <li><input type="checkbox"/> GR</li> <li><input type="checkbox"/> BIO</li> <li><input type="checkbox"/> AMB</li> <li><input type="checkbox"/> PREP</li> <li><input type="checkbox"/> CU</li> </ul>
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**PCM Analyst:** Lance Hassell

*[Signature]*  
Project Manager/Supervisor



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/3/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	0800	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	0830	600.00	0.0082	< 0.0082
	5	IWA	2736 Kitchen	CL	9	100	10	12.7	10.00	0800	1200.00	0.0041	< 0.0041
	6	IWA	2736 Living Room	CL	8	100	10	12.7	10.00	0800	1200.00	0.0041	< 0.0041
	7	IWA	2734 Kitchen	CL	10	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041
	8	IWA	2734 Living Room	CL	8	100	10	12.7	10.00	1400	1200.00	0.0041	< 0.0041
<b>Total Samples</b>	<b>Blind</b>												
8	6												

	10.00		12.7
10	100	10	12.7
120	1200.00	0.0041	< 0.0041

PCM Analyst: Lance Hassell

Project Manager Signature:

Sample Issues	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEHEX	CB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU

<<Enter Sample Number Here

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/6/2015										
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell										
<b>Filter ECA:</b> 385 mm2				<b>Project Contact:</b> Andy Foerg												
<b>Microscope Field Area:</b> 0.00765 mm2				<b>Contractor:</b> EME												
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)		Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers /cc	
									Start	Stop	Ave.	Stop				Start
	1	FB			0	100										FB AVE
	2	FB			0	100										0.0000
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	8	100	10	12.7	2.00	2.00	0800	1500	420	840.00	0.0058	< 0.0058
	5	IWA	2714 Kitchen	CL	7.5	100	10	12.7	10.00	10.00	0745	0945	120	1200.00	0.0041	< 0.0041
	6	IWA	2714 Upstairs Hall by Stairs	CL	8	100	10	12.7	10.00	10.00	0745	0945	120	1200.00	0.0041	< 0.0041
	7	IWA	2720 1st Floor by Stairs	CL	7	100	10	12.7	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	8	IWA	2720 2nd Floor by Stairs	CL	9	100	10	12.7	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	9	IWA	2732 1st Floor by Stairs	CL	8	100	10	12.7	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
	10	IWA	2732 2nd Floor by Stairs	CL	10	100	10	12.7	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
<b>Total Samples</b>	<b>Blind Recount</b>															
10	10				9	100	10	12.7	10.00				120	1200.00	0.0041	< 0.0041

<<Enter Sample Number Here

Sample Types		Activity	
OSWA	=	BKGD	=
IWA	=	REM	=
P	=	CL	=
STEL	=	IA	=
HEPEX	=	CB	=
FB	=	B/O	=
NA-DF	=	AMB	=
NA-CDF	=	PREP	=
NA-WDF	=	CU	=

PCM Analyst: Lance Hassell

Protect Manager Signature

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/7/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2				<b>Project Contact:</b> Andy Foerg									
<b>Microscope Field Area:</b> 0.00788 mm2													
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Chris Treglown	REM	9	100	10	12.7	2.00	0745	360	0.0068	< 0.0068
	4	IWA	2730 1st Floor by Stairs	CL	8	100	10	12.7	10.00	0800	120	0.0041	< 0.0041
	5	IWA	2730 2nd Floor by Stairs	CL	9.5	100	10	12.7	10.00	0800	120	0.0041	< 0.0041
	6	IWA	2728 1st Floor by Stairs	CL	10	100	10	12.7	10.00	1005	120	0.0041	< 0.0041
	7	IWA	2728 2nd Floor by Stairs	CL	8.5	100	10	12.7	10.00	1006	120	0.0041	< 0.0041
	8	IWA	2702 Kitchen	CL	6	100	10	12.7	10.00	1215	120	0.0041	< 0.0041
	9	IWA	2704 2nd Floor	CL	5	100	10	12.7	10.00	1216	120	0.0041	< 0.0041
	10	IWA	2706 Living Room	CL	4.5	100	10	12.7	10.00	1217	120	0.0041	< 0.0041
	11	IWA	2708 2nd Floor	CL	6.5	100	10	12.7	10.00	1218	120	0.0041	< 0.0041
	12	IWA	2710 Kitchen	CL	4	100	10	12.7	10.00	1219	120	0.0041	< 0.0041
	13	IWA	2712 2nd Floor	CL	6	100	10	12.7	10.00	1220	120	0.0041	< 0.0041

<b>Total Samples</b>	13	<b>Blind</b>	0	<b>Recount</b>	0
<<Enter Sample Number Here					
	6.5	100	10	12.7	10.00
	120	1200.00	0.0041	0.0041	< 0.0041

<p><b>OSWA</b> = Outside Work Area</p> <p><b>IWA</b> = Inside Work Area</p> <p><b>P</b> = Personal</p> <p><b>STEL</b> = Short Term Exposure Limit</p> <p><b>HEX</b> = HEPA Exhaust</p> <p><b>FB</b> = Field Blank</p> <p><b>NA-PF</b> = Not Analyzed / Pump Failure</p> <p><b>NA-OLF</b> = Not Analyzed / Overloaded Filter</p> <p><b>NA-WDF</b> = Not Analyzed / Water Damaged Filter</p>	<p><b>BKGD</b> = Background</p> <p><b>REM</b> = Removal</p> <p><b>CL</b> = Clearance</p> <p><b>PA</b> = Post Abatement</p> <p><b>GB</b> = Glovebag</p> <p><b>B/O</b> = Bag Out</p> <p><b>AMB</b> = Ambient</p> <p><b>PREP</b> = Work Site Prep</p> <p><b>CU</b> = Clean Up</p>
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PCM Analyst: Lance Hassell

Project Manager Signature:

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/30/2015											
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell											
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.	Start	Stop				Total
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Tim Highland	REM	7	100	10	12.7	2.00	2.00	2.00	0800	1400	360	0.0068	< 0.0068	
	4	IWA	2704 Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	0900	1100	120	0.0041	< 0.0041	
	5	IWA	2704 Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	0900	1100	120	0.0041	< 0.0041	
	6	IWA	2712 Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1104	1304	120	0.0041	< 0.0041	
	7	IWA	2712 Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1105	1305	120	0.0041	< 0.0041	
<b>Total Samples</b>	7																
<b>Blind Recount</b>	7																

10.00      9    100    10    12.7      120    1200.00    0.0041    < 0.0041

<<Enter Sample Number Here

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

Project Manager Signature:

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/1/2015									
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell									
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	P	Tim Highland	REM	7	100	10	12.7	2.00	2.00	2.00	600.00	0.0082	< 0.0082	
	4	IWA	2712 1st Floor	CL	8	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	5	IWA	2712 2nd Floor	CL	7	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	6	IWA	2710 1st Floor	CL	9	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	7	IWA	2710 2nd Floor	CL	7	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	8	IWA	2708 1st Floor	CL	8	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	9	IWA	2708 2nd Floor	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	10	IWA	2706 1st Floor	CL	8.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	11	IWA	2706 2nd Floor	CL	8	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	12	IWA	2704 1st Floor	CL	9	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	13	IWA	2704 2nd Floor	CL	7.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
<b>Total Samples</b>	<b>Blind</b>														
15	12														

	10.00	12.7	10.00	1200.00	0.0041	120	0.0041	120	0.0041	120	0.0041
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<<Enter Sample Number Here

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
BEPEX	FB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU

PCM Analyst: Lance Hassell

Project Manager Signature \_\_\_\_\_



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/4/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	0900	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	0900	240	0.0102	< 0.0102
	5	IWA	2712 1st Floor	CL	8	100	10	12.7	10.00	0945	120	0.0041	< 0.0041
	6	IWA	2712 2nd Floor	CL	9	100	10	12.7	10.00	0946	120	0.0041	< 0.0041
	7	IWA	2710 1st Floor	CL	8.5	100	10	12.7	10.00	1150	120	0.0041	< 0.0041
	8	IWA	2710 2nd Floor	CL	10	100	10	12.7	10.00	1150	120	0.0041	< 0.0041
Total Samples	8												
Blind Recount	8												

10.00      12.7      9.5      100      10      12.7      10.00      120      1200.00      0.0041      < 0.0041

<<Enter Sample Number Here

<p><b>Sample Types</b></p> <ul style="list-style-type: none"> <li>= OSWA</li> <li>= IWA</li> <li>= P</li> <li>= STEL</li> <li>= HEPTEX</li> <li>= FB</li> <li>= NA-PF</li> <li>= NA-OLF</li> <li>= NA-WDF</li> </ul> <p>Outside Work Area Inside Work Area Personal Short Term Exposure Limit HEPA Exhaust Field Blank Not Analyzed / Pump Failure Not Analyzed / Overloaded Filter Not Analyzed / Water Damaged Filter</p>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li>= BKGD</li> <li>= REM</li> <li>= CL</li> <li>= GB</li> <li>= B/O</li> <li>= AMB</li> <li>= PREP</li> <li>= CU</li> </ul> <p>Background Removal Clearance Post-Abatement Glovebag Box Out Ambient Work Site Prep Clean Up</p>
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PCM Analyst: Lance Hassell

Project Manager Signature:



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/6/2015									
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell									
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	2.00	2.00	820	40	0.0613	< 0.0613
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	2.00	2.00	1520	420	0.0058	< 0.0058
	5	IWA	2702 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1030	120	0.0041	< 0.0041
	6	IWA	272 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	1031	120	0.0041	< 0.0041
	7	IWA	2720 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	10.00	1045	120	0.0041	< 0.0041
	8	IWA	2720 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	1046	120	0.0041	< 0.0041
<b>Total Samples</b>	<b>8</b>														
	<b>Blind Recount</b>	<b>8</b>													

10.00      12.7      100      10      9      100      10      12.7      120      1200.00      0.0041      0.0041      < 0.0041

<<Enter Sample Number Here

<p><b>OSWA</b> =      <b>Background Removal</b> =</p> <p><b>IWA</b> =      <b>Clearance</b> =</p> <p><b>P</b> =      <b>Post Abatement</b> =</p> <p><b>STEL</b> =      <b>Glovebat</b> =</p> <p><b>HEPEX</b> =      <b>Bag Out</b> =</p> <p><b>FB</b> =      <b>Ambient</b> =</p> <p><b>NA-PF</b> =      <b>Work Site Prep</b> =</p> <p><b>NA-OLF</b> =      <b>Clean Up</b> =</p> <p><b>NA-WDF</b> =</p>	<p><b>BKGD</b> =      <b>Arbitr</b> =</p> <p><b>REM</b> =</p> <p><b>CL</b> =</p> <p><b>PA</b> =</p> <p><b>GB</b> =</p> <p><b>B/O</b> =</p> <p><b>AMB</b> =</p> <p><b>PREP</b> =</p> <p><b>CU</b> =</p>
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**PCM Analyst:** Lance Hassell  
  
 Project Manager Signature





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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/11/2015									
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell									
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00783 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	2.00	2.00	60.00	0.0817	< 0.0817	
	4	P	Tim Highland	REM	9	100	10	12.7	2.00	2.00	2.00	840.00	0.0058	< 0.0058	
	5	IWA	2736 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	6	IWA	2736 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	7	IWA	2756 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	8	IWA	2756 2nd Floor Room	CL	9.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	9	IWA	2754 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	10	IWA	2754 2nd Floor Room	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	

<b>Total Samples</b>	10	<b>Blind Recount</b>	10
<<Enter Sample Number Here			
	10	100	100
	10	100	100
	12.7	10.00	1200.00
	10.00	10.00	0.0041
	12.7	10.00	0.0041

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Sample Types</th> <th>Activity</th> </tr> <tr> <td>OSWA</td> <td>BKGD</td> </tr> <tr> <td>IWA</td> <td>REM</td> </tr> <tr> <td>P</td> <td>CL</td> </tr> <tr> <td>STEL</td> <td>PA</td> </tr> <tr> <td>HEPEX</td> <td>GB</td> </tr> <tr> <td>FB</td> <td>IN/OL</td> </tr> <tr> <td>NA-PF</td> <td>Field Blank</td> </tr> <tr> <td>NA-OLF</td> <td>Not Analyzed / Pump Failure</td> </tr> <tr> <td>NA-WDF</td> <td>Not Analyzed / Overloaded Filter</td> </tr> <tr> <td></td> <td>Not Analyzed / Water Damaged Filter</td> </tr> <tr> <td></td> <td>CU</td> </tr> </table>	Sample Types	Activity	OSWA	BKGD	IWA	REM	P	CL	STEL	PA	HEPEX	GB	FB	IN/OL	NA-PF	Field Blank	NA-OLF	Not Analyzed / Pump Failure	NA-WDF	Not Analyzed / Overloaded Filter		Not Analyzed / Water Damaged Filter		CU	<p style="text-align: center;"><b>PCM Analyst:</b> Lance Hassell</p> <p style="text-align: center;"><b>Project Manager:</b> </p>
Sample Types	Activity																								
OSWA	BKGD																								
IWA	REM																								
P	CL																								
STEL	PA																								
HEPEX	GB																								
FB	IN/OL																								
NA-PF	Field Blank																								
NA-OLF	Not Analyzed / Pump Failure																								
NA-WDF	Not Analyzed / Overloaded Filter																								
	Not Analyzed / Water Damaged Filter																								
	CU																								

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/12/2015													
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Ron Fraley													
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME													
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc			
									Start	Stop	Ave	Start	Stop				Total		
	1	FB			0	100											FBAVE		
	2	FB			0	100											0.0000		
	3	IWA	2752 2nd Floor Bedroom	CL	4	100	10	12.7	10.00	10.00	10.00	0928	1128	120	1200.00	0.0041	< 0.0041		
	4	IWA	2752 1st Floor Living Room	CL	2.5	100	10	12.7	10.00	10.00	10.00	0933	1133	120	1200.00	0.0041	< 0.0041		
	5	IWA	2752 Bsement Furnace	CL	5.5	100	10	12.7	10.00	10.00	10.00	0939	1139	120	1200.00	0.0041	< 0.0041		
	6	P	Chris Treglown	REM	14.5	100	14.5	18.5	2.00	2.00	2.00	0943	1452	309	618.00	0.0079	0.0115		
	7	IWA	2738 2nd Floor Bedroom	CL	7.5	100	10	12.7	10.00	10.00	10.00	1145	1345	120	1200.00	0.0041	< 0.0041		
	8	IWA	2738 1st Floor Living Room	CL	4	100	10	12.7	10.00	10.00	10.00	1147	1347	120	1200.00	0.0041	< 0.0041		
	9	IWA	2738 Basement Furnace	CL	6	100	10	12.7	10.00	10.00	10.00	1149	1349	120	1200.00	0.0041	< 0.0041		
Total Samples	9																		
Blind	9																		
										10.00		120		1200.00		0.0041		< 0.0041	

<<Enter Sample Number Here

OSWA	Sample Types	Activity
IWA	Outside Work Area	BKGD
P	Inside Work Area	REM
STEL	Personal	CU
HEPEX	Short Term Exposure Limit	PA
NA-PE	HEPA Exhaust	GB
NA-OP	Not Analyzed / Pump Failure	B/O
NA-OLF	Not Analyzed / Overloaded Filter	AMB
NA-WDF	Not Analyzed / Water Damaged Filter	PREP
		CU

PCM Analyst:

Jef Fox

Project Manager:

Project Manager: Stommar

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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/13/2015										
<b>City / State / Zip:</b>		<b>Project Location:</b>		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell										
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME										
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc		
									Start	Stop	Ave.					
	1	FB			0	100									FB AVE	
	2	FB			0	100									0.0000	
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	2.00	2.00	0730	0800	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	2.00	2.00	0800	1500	420	0.0058	< 0.0058
	5	IWA	2744 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	0801	1001	120	0.0041	< 0.0041
	6	IWA	2744 Bedroom	CL	9	100	10	12.7	10.00	10.00	10.00	0802	1002	120	0.0041	< 0.0041
	7	IWA	2746 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	10.00	1300	1500	120	0.0041	< 0.0041
	8	IWA	2746 Bedroom	CL	9	100	10	12.7	10.00	10.00	10.00	1301	1501	120	0.0041	< 0.0041
<b>Total Samples</b>	<b>8</b>															
<b>Blind Recount</b>	<b>8</b>															

10.00      12.7      9      100      10      12.7      120      1200.00      0.0041      < 0.0041

<<Enter Sample Number Here

<p><b>Sample Types</b></p> <ul style="list-style-type: none"> <li>OSWA</li> <li>IWA</li> <li>P</li> <li>STEL</li> <li>HEPEX</li> <li>HEPA Exhaust</li> <li>Field Blank</li> <li>NA-PF</li> <li>NA-OLF</li> <li>NA-WDF</li> </ul>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li>BKGD</li> <li>REM</li> <li>CL</li> <li>GR</li> <li>BIO</li> <li>AMB</li> <li>PREP</li> <li>CU</li> </ul>
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**PCM Analyst:** Lance Hassell  
  
 Project Manager Signature

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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003	<b>Sample Date:</b> 5/14/2015											
<b>City / State / Zip:</b>		<b>Project Location:</b>		<b>City / State / Zip:</b> Ann Arbor, MI	<b>Collected By:</b> Lance Hassell											
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Contractor:</b> Andy Foerg EME												
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc	
								Start	Stop	Ave.	Start	Stop				Total
	1	FB			0	100										
	2	FB			0	100										0.0000
	3	P	Tim Highland	REM	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA-PF
	4	IWA	2748 Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	0800	0100	-4200.00	-0.0012	< -0.0012
	5	IWA	2748 2nd Floor Room	CL	10	100	10	12.7	10.00	10.00	10.00	0801	1001	1200.00	0.0041	< 0.0041
	6	IWA	2738 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1005	1205	1200.00	0.0041	< 0.0041
	7	IWA	2738 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	1006	1206	1200.00	0.0041	< 0.0041
	8	IWA	2740 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1310	1510	1200.00	0.0041	< 0.0041
	9	IWA	2740 2nd Floor Room	CL	9.5	100	10	12.7	10.00	10.00	10.00	1311	1511	1200.00	0.0041	< 0.0041
<b>Total Samples</b>	9															
<b>Blind Recount</b>	8															

10.00      12.7      100      10      12.7      8      100      10      12.7      120      1200.00      0.0041      < 0.0041

<b>Sample Types</b>	<b>Activity</b>
OSWA =	Background =
IWA =	Removal =
P =	Clearance =
STEL =	Post Abatement =
HEPEX =	Glovebag =
FB =	Bag Out =
NA-PF =	Ambient =
NA-OLF =	Work Site Prep =
NA-WDP =	Clean Up =

**PCM Analyst:** Lance Hassell

**Project Manager Signature:**

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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/15/2016							
<b>City / State / Zip:</b>		<b>Project Location:</b>		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	p	Chris Treglown	REM	9	100	10	12.7	2.00	0745	1510	445	< 0.0055
	4	IWA	2716 Kitchen	CL	8	100	10	12.7	10.00	0800	1000	120	< 0.0041
	5	IWA	2716 2nd Floor Room	CL	10	100	10	12.7	10.00	0801	1001	120	< 0.0041
	6	IWA	2708 Bathroom-1st Floor	CL	7	100	10	12.7	10.00	0930	1130	120	< 0.0041
	7	IWA	2708 Bathroom-1st Floor	CL	6	100	10	12.7	10.00	0930	1130	120	< 0.0041
	8	IWA	2712 Basement-South	CL	7.5	100	10	12.7	10.00	1005	1205	120	< 0.0041
	9	IWA	2712 Basement-North	CL	7.5	100	10	12.7	10.00	1005	1205	120	< 0.0041
	10	IWA	2752 Living Room	CL	8	100	10	12.7	10.00	1310	1510	120	< 0.0041
	11	IWA	2752 Living Room	CL	9	100	10	12.7	10.00	1310	1510	120	< 0.0041

<b>Total Samples</b>	11	9	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041
<b>Blind Recount</b>	11									

<<Enter Sample Number Here

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>OSWA</td><td>=</td><td>BKGD</td><td>=</td><td>Background</td></tr> <tr><td>IWA</td><td>=</td><td>REM</td><td>=</td><td>Removal</td></tr> <tr><td>p</td><td>=</td><td>CL</td><td>=</td><td>Clearance</td></tr> <tr><td>STEL</td><td>=</td><td>PA</td><td>=</td><td>Post-Abatement</td></tr> <tr><td>HEPEX</td><td>=</td><td>GB</td><td>=</td><td>Glovebag</td></tr> <tr><td>FB</td><td>=</td><td>B/O</td><td>=</td><td>Bag Out</td></tr> <tr><td>NA-PF</td><td>=</td><td>AMB</td><td>=</td><td>Ambient</td></tr> <tr><td>NA-OLF</td><td>=</td><td>PREP</td><td>=</td><td>Work Site Prep</td></tr> <tr><td>NA-YDF</td><td>=</td><td>CU</td><td>=</td><td>Clean Up</td></tr> </table>	OSWA	=	BKGD	=	Background	IWA	=	REM	=	Removal	p	=	CL	=	Clearance	STEL	=	PA	=	Post-Abatement	HEPEX	=	GB	=	Glovebag	FB	=	B/O	=	Bag Out	NA-PF	=	AMB	=	Ambient	NA-OLF	=	PREP	=	Work Site Prep	NA-YDF	=	CU	=	Clean Up	<p style="text-align: center;"><b>PCM Analyst:</b> Lance Hassell</p> <p style="text-align: center;"><i>[Signature]</i> Protect Manager Signature</p>
OSWA	=	BKGD	=	Background																																										
IWA	=	REM	=	Removal																																										
p	=	CL	=	Clearance																																										
STEL	=	PA	=	Post-Abatement																																										
HEPEX	=	GB	=	Glovebag																																										
FB	=	B/O	=	Bag Out																																										
NA-PF	=	AMB	=	Ambient																																										
NA-OLF	=	PREP	=	Work Site Prep																																										
NA-YDF	=	CU	=	Clean Up																																										

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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/18/2016							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	4	100	10	12.7	2.00	2.00	1200	0.0096	< 0.0096
	4	IWA	2754 Kitchen	CL	8	100	10	12.7	10.00	0750	120	0.0041	< 0.0041
	5	IWA	2754 2nd Floor Room	CL	9	100	10	12.7	10.00	0751	120	0.0041	< 0.0041
	6	IWA	2756 Kitchen	CL	8	100	10	12.7	10.00	0752	120	0.0041	< 0.0041
	7	IWA	2756 2nd Floor Room	CL	9	100	10	12.7	10.00	0753	120	0.0041	< 0.0041
	8	IWA	2702 Basement	REM/CL	7	100	10	12.7	10.00	0955	120	0.0041	< 0.0041
	9	IWA	2702 Basement	REM/CL	6	100	10	12.7	10.00	0958	120	0.0041	< 0.0041
	10	IWA	2744 Bathroom	CL	8	100	10	12.7	10.00	1000	120	0.0041	< 0.0041
	11	IWA	2744 Bathroom	CL	8.5	100	10	12.7	10.00	1000	120	0.0041	< 0.0041
<b>Total Samples</b>	11												

	10.00	120	1200.00	0.0041	< 0.0041																				
	8	100	10	12.7																					
<<Enter Sample Number Here																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Sample Type</th> <th>Activity</th> </tr> <tr> <td>OSWA</td> <td>BKGD</td> </tr> <tr> <td>IWA</td> <td>REM</td> </tr> <tr> <td>P</td> <td>CL</td> </tr> <tr> <td>STEL</td> <td>PA</td> </tr> <tr> <td>HEPEX</td> <td>GB</td> </tr> <tr> <td>FB</td> <td>B/O</td> </tr> <tr> <td>NA-PF</td> <td>AMB</td> </tr> <tr> <td>NA-OLF</td> <td>PREP</td> </tr> <tr> <td>NA-WDF</td> <td>CU</td> </tr> </table>						Sample Type	Activity	OSWA	BKGD	IWA	REM	P	CL	STEL	PA	HEPEX	GB	FB	B/O	NA-PF	AMB	NA-OLF	PREP	NA-WDF	CU
Sample Type	Activity																								
OSWA	BKGD																								
IWA	REM																								
P	CL																								
STEL	PA																								
HEPEX	GB																								
FB	B/O																								
NA-PF	AMB																								
NA-OLF	PREP																								
NA-WDF	CU																								
PCM Analyst: <u>Lance Hassell</u> Project Manager: <u>[Signature]</u>																									

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 6/11/2015								
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Matt Rodgers								
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME								
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
								Start	Stop	Ave.				
	1	FB			0	100								FB AVE
	2	FB			0	100								0.0000
	3	STEL	Tim Highland	REM	11	100	11	2.00	2.00	2.00	60.00	0.0817	0.0898	
	4	P	Tim Highland	REM	14	100	14	2.00	2.00	2.00	400.00	0.0123	0.0172	
	5	P	Tim Highland	REM	10	100	10	2.00	2.00	2.00	290.00	0.0169	< 0.0169	
	6	OSWA	2716-Living Room	REM	16	100	16	10.00	10.00	10.00	3400.00	0.0014	0.0023	
	7	OSWA	2716-2nd Floor Stairs	REM	18	100	18	10.00	10.00	10.00	3400.00	0.0014	0.0026	
	8	OSWA	2718-Kitchen	REM	14	100	14	10.00	10.00	10.00	4550.00	0.0011	0.0015	
	9	OSWA	2718-2nd Floor Stairs	REM	17	100	17	10.00	10.00	10.00	4560.00	0.0011	0.0018	
	10	IWA	2716-Kitchen	CL	12	100	12	10.00	10.00	10.00	1200.00	0.0041	0.0049	
	11	IWA	2716-2nd Floor B1	CL	10	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	12	IWA	2716-2nd Floor Stairs	CL	10	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
<b>Total Samples</b>	<b>Blind Recount</b>													
12	6													

	10.00	340	3400.00	0.0014	0.0023
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<<Enter Sample Number Here

Sample Types		Activity	
OSWA	Outside Work Area	REM	Background Removal
IWA	Inside Work Area	CL	Clearance
P	Personal	PA	Post Abatement
STEL	Short Term Exposure Limit	GB	Glovebag
HEPEX	HEPA Exhaust	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		

PCM Analyst:

Matt Rodgers

Project Manager Signature

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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003 <b>City / State / Zip:</b> Ann Arbor, MI		<b>Sample Date:</b> 6/12/2015 <b>Collected By:</b> Matt Rodgers							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers /cc
								Start	Stop	Ave.			
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Andrew Ptak	REM	11	100	11	2.00	2.00	2.00	60.00	0.0817	0.0898
	4	P	Andrew Ptak	REM	14	100	14	2.00	2.00	2.00	432.00	0.0113	0.0159
	5	P	Andrew Ptak	REM	12	100	12	2.00	2.00	2.00	100.00	0.0490	0.0588
	6	OSWA	Kitchen-2726	REM	16	100	16	10.00	10.00	10.00	3540.00	0.0014	0.0022
	7	OSWA	Base Stairs-2726	REM	16	100	16	10.00	10.00	10.00	3540.00	0.0014	0.0022
	8	IWA	2718 Kitchen	CL	8	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	9	IWA	2718 Living Room	CL	9	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	10	IWA	2718 2nd Floor Hall	CL	8	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	11	IWA	2726 Living Room	CL	12	100	12	10.00	10.00	10.00	1200.00	0.0041	0.0049
	12	IWA	2726 Kitchen	CL	14	100	14	10.00	10.00	10.00	1200.00	0.0041	0.0057
	13	IWA	2726 2nd Floor Hall	CL	11	100	11	10.00	10.00	10.00	1200.00	0.0041	0.0045

<b>Total Samples</b>	13												
<b>Blind</b>													
<b>Recount</b>													
	9	9	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041			

<<Enter Sample Number Here

Sample Types	Activity	PCM Analyst:
OSWA = Outside Work Area	BKGD = Background	Matt Rodgers Project Manager Signature
IWA = Inside Work Area	REM = Removal	
P = Personal	CL = Clearance	
STEL = Short Term Exposure Limit	PA = Post Abatement	
HEPEX = HEPA Exhaust	GB = Glovebag	
FB = Field Blank	B/O = Boot Out	
NA-PF = 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 =	







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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 9/16/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Matt Rodgers							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Start	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	18	100	18	22.9	2.00	0735	30	0.0817	0.1470
	4	P	Tim Highland	REM	18	100	18	22.9	2.00	0805	250	0.0098	0.0176
	5	OSWA	2750 Kitchen	REM	4	100	10	12.7	10.00	0740	260	0.0019	< 0.0019
	6	OSWA	2750 Bathroom	REM	6	100	10	12.7	10.00	0740	260	0.0019	< 0.0019
	7	OSWA	2720 Kitchen	REM	7	100	10	12.7	10.00	0800	250	0.0020	< 0.0020
	8	OSWA	2720 Bathroom	REM	6	100	10	12.7	10.00	0800	250	0.0020	< 0.0020
	9	IWA	2720 Living Room	CL	8	100	10	12.7	10.00	1215	120	0.0041	< 0.0041
	10	IWA	2720 Bedroom 1	CL	7	100	10	12.7	10.00	1215	120	0.0041	< 0.0041
	11	IWA	2720 Hall 2nd Floor	CL	10	100	10	12.7	10.00	1416	120	0.0041	< 0.0041
	12	IWA	2750 Living Room	CL	9	100	10	12.7	10.00	1305	120	0.0041	< 0.0041
	13	IWA	2750 Bedroom 1	CL	9	100	10	12.7	10.00	1305	120	0.0041	< 0.0041

<b>Total Samples</b>	14												
<b>Blind Recount</b>	11												
<<Enter Sample Number Here													
					10	100	10	12.7		10.00	120	0.0041	< 0.0041

<p><b>Sample Types</b></p> <ul style="list-style-type: none"> <li>= Outside Work Area</li> <li>= Inside Work Area</li> <li>= Personal</li> <li>= Short Term Exposure Limit</li> <li>= HEPA Exhaust</li> <li>= Field Blank</li> <li>= Not Analyzed / Pump Failure</li> <li>= NA-OLF</li> <li>= NA-WDF</li> </ul>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li>= BKGD</li> <li>= REM</li> <li>= CL</li> <li>= PA</li> <li>= GB</li> <li>= B/O</li> <li>= AMB</li> <li>= PREP</li> <li>= CU</li> </ul>
<p>PCM Analyst: <span style="float: right;">Matt Rodgers</span></p> <p style="text-align: right;">Project Manager Signature </p>	





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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 9/23/2015									
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell									
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									
	2	FB			0	100									0.0000
	3	P	Chris Treglown	REM/CL	1.5	10	10	127.4	2.00	2.00	2.00	180	0.0136	0.1361	
	4	IWA	2760 Kitchen	CL	5	100	10	12.7	10.00	10.00	10.00	120	0.0041	< 0.0041	
	5	IWA	2760 Living Room	CL	6	100	10	12.7	10.00	10.00	10.00	120	0.0041	< 0.0041	
	6	IWA	2760 2nd Floor Room	CL	6	100	10	12.7	10.00	10.00	10.00	120	0.0041	< 0.0041	
<b>Total Samples</b>	<b>6</b>														
<b>Blind Recount</b>	<b>6</b>														

	10.00	12.7	120
5	100	10	1200.00
<<<Enter Sample Number Here			
6	1200.00	0.0041	< 0.0041

<p><b>OSWA</b> = Outside Work Area</p> <p><b>IWA</b> = Inside Work Area</p> <p><b>P</b> = Personal</p> <p><b>STEL</b> = Short Term Exposure Limit</p> <p><b>HEPEX</b> = HEPHA Exhaust</p> <p><b>FB</b> = Field Blank</p> <p><b>NAJPE</b> = Not Analyzed / Pump Failure</p> <p><b>NAJFE</b> = Not Analyzed / Overhead Filter</p> <p><b>NAJDF</b> = Not Analyzed / Water Damaged Filter</p>	<p><b>BKGD</b> = Background</p> <p><b>REM</b> = Removed</p> <p><b>CL</b> = Clean</p> <p><b>PA</b> = Post Abatement</p> <p><b>GB</b> = Glovebag</p> <p><b>BO</b> = Bag Out</p> <p><b>AMB</b> = Ambient</p> <p><b>PREP</b> = Work Site Prep</p> <p><b>CU</b> = Clean Up</p>
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PCM Analyst: Lance Hassell

Project Manager Signature: \_\_\_\_\_

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 9/29/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Jef Fox							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm <sup>2</sup>		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers /cc
								Start	Stop	Ave.			
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Chris Treglown	REM	4.5	100	10	2.00	2.00	2.00	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	11.5	100	11.5	2.00	2.00	2.00	152.00	0.0322	0.0371
	5	IWA	Living Room	CL	9	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	6	IWA	Living Room	CL	6.5	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	7	IWA	Living Room	CL	7	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
<b>Total Samples</b>	7												
<b>Blind Recount</b>	6												

10.00      12.7      8      100      10      12.7      120      1200.00      0.0041      < 0.0041

<<Enter Sample Number Here

Sample Types	Activity
OSWA = Outside Work Area	BRGD = Background
IWA = Inside Work Area	REM = Removal
P = Personal Exposure Limit	CL = Clearance
STEL = Short Term Exposure Limit	PA = Post Abatement
HELEX = HEPA Exhaust	GB = Glovebag
Field Blank	B/O = Bag Out
Not Analyzed / Pump Failure	AMB = Ambient
NA-OLF	PREP = Work Site Prep
NA-WDF	CU = Clean Up

**PCM Analyst:** Jef Fox

**Project Manager Signature:**

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 11/11/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Ron Fraley							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Ave	Stop		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Ken Wayland	REM	14	100	14	17.8	2.00	0909	1230	201	0.0122
	4	IWA	Basement	CL	8	100	10	12.7	10.00	1030	1230	120	< 0.0041
	5	IWA	1st Floor	CL	4.5	100	10	12.7	10.00	1030	1230	120	< 0.0041
	6	IWA	2nd Floor	CL	7	100	10	12.7	10.00	1030	1230	120	< 0.0041
<b>Total Samples</b>	<b>Blind Recount</b>												
6	6												

	10.00	12.7	120
8.5	100	10	0.0041
<<<Enter Sample Number Here			
10.00	12.7	120	0.0041
< 0.0041			

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

PCM Analyst: Jef Fox  
Project Manager: Sromatme





## **Appendix B**

### **Daily Paperwork**

# **AIR MONITORING REPORT**

**FOR**

**ENVIRONMENTAL CONSULTING SOLUTIONS  
523 W. SUNNY BROOK DRIVE  
ROYAL OAK, MI 48073**

**AT**

**HIKONE  
2700 HIKONE  
ANN ARBOR, MI 48108**

**PREPARED BY:**

**AMERICAN  
ENVIRONMENTAL  
CONSULTANTS, LLC**

**12838 GAVEL  
DETROIT, MICHIGAN 48227  
OFFICE: 313-491-2600  
FAX: 313-491-2601**

**PROJECT NUMBER  
1478-15003**

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**Sampling Equipment**

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**Regulatory Standards**

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**Conclusion**

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**Appendix B- Daily Paperwork**

## **Introduction**

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at Hikone located at 2700 Hikone, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from March 30, 2015 through January 12, 2016.

AEC representatives Matt Rodgers, Lance Hassell, Jef Fox and Ron Fraley were the on site “competent person” for AEC. AEC project manager Jef Fox performed project oversight for the monitoring throughout the project.

AEC performed asbestos air sampling following the abatement in the units. The workers were below the Occupational Safety and Health Administration (OSHA) permissible exposure limit (PEL) for the personal protective equipment (PPE) worn. All clearance samples were below applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy. Please refer to the appendices for sample results and daily paperwork.

## **Sampling Types**

AEC utilized a variety of sampling types for monitoring the work that is being performed. These sampling types are used to show the levels of contaminants before, during, and after the work performed. Pump and cassette placement is site specific and is done in areas the on site representative deems worthy of being monitored. Some areas of monitoring importance are work areas, areas with unprotected personnel, and points of potential contaminant release. The sampling end of the cassettes is run in the “breathing zone” to mimic what an average human being would be breathing in. Below is a list of sampling types and a brief description describing the general areas and information the results provide.

**Outside Work Area Samples** are used to show that the contaminant is being contained within the work area or regulated area and that the controls that are used to prevent the release of a contaminant are working properly. These samples demonstrate that there was no release of the

contaminant or allow potential contaminant releases to be observed and corrected before a greater environmental issue arises.

**Inside Work Area Samples** are run inside the work area to determine the concentration of a contaminant before, during, and after the work being performed. A variety of monitoring activities are performed inside the work area. Background sampling determines the concentration of a contaminant before the start of work to determine if there is a significant concentration that could skew the rest of the air monitoring results. Also post abatement clearance samples are run in the work area to ensure the area is safe for re-occupancy based on regulatory standards set forth for the contaminant of concern.

**Personal Samples** are samples that show that the workers performing the work are within their permissible exposure limits of the personal protective equipment they are wearing. The information these samples provide is used to calculate statistical data such as short-term exposure levels and OSHA 8 hour time weighted averages (TWA). The samples are attached a number of workers that represents 25 percent of the work force. The cassette is attached in the “breathing zone” of the worker.

### **Sampling Equipment**

AEC utilizes high and low volume pumps for the sampling processes. The high volume pumps are AC powered and have a sampling flow rate range of 5 to 15 liters per minute (LPM). The low volume pumps are powered by a rechargeable battery, which allows the pump to have greater flexibility for specific tasks such as personal sampling, areas with no power, or in “no spark” regulated areas. The sampling flow rate range of the low volume pumps is 0.1 to 4 LPM. All samples are calibrated with secondary calibrated rotameter that is regularly calibrated against a primary digital calibration system.

The asbestos monitoring is done with a 25 millimeter MCE filtered 3-piece cassette where the filter can be dissolved with vaporized acetone to be analyzed by the technician on site. The filter of the cassette has a pore size optimized for trapping asbestos fibers.

## **Analytical Methods**

AEC utilizes Phase Contrast Microscopy (PCM) for the analysis of the asbestos air samples. The PCM samples were analyzed on site by a NIOSH 582 (Equivalency) trained AEC representative. AEC participates in the AIHA PAT Round program for analyzing asbestos fibers. The PCM samples are taken and analyzed in accordance with EPA regulations and the NIOSH 7400 Method A Counting Rules Protocols. This method is a fiber counting method in which all fibers are counted, not just asbestos fibers. The technician is unable to decipher asbestos fibers from other fibers with this method. The microscope is calibrated each time it is moved from the previous calibration spot. Field blank samples are prepared and analyzed everyday to determine if there is any contamination in the cassettes from the factory or any cross contamination with the method of slide preparation. The amount of field blank samples is determined by the total daily samples, in which 2 or 10 percent of the total daily samples are field blanks. The field blank results are incorporated in the final determination of fibers per cubic centimeter (f/cc). Also a blind recount is performed on a randomly chosen sample and reanalyzed for statistical comparison.

AEC utilizes Transmission Electron Microscopy (TEM) for projects that require this more sensitive method. AEC utilizes accredited laboratories for the analysis of these samples. This method is more sensitive in counting asbestos fibers because the method can accurately count only the asbestos fibers. The laboratory uses the EPA 40 CFR Part 763 Final Rule (AHERA) method of asbestos fiber analysis.

## **Regulatory Standards**

The EPA clearance standard for re-occupancy is 0.01 f/cc. Outside work area samples are to be below 0.01 f/cc to be within the standard if no predetermined concentration exists from the background sampling. If a significant concentration of asbestos fibers was identified in the background samples, the background samples must included in the final determination for re-occupancy.

The regulatory standards for personal samples are determined by the personal protective equipment the workers were wearing. Unprotected workers cannot be exposed to greater than 0.1 f/cc. Workers wearing half face negative pressure respirators must be below a STEL of 10.0 f/cc and an OSHA TWA of 1.0 f/cc for an 8-hour workday. If the workers are wearing positive pressure air purifying full-face respirators the STEL is 100.00 f/cc and the OSHA TWA is 10.0 f/cc for an 8-hour workday.

## **Results**

The asbestos air sampling sheets with results are located in Appendix A. The daily paperwork is located in Appendix B.

### **PCM Air Monitoring**

The air monitoring conducted during asbestos abatement activities did not show any significant fiber release during any portion of the work AEC monitored. The workers did not exceed the permissible exposure limit (PEL) of the personal protective equipment (PPE) they were wearing. All clearances performed passed applicable EPA and State clearance standards. Refer to the reports in the appendices for individual data.

## **Conclusion**

AEC feels that the work performed at the referenced facility for the stated areas for the dates specified was performed in a safe and thorough manner. All areas were deemed safe for re-occupancy after all abatement activities.

## **Limitations**

The information and opinions obtained in this report are for the exclusive use of AEC's Client. No distribution to or reliance by other parties may occur without the express written permission of AEC. AEC will not distribute this report without your written consent or as required by law

or Court order. The information and opinions that are contained in this report are given in light of that assignment. The report must be reviewed and relied upon only in conjunction with the terms and conditions expressly agreed upon by the parties and as limited therein. Any third parties who have been extended the right to rely on the contents of this report by AEC (which is expressly required prior to any third party release), expressly agrees to be bound by the original terms and conditions entered into by AEC and Client.

Subject to the above terms and conditions, AEC accepts responsibility for the competent performance of its duties in executing the assignment and preparing reports in accordance with the normal standards of the profession, but disclaims any responsibility for consequential damages. Although AEC believes that the results contained herein are reliable, AEC cannot warrant or guarantee that the information provided is exhaustive or that the information provided by Client or third parties is complete or accurate.

It was a pleasure to work with you on this project and AEC looks forward to working with you on future projects. If you have any questions regarding this report please feel free to contact us at our office at 313-491-2600.

Sincerely,

**American Environmental Consultants, LLC.**



Jef Fox

Project Manager

# **Appendix A**

## **Air Sampling Sheets**





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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/1/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	6	100	10	12.7	2.00	0800	480.00	0.0102	< 0.0102
	4	IWA	2702 By Stairs	CL	8	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041
	5	IWA	2712 By Stairs	CL	9	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041
<b>Total Samples</b>	<b>5</b>												
<b>Blind Recount</b>	<b>4</b>												

	10.00	12.7	120	1200.00	0.0041	0.0041	< 0.0041
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<b>Sample Types</b>	<b>Activity</b>
OSWA	BKGD
IWA	REM
IWA	CL
STEL	HA
HEPEX	GR
FB	BIO
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
Outside Work Area	Background Removal
Personal Sampling	Clearance
Personal Exposure Limit	Post Abatement
HEPA Exhaust	Glovebag
Field Blank	Work Suit
Not Analyzed / Pump Failure	Ambient
Not Analyzed / Overloaded Filter	Work Site Prep
Not Analyzed / Water Damaged Filter	Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature:



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/3/2015										
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell										
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME										
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc			
									Start	Stop	Ave.	Start	Stop	Total		
	1	FB			0	100										
	2	FB			0	100								FB AVE 0.0000		
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	2.00	2.00	0800	0830	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	2.00	2.00	0830	1330	300	0.0082	< 0.0082
	5	IWA	2736 Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	0800	1000	120	0.0041	< 0.0041
	6	IWA	2736 Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	0800	1000	120	0.0041	< 0.0041
	7	IWA	2734 Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1200	1400	120	0.0041	< 0.0041
	8	IWA	2734 Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	1200	1400	120	0.0041	< 0.0041
<b>Total Samples</b>	<b>8</b>															

<p><b>Sample Types</b></p> <ul style="list-style-type: none"> <li>OSWA =</li> <li>IWA =</li> <li>P =</li> <li>STEL =</li> <li>HEPEX =</li> <li>FB =</li> <li>NA-PF =</li> <li>NA-OLP =</li> <li>NA-WDF =</li> </ul>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li>BRGD =</li> <li>REM =</li> <li>CL =</li> <li>PA =</li> <li>GB =</li> <li>B/O =</li> <li>AMB =</li> <li>PREP =</li> <li>CU =</li> </ul>
<p>PC Analyst: <u>Lance Hassell</u></p> <p style="text-align: right;">  Project Manager Signature         </p>	



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/7/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Chris Treglown	REM	9	100	10	12.7	2.00	0745	1345	360	0.0068
	4	IWA	2730 1st Floor by Stairs	CL	8	100	10	12.7	10.00	0800	1000	120	0.0041
	5	IWA	2730 2nd Floor by Stairs	CL	9.5	100	10	12.7	10.00	0800	1000	120	0.0041
	6	IWA	2728 1st Floor by Stairs	CL	10	100	10	12.7	10.00	1005	1205	120	0.0041
	7	IWA	2728 2nd Floor by Stairs	CL	8.5	100	10	12.7	10.00	1006	1206	120	0.0041
	8	IWA	2702 Kitchen	CL	6	100	10	12.7	10.00	1215	1415	120	0.0041
	9	IWA	2704 2nd Floor	CL	5	100	10	12.7	10.00	1216	1416	120	0.0041
	10	IWA	2706 Living Room	CL	4.5	100	10	12.7	10.00	1217	1417	120	0.0041
	11	IWA	2708 2nd Floor	CL	6.5	100	10	12.7	10.00	1218	1418	120	0.0041
	12	IWA	2710 Kitchen	CL	4	100	10	12.7	10.00	1219	1419	120	0.0041
	13	IWA	2712 2nd Floor	CL	6	100	10	12.7	10.00	1220	1420	120	0.0041
<b>Total Samples</b>	<b>Blind</b>												
13	8												

	10.00	12.7	6.5	100	10	12.7	10.00	120	1200.00	0.0041	0.0041	< 0.0041
--	-------	------	-----	-----	----	------	-------	-----	---------	--------	--------	----------

**PCM Analyst:** Lance Hassell

**Project Manager Signature:**

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

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 4/30/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24-Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	7	100	10	12.7	2.00	2.00	360	0.0068	< 0.0068
	4	IWA	2704 Living Room	CL	8	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
	5	IWA	2704 Living Room	CL	8	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
	6	IWA	2712 Living Room	CL	9	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
	7	IWA	2712 Living Room	CL	9	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
<b>Total Samples</b>	<b>Blind Recount</b>												
7	7												

	10.00	12.7	10	100	9
<<Enter Sample Number Here					
120	1200.00	0.0041	0.0041	0.0041	< 0.0041

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

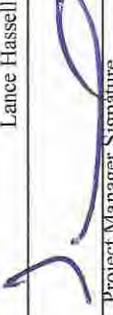
PCM Analyst: Lance Hassell



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/1/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc
								Start	Stop	Ave.			
		FB			0	100							FB AVE
		FB			0	100							0.0000
	14	IWA	2702 1st Floor	CL	8	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	15	IWA	2702 2nd Floor	CL	10	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
<<<Enter Sample Number Here													
<b>Total Samples</b>													
<b>Blind Recount</b>													

OSVA	Sample Types	Activity
=	Outside Work Area	BKGD
=	Inside Work Area	REM
=	Personal	CL
=	Short Term Exposure Limit	PA
=	HEPA Exhaust	GB
=	Field Blank	B/O
=	Not Analyzed / Pump Failure	AMB
=	Not Analyzed / Overloaded Filter	PREP
=	Not Analyzed / Water Damaged Filter	CU
=		= Background Removal
=		= Clearance Post Abatement
=		= Glovebag Bag Out
=		= Ambient Work Site Prep
=		= Clean Up

PCM Analyst:  Lance Hassell

Project Manager Signature: \_\_\_\_\_

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/4/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2				<b>Microscope Field Area:</b> 0.00785 mm2									
<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)		Time (24 Hour Clock)	Vol. (L)	LOC (f/cc)	Fibers/cc
								Start	Stop				
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	0.5	100	10	2.00	2.00	0830	0900	60.00	0.0817
	4	P	Tim Highland	REM	6	100	10	2.00	2.00	0900	1300	480.00	0.0102
	5	IWA	2712 1st Floor	CL	8	100	10	10.00	10.00	0945	1145	1200.00	0.0041
	6	IWA	2712 2nd Floor	CL	9	100	10	10.00	10.00	0946	1146	1200.00	0.0041
	7	IWA	2710 1st Floor	CL	8.5	100	10	10.00	10.00	1150	1350	1200.00	0.0041
	8	IWA	2710 2nd Floor	CL	10	100	10	10.00	10.00	1150	1350	1200.00	0.0041
<b>Total Samples</b>													
<b>Blind Recount</b>													
8								10.00		120		0.0041	

PCM Analyst: Lance Hassell

Sample Issues	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU

Project Manager: Lance Hassell

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/5/2015							
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Ave	Stop	Total	
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	1340	360	0.0068
	4	IWA	2708 1st Floor Kitchen	CL	8	100	10	12.7	10.00	10.00	0945	120	0.0041
	5	IWA	2708 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	0945	120	0.0041
	6	IWA	2706 1st Floor Kitchen	CL	8	100	10	12.7	10.00	10.00	0950	120	0.0041
	7	IWA	2706 2nd Floor Room	CL	10	100	10	12.7	10.00	10.00	0950	120	0.0041
	8	IWA	2704 1st Floor Kitchen	CL	9	100	10	12.7	10.00	10.00	1400	120	0.0041
	9	IWA	2704 2nd Floor Room	CL	10	100	10	12.7	10.00	10.00	1400	120	0.0041
<b>Total Samples</b>	<b>9</b>												
<b>Blind Recount</b>	<b>9</b>												

10.00     
 12.7     
 9     
 100     
 10     
 12.7     
 120     
 1200.00     
 0.0041     
 0.0041     
 0.0041     
 0.0041

**PCM Analyst:** Lance Hassell  
**Project Manager:**

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background Removal
	Clearance
	Post Abatement
	Glovebag
	Bag Out
	Ambient
	Work Site Prep
	Clean Up

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/6/2015									
<b>City / State / Zip:</b> Royal Oak, MI 48073		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell									
<b>Filter ECA:</b> 385 mm2				<b>Microscope Field Area:</b> 0.00785 mm2											
<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME													
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	2.00	2.00	80.00	0.0613	< 0.0613	
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	2.00	2.00	840.00	0.0058	< 0.0058	
	5	IWA	2702 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	6	IWA	272 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	7	IWA	2720 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	8	IWA	2720 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
<b>Total Samples</b>		<b>Blind Recount</b>		<b>8</b>		<b>8</b>		<b>12.7</b>		<b>10.00</b>		<b>120</b>		<b>&lt; 0.0041</b>	

<p><b>Sample Issues</b></p> <ul style="list-style-type: none"> <li>= Outside Work Area</li> <li>= Inside Work Area</li> <li>= Personal</li> <li>= Short Term Exposure Limit</li> <li>= HEPA Exhaust</li> <li>= Field Blank</li> <li>= Not Analyzed / Pump Failure</li> <li>= Not Analyzed / Overloaded Filter</li> <li>= Not Analyzed / Water Damaged Filter</li> </ul>	<p><b>Activity</b></p> <ul style="list-style-type: none"> <li>= BKGD</li> <li>= REM</li> <li>= CL</li> <li>= PL</li> <li>= GB</li> <li>= BIO</li> <li>= AMB</li> <li>= PREP</li> <li>= CU</li> </ul>
<p>PCM Analyst:  Lance Hassell</p> <p style="text-align: right;">Printed: Manages System</p>	



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

<b>Client Name:</b> Environmental Consulting Solutions	<b>Project Name:</b> Hikone	<b>Project Number:</b> 1478-15003	<b>Sample Date:</b> 5/8/2015
<b>City / State / Zip:</b> Inkster, MI 48141	<b>Project Location:</b> 2700 Hikone	<b>City / State / Zip:</b> Ann Arbor, MI	<b>Collected By:</b> Lance Hassell
<b>Filter ECA:</b> 385 mm2		<b>Project Contact:</b> Andy Foerg	
<b>Microscope Field Area:</b> 0.00785 mm2		<b>Contractor:</b> EME	

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers /cc	
								Start	Stop	Ave.	Start	Stop				Total
	1	FB			0	100		2.00	2.00	2.00	1025	1335	190		FB AVE	
	2	FB			0	100		10.00	10.00	10.00	1030	1230	120		0.0000	
	3	P	Tim Highland	REM	4	100	10	12.7	10.00	10.00	1030	1230	120	0.0129	< 0.0129	
	4	IWA	2732 Kitchen	CL	8	100	10	12.7	10.00	10.00	1030	1230	120	0.0041	< 0.0041	
	5	IWA	2732 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	1030	1230	120	0.0041	< 0.0041	
	6	IWA	2734 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	1130	1330	120	0.0041	< 0.0041	
	7	IWA	2734 2nd Floor Room	CL	10	100	10	12.7	10.00	10.00	1130	1330	120	0.0041	< 0.0041	
<b>Total Samples</b>	<b>Blind Recount</b>															
7	7				9	100	10	12.7					120	1200.00	0.0041	< 0.0041

<<Enter Sample Number Here

10.00	12.7	1200.00	0.0041

Sample Types	Activity
OSWA = Outside Work Area	BKGD = Background
IWA = Inside Work Area	REM = Removal
SPER = Personal	CL = Clearance
SLEL = Short Term Exposure Limit	PA = Post-Abatement
HEPEX = HEPA Exhaust	GR = Grab
FF = Field Blank	CRK = Clock
NA-PF = Not Analyzed / Pump Failure	BO = Base Out
NA-OLF = Not Analyzed / Overloaded Filter	AMB = Ambient
NA-WDF = Not Analyzed / Water Damaged Filter	PREP = Work Site Prep
	CU = Clean Up

PCM Analyst: Lance Hassell  
 Project Manager Signature:



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/12/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Ron Fraley							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Start	Stop	Total
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	IWA	2752 2nd Floor Bedroom	CL	4	100	10	12.7	10.00	0928	1128	120	0.0041
	4	IWA	2752 1st Floor Living Room	CL	2.5	100	10	12.7	10.00	0933	1133	120	0.0041
	5	IWA	2752 Bsement Furnace	CL	5.5	100	10	12.7	10.00	0939	1139	120	0.0041
	6	P	Chris Treglown	REM	14.5	100	14.5	18.5	2.00	0943	1452	309	0.0115
	7	IWA	2738 2nd Floor Bedroom	CL	7.5	100	10	12.7	10.00	1145	1345	120	0.0041
	8	IWA	2738 1st Floor Living Room	CL	4	100	10	12.7	10.00	1147	1347	120	0.0041
	9	IWA	2738 Basement Furnace	CL	6	100	10	12.7	10.00	1149	1349	120	0.0041
<b>Total Samples</b>	<b>9</b>												
<b>Blind Recount</b>	<b>9</b>												

7    100    10    12.7    10.00    120    1200.00    0.0041    < 0.0041

<<<Enter Sample Number Here

Sample Types	Activity
OSWA = Outside Work Area	BKGD = Background
IWA = Inside Work Area	REM = Removal
P = Personal	CL = Clearance
STEL = Short Term Exposure Limit	PA = Post Abatement
HEPEX = HEPA Exhaust	GB = Glovebag
FB = Field Blank	BO = Bag Out
NAO = Not Analyzed / Pump Failure	AMB = Ambient
NAO1F = Not Analyzed / Overloaded Filter	WSP = Work Site Prep
NAO1F = Not Analyzed / Water Damaged Filter	CU = Clean Up

PCM Analyst: Jef Fox

Project Manager: Stephanie

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/13/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	0730	0800	0.0817	< 0.0817
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	0800	1500	0.0058	< 0.0058
	5	IWA	2744 Kitchen	CL	8	100	10	12.7	10.00	0801	1200	0.0041	< 0.0041
	6	IWA	2744 Bedroom	CL	9	100	10	12.7	10.00	0802	1200	0.0041	< 0.0041
	7	IWA	2746 Kitchen	CL	8.5	100	10	12.7	10.00	1300	1500	0.0041	< 0.0041
	8	IWA	2746 Bedroom	CL	9	100	10	12.7	10.00	1301	1501	0.0041	< 0.0041
<b>Total Samples</b>	<b>8</b>												

	10.00	12.7	120
<<<Enter Sample Number Here			
10.00	12.7	10	100
120	1200.00	0.0041	< 0.0041

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

PCM Analyst: Lance Hassell  
Project Manager Signature

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/14/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Ave	Stop	Total	
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	NA	NA			NA	NA	NA	NA	NA+PF
	4	IWA	2748 Kitchen	CL	9	100	10	12.7	10.00	10.00	0100	-420	-0.0012
	5	IWA	2748 2nd Floor Room	CL	10	100	10	12.7	10.00	10.00	0801	120	< 0.0041
	6	IWA	2738 Kitchen	CL	8	100	10	12.7	10.00	10.00	1005	120	< 0.0041
	7	IWA	2738 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	1006	120	< 0.0041
	8	IWA	2740 Kitchen	CL	8	100	10	12.7	10.00	10.00	1310	120	< 0.0041
	9	IWA	2740 2nd Floor Room	CL	9.5	100	10	12.7	10.00	10.00	1311	120	< 0.0041
<b>Total Samples</b>	<b>Blind Recount</b>												
9	8												

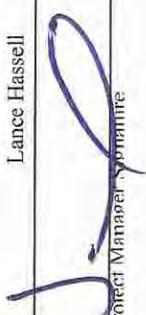
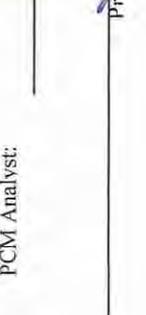
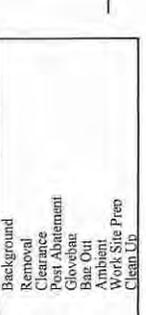
10.00     
 12.7     
 8     
 100     
 10     
 12.7     
 10.00     
 120     
 1200.00     
 0.0041     
 0.0041     
 < 0.0041

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

**PCM Analyst:** Lance Hassell  
  
 Project Manager Signature

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/15/2016							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Chris Treglown	REM	9	100	10	12.7	2.00	0745	1510	445	< 0.0055
	4	IWA	2716 Kitchern	CL	8	100	10	12.7	10.00	0800	1000	120	< 0.0041
	5	IWA	2716 2nd Floor Room	CL	10	100	10	12.7	10.00	0801	1001	120	< 0.0041
	6	IWA	2708 Bathroom- 1st Floor	CL	7	100	10	12.7	10.00	0930	1130	120	< 0.0041
	7	IWA	2708 Bathroom- 1st Floor	CL	6	100	10	12.7	10.00	0930	1130	120	< 0.0041
	8	IWA	2712 Basement-South	CL	7.5	100	10	12.7	10.00	1005	1205	120	< 0.0041
	9	IWA	2712 Basement-North	CL	7.5	100	10	12.7	10.00	1005	1205	120	< 0.0041
	10	IWA	2752 Living Room	CL	8	100	10	12.7	10.00	1310	1510	120	< 0.0041
	11	IWA	2752 Livng Room	CL	9	100	10	12.7	10.00	1310	1510	120	< 0.0041
<b>Total Samples</b>	<b>Blind Recount</b>												
11	11				9	100	10	12.7	10.00		120	0.0041	< 0.0041

PCM Analyst:  Lance Hassell  
Project Manager:    
Project Manager: 

Sample Types	Activity
OSWA = Outside Work Area	BKGD = Background
IWA = Inside Work Area	REM = Removal
P = Personal	CL = Clearance
STEL = Short Term Exposure Limit	PA = Post Abatement
HEPEX = HEPA Exhaust	GB = Glovebag
FB = Field Blank	BO = Bar Out
NA-DF = Not Analyzed / Pump Failure	AOB = Air Only Blank
NA-DF = Not Analyzed / Oversed Filter	PREP = Work Site Prep
NA-WDF = Not Analyzed / Water Damaged Filter	CU = Clean Up

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 5/18/2016											
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell											
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.	Start	Stop				Total
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	0745	1200	255	510.00	0.0096	< 0.0096
	4	IWA	2754 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	0750	0950	120	1200.00	0.0041	< 0.0041
	5	IWA	2754 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	0751	0951	120	1200.00	0.0041	< 0.0041
	6	IWA	2756 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	0752	0952	120	1200.00	0.0041	< 0.0041
	7	IWA	2756 2nd Floor Room	CL	9	100	10	12.7	10.00	10.00	10.00	0753	0953	120	1200.00	0.0041	< 0.0041
	8	IWA	2702 Basement	REM/CL	7	100	10	12.7	10.00	10.00	10.00	0955	1155	120	1200.00	0.0041	< 0.0041
	9	IWA	2702 Basement	REM/CL	6	100	10	12.7	10.00	10.00	10.00	0958	1158	120	1200.00	0.0041	< 0.0041
	10	IWA	2744 Bathroom	CL	8	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	11	IWA	2744 Bathroom	CL	8.5	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
Total Samples	11				8	100	10	12.7						120	1200.00	0.0041	< 0.0041

<<<Enter Sample Number Here

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PCM Analyst: Lance Hassell  
 Project Manager: [Signature]

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



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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 6/12/2015						
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Matt Rodgers						
<b>Filter ECA:</b> 385 mm2		<b>Project Contact:</b> Andy Foerg						<b>Contractor:</b> EME				
<b>Microscope Field Area:</b> 0.00785 mm2		Fibers per mm <sup>2</sup>		Flow Rate (L/min)		Time (24 Hour Clock)		Vol. (L)				
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Start	Stop	Total	LOQ (f/cc)	Fibers/cc
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	STEL	Andrew Ptak	REM	11	100	11	2.00	2.00	30	0.0817	0.0898
	4	P	Andrew Ptak	REM	14	100	14	2.00	2.00	216	0.0113	0.0159
	5	P	Andrew Ptak	REM	12	100	12	2.00	2.00	50	0.0490	0.0588
	6	OSWA	Kitchen-2726	REM	16	100	16	10.00	10.00	354	0.0014	0.0022
	7	OSWA	Base Stairs-2726	REM	16	100	16	10.00	10.00	354	0.0014	0.0022
	8	IWA	2718 Kitchen	CL	8	100	10	10.00	10.00	120	0.0041	< 0.0041
	9	IWA	2718 Living Room	CL	9	100	10	10.00	10.00	120	0.0041	< 0.0041
	10	IWA	2718 2nd Floor Hall	CL	8	100	10	10.00	10.00	120	0.0041	< 0.0041
	11	IWA	2726 Living Room	CL	12	100	12	10.00	10.00	120	0.0041	0.0049
	12	IWA	2726 Kitchen	CL	14	100	14	10.00	10.00	120	0.0041	0.0057
	13	IWA	2726 2nd Floor Hall	CL	11	100	11	10.00	10.00	120	0.0041	0.0045
<b>Total Samples</b>	<b>Blind</b>											
13	9											

10.00      12.7      120      1200.00      0.0041      < 0.0041

<<<Enter Sample Number Here

<b>Sample Trace</b>	<b>Activity</b>
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEX	PO
HEX	GB
HEX	BA
NA-PT	AMB
NA-OLF	PREP
NA-WDF	CU
	Background
	Removal
	Cleanse
	Post Abatement
	Glovebag
	Bag Out
	Work Site Prep
	Clean Up

PCM Analyst: Matt Rodgers

Project Manager Signature

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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 6/15/2015								
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Lance Hassell								
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME								
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc	
	1	FB			0	100							FB AVE	
	2	FB			0	100							0.0000	
	3	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	0800	1660.00	0.0030	< 0.0030	
	4	IWA	Tim Highland	REM	1.5	100	10	12.7	2.00	1000	180.00	0.0272	< 0.0272	
	5	IWA	2728 Kitchen	CL	7	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041	
	6	IWA	2728 Living Room	CL	6	100	10	12.7	10.00	1201	1200.00	0.0041	< 0.0041	
<b>Total Samples</b>	<b>Blind Recount</b>													
6	6	<<<Enter Sample Number Here												
					6	100	10	12.7	10.00		120	1200.00	0.0041	< 0.0041

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Sample Types</th> <th style="text-align: left;">Activity</th> </tr> <tr> <td>OSWA =</td> <td>BKGD =</td> </tr> <tr> <td>IWA =</td> <td>REM =</td> </tr> <tr> <td>P =</td> <td>CL =</td> </tr> <tr> <td>STEL =</td> <td>PA =</td> </tr> <tr> <td>HEPEX =</td> <td>GB =</td> </tr> <tr> <td>FB =</td> <td>B/O =</td> </tr> <tr> <td>NA-DIF =</td> <td>AMB =</td> </tr> <tr> <td>NA-WDF =</td> <td>PCEP =</td> </tr> <tr> <td></td> <td>CU =</td> </tr> </table>	Sample Types	Activity	OSWA =	BKGD =	IWA =	REM =	P =	CL =	STEL =	PA =	HEPEX =	GB =	FB =	B/O =	NA-DIF =	AMB =	NA-WDF =	PCEP =		CU =	<p style="text-align: center;"><b>PCM Analyst:</b> Lance Hassell</p> <p style="text-align: center;">Project Manager Signature</p>
Sample Types	Activity																				
OSWA =	BKGD =																				
IWA =	REM =																				
P =	CL =																				
STEL =	PA =																				
HEPEX =	GB =																				
FB =	B/O =																				
NA-DIF =	AMB =																				
NA-WDF =	PCEP =																				
	CU =																				





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

<b>Client Name:</b> Environmental Consulting Solutions		<b>Project Name:</b> Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 9/16/2015											
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Matt Rodgers											
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per min <sup>2</sup>	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc			
									Start	Ave.	Stop						
	1	FB			0	100									FB AVE		
	2	FB			0	100									0.0000		
	3	STEL	Tim Highland	REM	18	100	18	22.9	2.00	2.00	2.00	0735	0805	30	0.0817	0.1470	
	4	P	Tim Highland	REM	18	100	18	22.9	2.00	2.00	2.00	0805	1215	250	0.0098	0.0176	
	5	OSWA	2750 Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0740	1200	260	0.0019	< 0.0019	
	6	OSWA	2750 Bathroom	REM	6	100	10	12.7	10.00	10.00	10.00	0740	1200	260	0.0019	< 0.0019	
	7	OSWA	2720 Kitchen	REM	7	100	10	12.7	10.00	10.00	10.00	0800	1210	250	0.0020	< 0.0020	
	8	OSWA	2720 Bathroom	REM	6	100	10	12.7	10.00	10.00	10.00	0800	1210	250	0.0020	< 0.0020	
	9	IWA	2720 Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	1215	1415	120	0.0041	< 0.0041	
	10	IWA	2720 Bedroom 1	CL	7	100	10	12.7	10.00	10.00	10.00	1215	1415	120	0.0041	< 0.0041	
	11	IWA	2720 Hall 2nd Floor	CL	10	100	10	12.7	10.00	10.00	10.00	1216	1416	120	0.0041	< 0.0041	
	12	IWA	2750 Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1305	1505	120	0.0041	< 0.0041	
	13	IWA	2750 Bedroom 1	CL	9	100	10	12.7	10.00	10.00	10.00	1305	1505	120	0.0041	< 0.0041	
<b>Total Samples</b>	<b>Blind</b>																
14	11				10	100	10	12.7				10.00		120	1200.00	0.0041	< 0.0041

<<Enter Sample Number Here

Sample Types	Activity
OSWA =	BKGD = Background
TWA =	REM = Removal
P =	CU = Clearance
STEL =	PA = Post Abatement
HEPEX =	GB = Glovebag
HEP/BI =	BO = Bau Out
NA-Prf =	AMB = Ambient
NA-OLF =	WSP = Work Site Prep
NA-VDF =	CU = Clean Up

PCM Analyst: Matt Rodgers







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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 9/29/2015							
<b>City / State / Zip:</b> Inkster, MI 48141		<b>Project Location:</b> 2700 Hikone		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Jef Fox							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm <sup>2</sup>	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Chris Treglown	REM	4.5	100	10	12.7	2.00	0909	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	11.5	100	11.5	14.6	2.00	0939	152.00	0.0322	0.0371
	5	IWA	Living Room	CL	9	100	10	12.7	10.00	1055	1200.00	0.0041	< 0.0041
	6	IWA	Living Room	CL	6.5	100	10	12.7	10.00	1055	1200.00	0.0041	< 0.0041
	7	IWA	Living Room	CL	7	100	10	12.7	10.00	1055	1200.00	0.0041	< 0.0041
<b>Total Samples</b>	<b>7</b>												
<b>Blind Recount</b>	<b>6</b>												

	10.00	120	1200.00	0.0041	0.0041	< 0.0041
	8	100	10	12.7		

<b>PCM Analyst:</b> Jef Fox	<b>Project Manager Signature:</b>
-----------------------------	-----------------------------------

Sample Cross	Activity	Background
OSWA	=	BKGD
IWA	=	REM
P	=	CL
STEL	=	PA
HEPEX	=	GB
TP	=	B/O
NA-DF	=	AMB
NA-OLF	=	PKFP
NA-WDF	=	CU

<<Enter Sample Number Here

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

<b>Client Name:</b> Environmental Consulting Solutions Inkster, MI 48141		<b>Project Name:</b> Hikone 2700 Hikone		<b>Project Number:</b> 1478-15003		<b>Sample Date:</b> 11/11/2015							
<b>City / State / Zip:</b>		<b>Project Contact:</b> Andy Foerg		<b>City / State / Zip:</b> Ann Arbor, MI		<b>Collected By:</b> Ron Fraley							
<b>Filter ECA:</b> 385 mm2		<b>Microscope Field Area:</b> 0.00785 mm2		<b>Project Contact:</b> Andy Foerg		<b>Contractor:</b> EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc
								Start	Stop	Ave.			
	1	FB			0	100							
	2	FB			0	100							0.0000
	3	P	Ken Wayland	REM	14	100	14	2.00	2.00	2.00	402.00	0.0122	0.0171
	4	IWA	Basement	CL	8	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	5	IWA	1st Floor	CL	4.5	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041
	6	IWA	2nd Floor	CL	7	100	10	10.00	10.00	10.00	1200.00	0.0041	< 0.0041

<b>Total Samples</b>	6	<b>Blind Recount</b>	6
<<Enter Sample Number Here			
	8.5	100	10
	10.00		
	12.7		
	120	1200.00	0.0041
			< 0.0041

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Sample Types</th> <th>Activity</th> </tr> <tr> <td>OSWA =</td> <td>BKGD = Background Removal</td> </tr> <tr> <td>IWA =</td> <td>CL = Clearance</td> </tr> <tr> <td>P =</td> <td>PA = Post Abatement</td> </tr> <tr> <td>STEL =</td> <td>GB = Glovebag</td> </tr> <tr> <td>HEPEX =</td> <td>B/O = Bas. Out</td> </tr> <tr> <td>FB =</td> <td>AMB = Ambient</td> </tr> <tr> <td>NA-PP =</td> <td>PREP = Work Site Pre</td> </tr> <tr> <td>NA-OLP =</td> <td>CU = Clean Up</td> </tr> <tr> <td>NA-WDF =</td> <td></td> </tr> </table>	Sample Types	Activity	OSWA =	BKGD = Background Removal	IWA =	CL = Clearance	P =	PA = Post Abatement	STEL =	GB = Glovebag	HEPEX =	B/O = Bas. Out	FB =	AMB = Ambient	NA-PP =	PREP = Work Site Pre	NA-OLP =	CU = Clean Up	NA-WDF =		<p style="text-align: center;"><b>PCM Analyst:</b> Jef Fox</p> <p style="text-align: center;"><b>Project Manager:</b> Stonathre</p>
Sample Types	Activity																				
OSWA =	BKGD = Background Removal																				
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STEL =	GB = Glovebag																				
HEPEX =	B/O = Bas. Out																				
FB =	AMB = Ambient																				
NA-PP =	PREP = Work Site Pre																				
NA-OLP =	CU = Clean Up																				
NA-WDF =																					







## **Appendix B**

### **Daily Paperwork**

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 3/30/15 Start Time: 8:00AM AEC Representative: Lance Hassell

Site Name: Hikone

Site's Full Address: 2700 Hikone

Work Areas (Be Specific): \_\_\_\_\_

Contaminant(s) of Concern: Asbestos Joint Compound

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |                             |                              |   |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant               |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.)                 |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit  |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)              |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____  |

Date: 3/30/15

- Containment:
- Yes  No  N/A
  - Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

- Yes  No  N/A

- Glovebags:
- N/A
  - Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

- Clean up:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

- 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:

Contaminant:	Location:	Quantity:
<u>Joint Compound</u>	<u>Throughout</u>	<u>≈ 30 LF/unit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 3/30/15

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

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

Date: 3/30/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): Joint Compound - ACM

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 3/30/15

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: JOE FOX  
Printed Name

[Signature]  
Signature

1/15/16  
Date

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 3-31-15 Start Time: 730 AEC Representative: Fox

Site Name: HIKONE APARTMENTS

Site's Full Address: 2702 HIKONE DR, ANN ARBOR, MI

Work Areas (Be Specific): 2702, 2704, 2706, 2708, 2710, 2712

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PTAK

**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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |  |                              |  |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Moving in of equipment and supplies  |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Set up of floor and drop cloths  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.)  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Water available  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Containment sealed with no breaches  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Negative pressure established  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Set up of decontamination unit   |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote     or <input type="checkbox"/> Attached to containment<br>(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)<br>Other: _____ |

Date: 3-31-15

Containment:  N/A  
 Yes  No  N/A

Sealed poly walls and ceilings  
Sealed floor and drop cloths  
Signs and barrier tape labeled with appropriate contaminant  
HVAC system shutdown and isolated  
All points of potential fiber release sealed (doors, windows, etc.)  
Water available in containment  
Containment sealed with no breaches  
Negative pressure established  
Decontamination unit  
 Remote or  Attached to containment  
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
Other: \_\_\_\_\_

Glovebags:  N/A  
 Yes  No  N/A

Drop cloths  
Signs and barrier tape labeled with appropriate contaminant  
HVAC system shutdown and isolated  
Glovebags sealed with amended water and negative air  
Other: \_\_\_\_\_

Clean up:  N/A  
 Yes  No  N/A  
 Yes  No  N/A  
 Yes  No  N/A  
 Yes  No  N/A

HEPA vacuums utilized  
Wet methods utilized  
Work area demarcated and isolated from general traffic  
Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>JOINT COMPOUND</u>	<u>2702-2712</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Date: 3-31-15

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

SCRAPED DAMAGED AREAS FOR FIXING BY  
OTHERS

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Clean up/close out activities**

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 3-31-15

Other personal protective equipment (check all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots                     |
| <input type="checkbox"/> Washable clothing              | <input checked="" type="checkbox"/> Gloves                    |
| <input checked="" type="checkbox"/> Hoods               | <input type="checkbox"/> Hard hats                            |
| <input checked="" type="checkbox"/> Safety glasses      | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____                   |   |

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

**Consultant activities**

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 3-31-15

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: JEFF FOX  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

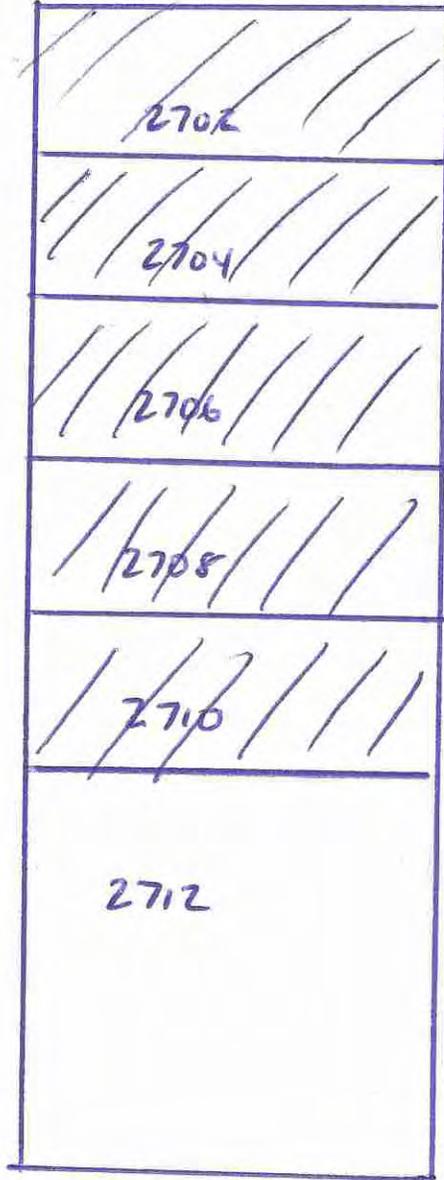
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Technical Review By: JEFF FOX  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AEC Site Map



////- REMOVAL

~~8~~ / HIKONE / FOX / EME / 3-30-15 / NOT TO SCALE



Date: 4/1/15

- Containment:
- Yes  No  N/A
  - Yes  No  N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
  - Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Yes  No  N/A

- Glovebags:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: \_\_\_\_\_

- Clean up:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>ACM Joint Compound</u>	<u>Throughout</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Date: 4/1/15

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

- Yes No 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 standards)

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: \_\_\_\_\_

Date: 4/1/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): Asbestos JC

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

\_\_\_\_\_  
\_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_

Date: 4/1/15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No  
If no, please explain \_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No  
Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_

**Abatement Personnel Roster**

Name:

SSN or State Card Number:

A Ptak  
T Highland  
K Maddox  
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Date: 4/13

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell

Printed Name

Lance Hassell

Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: JEFF FOX

Printed Name

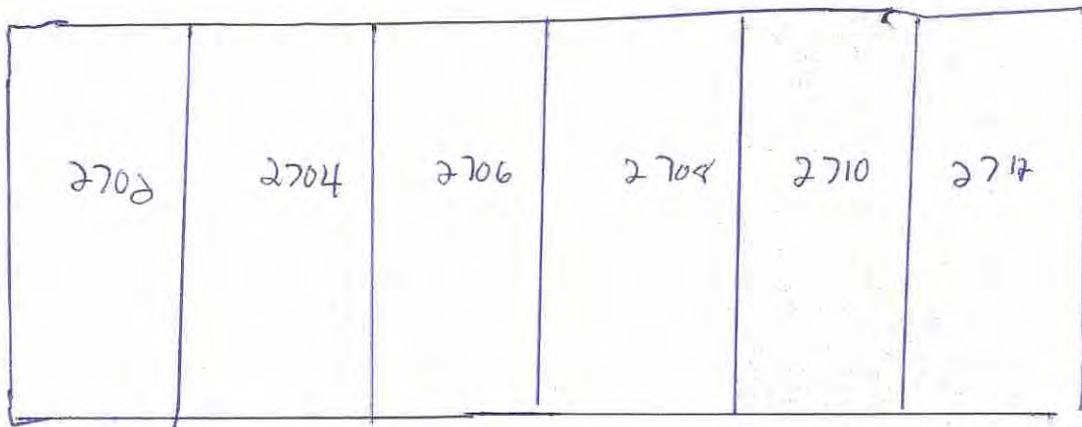
JEFF FOX

Signature

1/15/16

Date

AEC Site Map



Not to scale

EME / Norstar  
A. Ptak

Hikone

2702 Hikone  
Ann Arbor, MI

4/1/15

Lance Hassell

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 4/2/15 Start Time: 0730 AEC Representative: Hassel

Site Name: Hikone

Site's Full Address: 27 Hikone Ann Arbor, MI

Work Areas (Be Specific): 27

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 4/2/15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:  N/A

Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
ACM Joint Compound	Throughout	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 4/2/15

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**

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

Date: 4/2/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 4/2/15

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.

\_\_\_\_\_  
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All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: Jeff Fox  
Printed Name

Jeff Fox  
Signature

1/15/16  
Date

AEC Site Map

2726-2736  
Hikone

2726	2728	2730	2732	2734	2736 BX
------	------	------	------	------	------------

X - pumps  
Not to scale

EME / Norstar / 2726 Hikone / 4/2/15  
A. Ptak / Am Arbor, MI / Lance Hassell



Date: 4/3/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
ACM Joint Compound	Throughout	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 4/3/15

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**

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 4/3/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

No

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:

Yes  No

If no, please explain \_\_\_\_\_

Date: 4/3/15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No  
If no, please explain \_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No  
Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak  
T. Highland  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Date: 4/3/15

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.

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All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

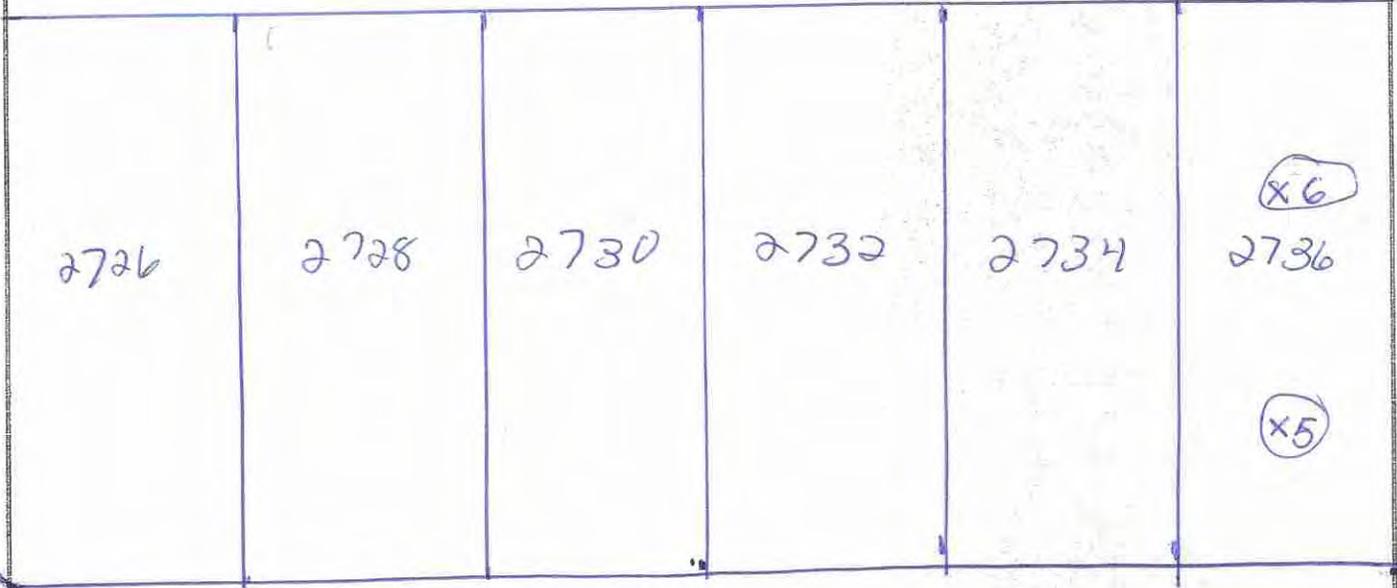
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Technical Review By: Jeff Fox  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AEC Site Map



X - pumps

Not to scale

EME/Morstar  
A, Plat

27 26 36 Hikone  
Ann Arbor, MI

4/3/15  
Lance Hassell



Date: 4/6/15

- Containment:  N/A
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

Sealed poly walls and ceilings  
Sealed floor and drop cloths  
Signs and barrier tape labeled with appropriate contaminant  
HVAC system shutdown and isolated  
All points of potential fiber release sealed (doors, windows, etc.)  
Water available in containment  
Containment sealed with no breaches  
Negative pressure established  
Decontamination unit  
 Remote or  Attached to containment  
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
Other: \_\_\_\_\_

Yes  No  N/A

- Glovebags:  N/A
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

Drop cloths  
Signs and barrier tape labeled with appropriate contaminant  
HVAC system shutdown and isolated  
Glovebags sealed with amended water and negative air  
Other: \_\_\_\_\_

- Clean up:  N/A
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

HEPA vacuums utilized  
Wet methods utilized  
Work area demarcated and isolated from general traffic  
Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>Suspect - ACM Joint Compound</u>	<u>Throughout</u>	<u>10 SF</u>
<u>ACM Floor tile</u>	<u>2732-2nd Fl. Hall</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Date: 4/6/15

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

[Handwritten scribble]

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

[Handwritten scribble]

**Clean up/close out activities**

- Yes  No  N/A 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: \_\_\_\_\_

Date: 4/6/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): Asbestos Joint Compound + Floor Tile

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 4/6/15

**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.

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All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
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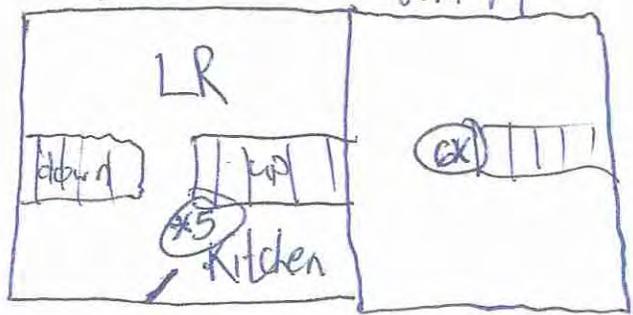
Technical Review By: JEFF FOX  
Printed Name

Jeff Fox  
Signature

1/15/16  
Date

2714  
1st Fl

2nd Fl



2720

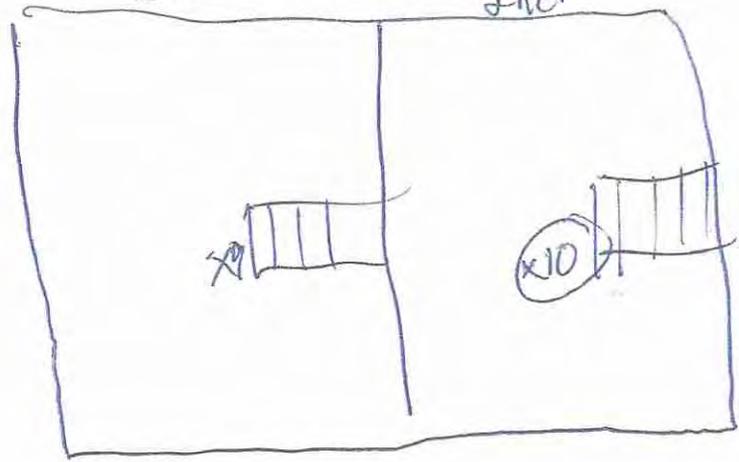
1st

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1st 2732

2nd



Not to Scale

~~Hikone~~ EME / Nars bar  
PEAK / Don

Hikone  
2700 Hikone, Ann Arbor, MI

4/6/15  
Lance Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
DAILY PROJECT LOG**

Date: 4/7/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Hikone

Site's Full Address: 2700 Hikone, Ann Arbor, MI

Work Areas (Be Specific): Throughout

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Ptak

**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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> N/A   | Moving in of equipment and supplies   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of poly walls  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of floor and drop cloths   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.)                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Water available   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Containment sealed with no breaches   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Negative pressure established   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of decontamination unit  |
|   | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
|   | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Other: _____  |

Date: 4/7/15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:  N/A

Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
Joint Compound	Throughout	

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 4/7/15

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

[Handwritten scribble]

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

[Handwritten scribble]

**Clean up/close out activities**

- Yes  No  N/A 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: \_\_\_\_\_

Date: 4/7/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 4/7/15

**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.

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All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name  
[Signature]  
Signature

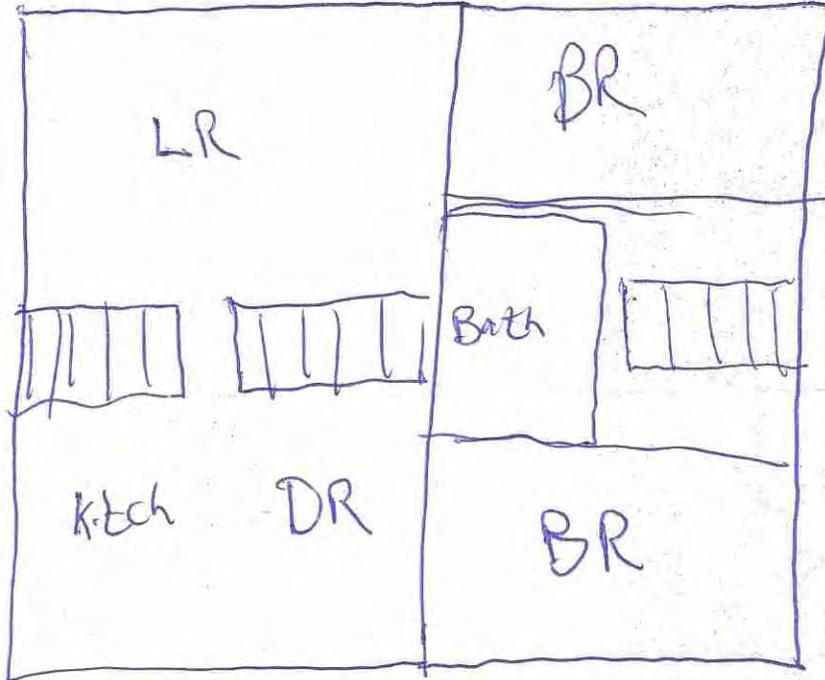
This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: JEFF FOX  
Printed Name  
[Signature]  
Signature  
1/15/16  
Date

AEC Site Map

1st Floor



Not to scale

Monstar / EME  
Don - Andrew  
ptak

Hikone  
2700 Hikone, Ann Arbor, MI

4/7/15  
L. Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
DAILY PROJECT LOG**

Date: 4/30/15 Start Time: 0730 AEC Representative: Hassell

Site Name: Hikone

Site's Full Address: 2712 Hikone

Work Areas (Be Specific): 2712 + 2704

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
 if no, please explain \_\_\_\_\_

Set up:

- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 4/30/15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:  N/A

Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
Joint Compound	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Date: 4/30/15

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

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 4/30/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored  
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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 4/30/13

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.

\_\_\_\_\_  
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All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

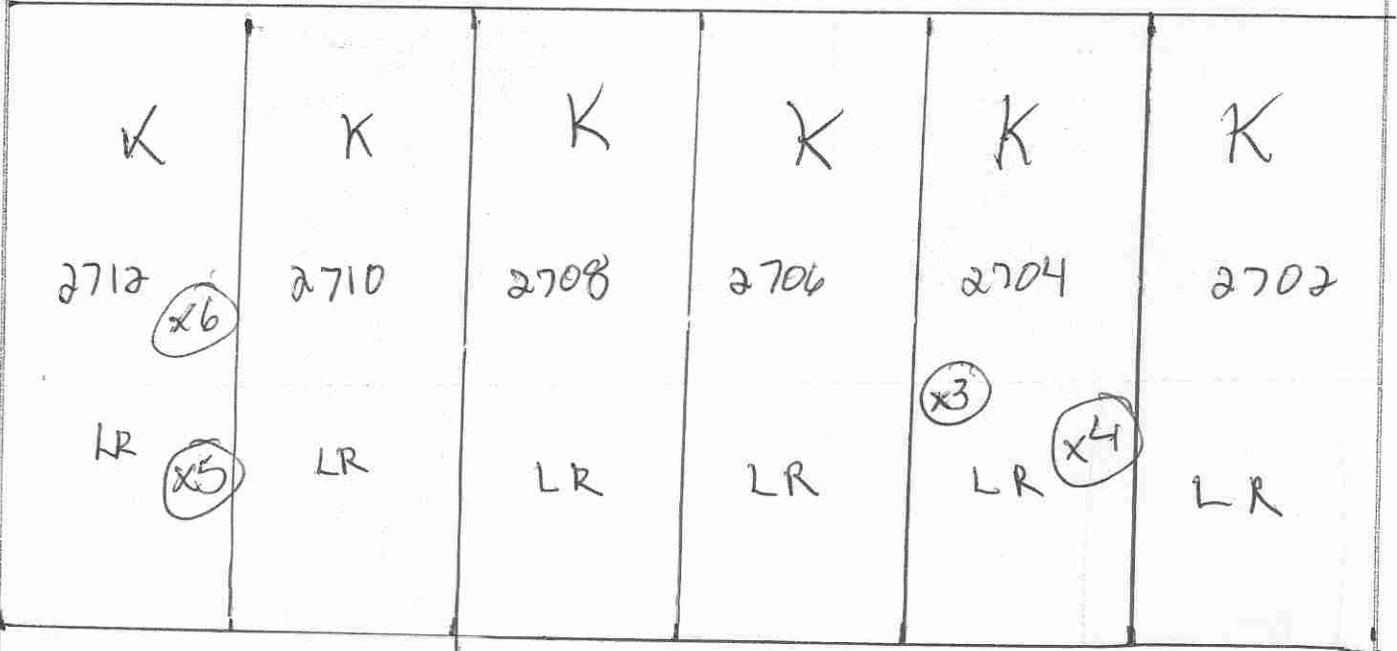
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\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: Jeff Fox  
Printed Name

Jeff Fox  
Signature

1/15/16  
Date

AEC Site Map



X - pumps

Not to Scale

EME / Norstar  
A.Ptak / D. Talich

Hikone  
272 Hikone, Ann Arbor, MI

4/30/15  
Lance Hassell



Date: 5/1/15

- Containment:  N/A
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
  - Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Yes  No  N/A

- Glovebags:  N/A
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: \_\_\_\_\_

- Clean up:  N/A
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
\_\_\_\_\_

Abatement/remediation activities

- 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:

Contaminant:	Location:	Quantity:
ACM Joint Compound		

Were wet methods utilized for the removal of the contaminant:  Yes  No  
If no, please explain \_\_\_\_\_

Date: 5/1/13

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

[Handwritten scribble]

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

[Handwritten scribble]

Clean up/close out activities

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/1/13

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

\_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/1/15

Onsite visit of government officials

N/A

Name of Person(s): \_\_\_\_\_

Employer/Department: \_\_\_\_\_

Time on and off site: \_\_\_\_\_

Stated reason for visit: \_\_\_\_\_

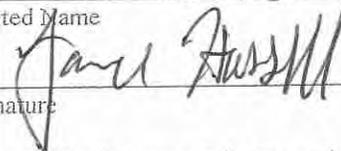
Please use the following section to note any comments or additional information not described in this report.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell  
Printed Name

  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By:

Jeff Fox  
Printed Name

  
Signature

1/15/16  
Date

AEC Site Map

2712

2710

2708

2706

2704

2702

2nd  
Fl.

x5

x7

9  
x

x11

x13

x15

1st  
Fl.

K

K

K

K

K

K

x24

x6

x8

x10

x12

x14



LR

LR

LR

LR

LR

LR

X - pumps

Not to scale

EME  
A. Ptak

Warstar  
D. Takicki

Hikone  
2712 Hikone  
Ann Arbor, MI

5/1/13  
Lance Hassell

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5/4/15 Start Time: 0730 AEC Representative: Hassel

Site Name: Hikone

Site's Full Address: 2712 Hikone

Work Areas (Be Specific): 2702-2712

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/4/15

- Containment:
- Yes  No  N/A
  - Yes  No  N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
  - Remote or  Attached to containment
- Other: \_\_\_\_\_

- Yes  No  N/A

- Glovebags:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: \_\_\_\_\_

- Clean up:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

- 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:

Contaminant:	Location:	Quantity:
Joint Compound	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/4/15

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

[Handwritten scribble]

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

[Handwritten scribble]

Clean up/close out activities

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/4/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/4/15

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name  
[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Review By: JEFF FOX  
Printed Name  
[Signature]  
Signature  
1/15/16  
Date

AEC Site Map

2712

2710

2708

2706

2704

2702

x6

x8



2nd Floor

x5

(x7)

1st Floor

X - Pump 3

Not to Scale

EME  
A. Ptark

Norstar  
D. Talicki

Hikone  
2712 Hikone, Am Arbor, MI

3/4/15  
Lore Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
DAILY PROJECT LOG

Date: 5/5/15 Start Time: 0730 AEC Representative: Hassell

Site Name: Hikone

Site's Full Address: 2708 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2708, 2706, 2704, 2702

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- 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  
Set up of decontamination unit  
 Remote or  Attached to containment  
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
Other: \_\_\_\_\_

Date: 5/5/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
------------------------------	-----------------------------	---

Glovebags:

<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
<u>Joint compound</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/5/15

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

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/5/15

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: \_\_\_\_\_  
\_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No  
If no, please explain: \_\_\_\_\_
- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_  
\_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored  
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

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



Date: 5/15/15

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Review By:

Jeff Fox  
Printed Name

Jeff Fox  
Signature

1/15/16  
Date

AEC Site Map

2nd Fl.

1st Fl.

	2712	2710	2708	2706	2704	2702
	BR	BR	BR (X5)	BR (X7)	BR (X9)	BR
	K	K	K (X4)	K (X6)	K (X8)	K
	LR	LR	LR	LR	LR	LR

X - pumps

Not to Scale

EME A Ptak	Worstad Don Talicki	Hikone 2712 Hikone, Ann Arbor, MI	3/5/15 Lance Hasspelt
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# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 5/6/15 Start Time: 07:30 AEC Representative: Hasse 4

Site Name: Hikone

Site's Full Address: 2702 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2702, 27

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:

- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/6/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
Joint Compound	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/6/15

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

[Redacted area]

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

[Redacted area]

Clean up/close out activities

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/6/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site  taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_

Date: 5/6/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No  
If no, please explain \_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No  
Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak  
Tim Highland  
Chris Treglow  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Date: 5/6/15

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name  
Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Review By: Jeff Fox  
Printed Name  
Jeff Fox  
Signature  
1/15/16  
Date

2724      2722      2720      2718      2716      2714

AEC Site Map

2nd Fl

(x8)

1st Fl

(x7)

Park

2712      2710      2708      2706      2704      2702

2nd Fl

(x6)

1st Fl

(x5)

(X - pumps)

Not to Scale

EME  
Andrew  
Plyk

Norstar  
Don Talicki

Hikone  
2702 Hikone, Ann Arbor, MI

5/6/15  
Larch Hassell

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5/7/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Hikone

Site's Full Address: 2714 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2714, 2728, 2730, 2732

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/7/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
Acrylonitrile Compound	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/7/15

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

[Handwritten scribble]

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

[Handwritten scribble]

Clean up/close out activities

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/7/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/7/13

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell  
Printed Name

*Lance Hassell*  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By:

JEFF FOX  
Printed Name

*Jeff Fox*  
Signature

1/15/16  
Date

AEC Site Map

2726

2728

2730

2732

2734

2736

2nd Fl.

1st Fl.

Occupied

(x7)

(9x)

(6x)

(8x)

BBALL COURT

2714

2nd Fl.

(x5)

1st Fl.

(x4)

PARK AREA

Not to scale

5/7/15

Lance Hassell

EME  
Andrew  
Petrak

Norstar  
Don  
Talicki

Hikone  
2714 Hikone  
Ann Arbor, MI



Date: 5/8/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
<u>Asm Joint Compound</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/8/15

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

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

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Clean up/close out activities

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

Date: 5/8/13

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/8/15

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: JEFF FOX  
Printed Name

[Signature]  
Signature

7/15/16  
Date

AEC Site Map

2726      2728      2730      2732      2734      2736

2nd Fl

x5

x7

1st Fl

x4

x6

X - pumps

Not to scale

EME  
A. Ptak

nois tal  
D. Talicki

Hikone  
2732 Hikone, Ann Arbor, MI

Lance Klasse /  
5/8/15

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5/11/15 Start Time: 07:30 AEC Representative: Lance Hassell

Site Name: Hikone

Site's Full Address: 2736 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2736, 2756, 2754

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
- Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/11/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
<u>ACM Joint Compound</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/11/15

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

- |   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No         | <input type="checkbox"/> N/A            |                          |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No         | <input checked="" type="checkbox"/> 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 standards)
- 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: \_\_\_\_\_

Date: 5/11/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/11/15

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

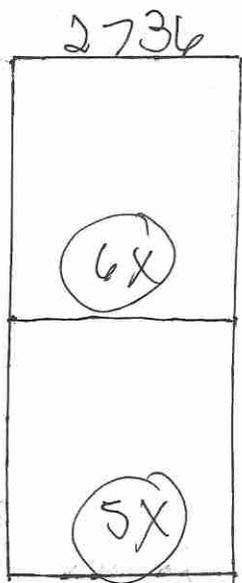
\_\_\_\_\_

Technical Review By: JOSE FOX  
Printed Name

JOSE FOX  
Signature

1/15/16  
Date

2740	2758	2756	AEC Site Map	2754	2752	2750
		(8X)		(10X)		
		(7X)		(9X)		



X - pumps

Not to Scale

Norstar  
D. Tilicki

EME  
A. Peak

Hikone  
2736 Hikone  
Ann Arbor, MI

5/11/15

Lance Hassell



Date: 5-12-15

- Containment:
- Yes  No  N/A
  - Yes  No  N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
  - Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

- Yes  No  N/A

- Glovebags:
- N/A
  - Yes  No  N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: \_\_\_\_\_

- Clean up:
- N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

- 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:

Contaminant:	Location:	Quantity:
<u>JOINT COMPOUND</u>	<u>2752 / 2738</u>	<u>200 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_

Date: 5-12-15

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**

- Yes  No  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 standards)

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: \_\_\_\_\_

Date: 5-12-15

Other personal protective equipment (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Disposable clothing          | <input checked="" type="checkbox"/> Boots                     |
| <input checked="" type="checkbox"/> Washable clothing | <input checked="" type="checkbox"/> Gloves                    |
| <input type="checkbox"/> Hoods                        | <input checked="" type="checkbox"/> Hard hats                 |
| <input checked="" type="checkbox"/> Safety glasses    | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____                 |   |

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

**Consultant activities**

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Date: 5-12-15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No  
If no, please explain \_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_



Abatement Personnel Roster

Name:

Andrew Ptak  
Chris Treyloun  
Timothy Highland  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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SSN or State Card Number:

A25587  
A36314  
A42977  
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\_\_\_\_\_

Date: 5-12-15

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Ron Frabley  
Printed Name

Ron Frabley  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Review By: JEFF FOX  
Printed Name

JEFF FOX  
Signature

1/15/16  
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
AUTHORIZATION FOR REOCCUPANCY

Site Name: HIKONE

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/mm<sup>2</sup>. 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/mm<sup>2</sup> (TEM)

AREAS:

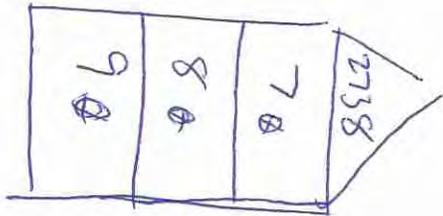
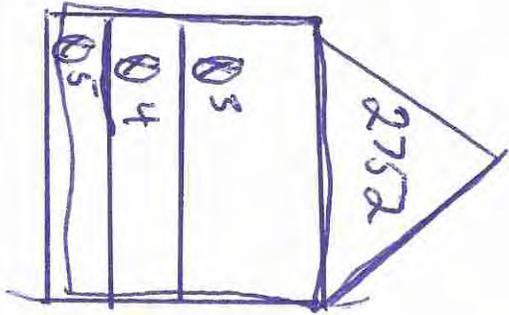
2738 + 2732  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
Industrial Hygienist

5/12/15  
Date

1730  
Time

AEC Site Map



⊙ = Sample

2752 / 2738

Fraley

5-12-15

not to scale

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
DAILY PROJECT LOG**

Date: 5/13/15 Start Time: 07:30 AEC Representative: Lance Hassell

Site Name: Hikone

Site's Full Address: 2744 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2744, 87

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> N/A  | Moving in of equipment and supplies   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Set up of poly walls  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Set up of floor and drop cloths   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Set up of signs and barrier tape labeled with appropriate contaminant               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Isolation of HVAC system and shutdown   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | All points of potential fiber release sealed (doors, windows, etc.)                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Water available   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Containment sealed with no breaches   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Negative pressure established   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | Set up of decontamination unit  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)              |
|  | Other: _____  |

Date: 5/13/15

Containment:  N/A

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Sealed poly walls and ceilings  
Sealed floor and drop cloths  
Signs and barrier tape labeled with appropriate contaminant  
HVAC system shutdown and isolated  
All points of potential fiber release sealed (doors, windows, etc.)  
Water available in containment  
Containment sealed with no breaches  
Negative pressure established  
Decontamination unit  
 Remote or  Attached to containment  
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
Other: \_\_\_\_\_

Glovebags:  N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
Signs and barrier tape labeled with appropriate contaminant  
HVAC system shutdown and isolated  
Glovebags sealed with amended water and negative air  
Other: \_\_\_\_\_

Clean up:  N/A

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
Wet methods utilized  
Work area demarcated and isolated from general traffic  
Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
<u>Joint Compound</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Date: 5/13/15

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**

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

Date: 5/13/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/13/15

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: Jeff Fox  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AEC Site Map



2738

2740

2742

2744

2746

2748

2nd

X6

X8

1st

X5

X7

W

E

X-pumps

S

Not to Scale

5/13/15

EME

Norstar

Hikone

2744 Hikone

Ann Arbor, MI

Lance Hassell

A. Ptak

D. Tilic

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5/14/15 Start Time: 0730 AEC Representative: Lance Hassell

Site Name: Hikone

Site's Full Address: 2748 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2748, 2738, 2740

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/14/13

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
ACM Joint Compound	_____	_____
Heat Shields	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/14/15

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

Handwritten scribble on a set of three horizontal lines.

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

Handwritten scribble on a set of three horizontal lines.

Clean up/close out activities

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/14/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): AcM Joint Compound, Heat Shields

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 5/14/15

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassel  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: Jeff Fox  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AEC Site Map

2738

2740

2742

2744

2746

2748

2nd

8x

10x

5x

1st

7x

9x

4x

9

X-pumps

Not to Scale

5/14/15

EME

Norstar

Mikone

Lance Hassell

A.Ptak

D. Tilicki

2748 Mikone, Ann Arbor, MI

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 5/15/15 Start Time: 0730 AEC Representative: Lance Hassell

Site Name: Hikone

Site's Full Address: 2716 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2716, 2708, 2714

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:

- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/15/15

- Containment:
- Yes  No  N/A
  - Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

- Glovebags:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

- Clean up:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

- 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:

Contaminant:	Location:	Quantity:
<u>Sorbit Compound</u>	_____	_____
<u>Heat Shields</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 5/15/15

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

[Handwritten scribble]

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

2714 - Not Encapsulated Heat shield, due to being unable to remove it

Clean up/close out activities

- Yes/No/N/A checkboxes for various cleanup activities

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 standards)
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:

Date: 5/15/19

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound & Heat Shields

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 3/13/15

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

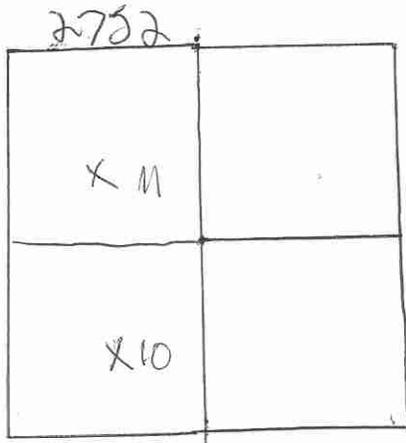
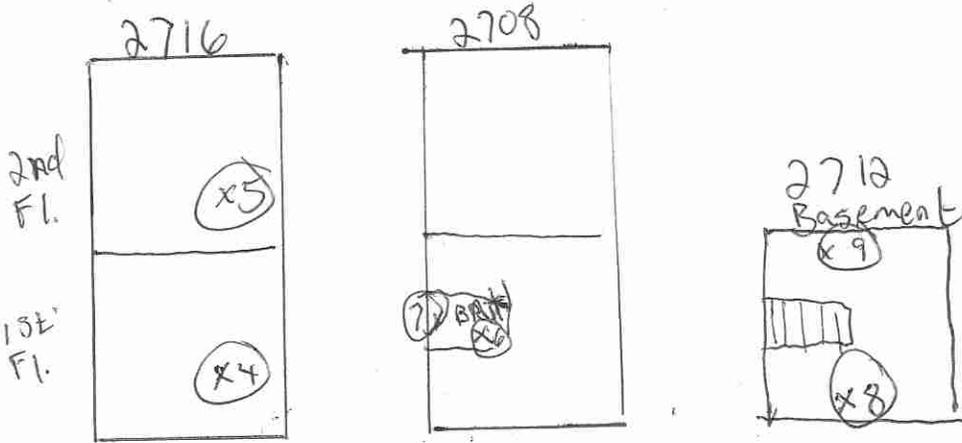
Submitted By: Lance Hassell  
Printed Name  
Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: JEFF FOX  
Printed Name  
JEFF FOX  
Signature  
1/15/16  
Date

AEC Site Map



X - pumps

Not to Scale

5/15/13

Lance Hassell

EME  
A. P. talk

Arstar  
D. Tilicki

Hikone  
2716 Hikone, Ann Arbor, MI

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5/18/15 Start Time: 0730 AEC Representative: Hassell

Site Name: ~~20~~ Hikone

Site's Full Address: 2754 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2734, 2756, 2744, 2702-2712

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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     
  Other: \_\_\_\_\_     
  Clean up     
  Set up  
 No work performed

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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
- Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 5/18/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
ACM Joint Compound	_____	_____
ACM Heat Shield	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_

Date: 5/18/15

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

[Handwritten scribble]

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

[Handwritten scribble]

Clean up/close out activities

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 5/18/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ALM Joint Compound + Heat Shield

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain: \_\_\_\_\_



Date: 3/18/15

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

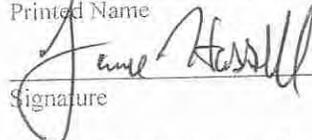
\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell  
Printed Name

  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

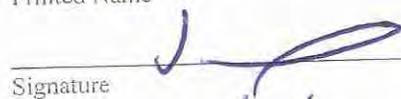
\_\_\_\_\_

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\_\_\_\_\_

Technical Review By:

Jeff Fox  
Printed Name

  
Signature

1/15/16  
Date

AEC Site Map

2nd Fl

1st Fl

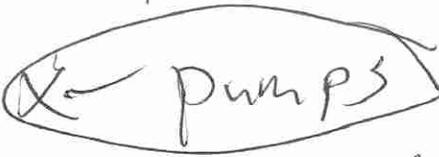
2760      2758      2756      2754      2752      2750

2744 1st fl



2702      2704      2706      2708      2710      2712

Basement



Not to Scale

EME / No rs tar  
Andrew Ptak / Don Tilicki

Hikone  
2702 Hikone  
Ann Arbor, MI

Lance Hassell  
5/18/15

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 6-11-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Hikone Ann Arbor

Site's Full Address: 2702 Hikone Dr. Ann Arbor, MI

Work Areas (Be Specific): Units 2716-2718

Contaminant(s) of Concern: ASBESTOS

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |                             |                              |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 6-11-15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:  N/A

Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>Asbestos</u>	<u>Drywall Systems</u>	<u>200 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 6-11-15

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

**Clean up/close out activities**

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

Date: 6-11-15

Other personal protective equipment (check all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots                     |
| <input type="checkbox"/> Washable clothing              | <input checked="" type="checkbox"/> Gloves                    |
| <input type="checkbox"/> Hoods                          | <input type="checkbox"/> Hard hats                            |
| <input checked="" type="checkbox"/> Safety glasses      | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____                   |   |

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  taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain: \_\_\_\_\_

Date: 6-11-15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_

**Abatement Personnel Roster**

Name:

SSN or State Card Number:

Andrew Plak  
Tim Highland  
Alex Sweet  
\_\_\_\_\_  
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Date: 6-11-15

**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.

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Math Rodgers  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By:

Jeff Fox  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AEC Site Map

X = AREA ABATED

2718

2716

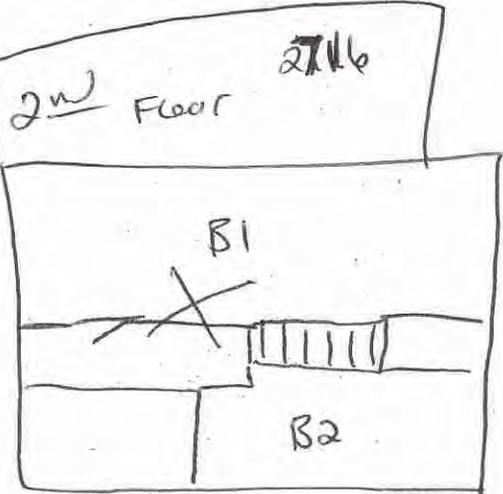
X  
Living Room

X  
X

Kitchen

X  
Kitchen

1<sup>ST</sup> Floor



Hi Home Apts.  
2702 - Hi Home Dr.  
Ann Arbor, MI

NOT TO SCALE

6-11-15

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 6-12-15 Start Time: 0730 AEC Representative: M. ROGERS

Site Name: Hikone Apt. Ann Arbor

Site's Full Address: 2702 Hikone Dr. Ann Arbor, MI

Work Areas (Be Specific): Unit 2718 AND 2726

Contaminant(s) of Concern: ASBESTOS

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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 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 Set up of decontamination unit <input type="checkbox"/> Remote or <input checked="" type="checkbox"/> Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other: _____
---------	---	--



Date: 6-12-15

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

N/A

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

N/A

**Clean up/close out activities**

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 6-12-15

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 , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 6-12-15

**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.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Redges  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By:

JEFF FOX  
Printed Name

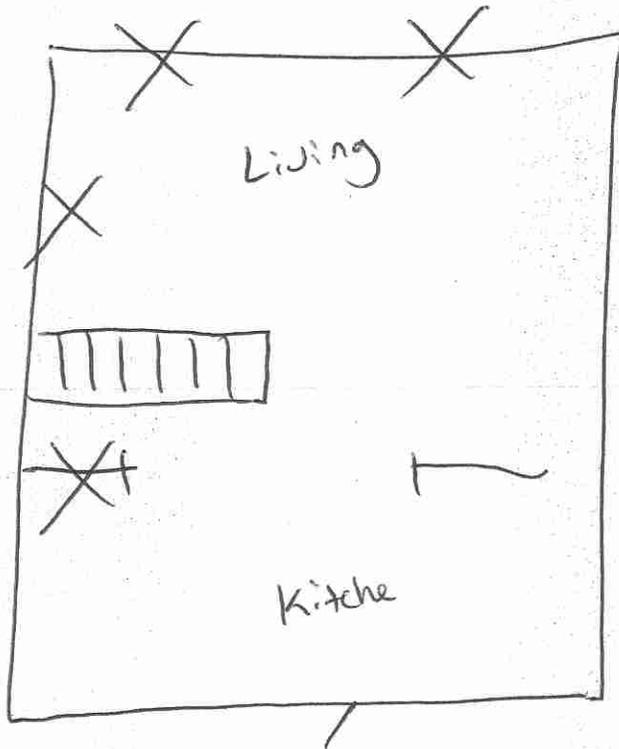
[Signature]  
Signature

1/15/16  
Date

AEC Site Map

X = AREA ABATED

2726



Hikone

2702 Hikone  
Ann Arbor, MI

NOT TO  
SCALE

6-12-15



Date: <sup>15</sup> 6/10/15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings

Sealed floor and drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

All points of potential fiber release sealed (doors, windows, etc.)

Water available in containment

Containment sealed with no breaches

Negative pressure established

Decontamination unit

Remote or  Attached to containment

(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

Other: \_\_\_\_\_

Glovebags:  N/A

Yes  No  N/A

Drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

Glovebags sealed with amended water and negative air

Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized

Wet methods utilized

Work area demarcated and isolated from general traffic

Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
ACM Soil + Compound	2728 1st Fl.	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Date: 6/10/15

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

[Redacted description]

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

[Redacted explanation]

**Clean up/close out activities**

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 6/10/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): \_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 6/10/15

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell  
Printed Name

Lance Hassell  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: JKF FOX  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AEC Site Map

36	34	32	2730	(X6) 2728 (X5)	2726
----	----	----	------	----------------------	------

Not to Scale

Norstar	EMK	2728 Hikone	15 6/10/15
D. Tilicki	A. Ptak	Ann Arbor, MI	L. Hassell

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 9-15-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Hikone

Site's Full Address: 2724 Hikone Ann Arbor, MI

Work Areas (Be Specific): Units 2742 and 2758

Contaminant(s) of Concern: ASBESTOS

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |                             |                              |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> 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  
 Set up of decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Date: 9-15-15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:  N/A

Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Periwall Systems</u>	<u>40</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Date: 9-15-15

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

N/A

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

N/A

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: \_\_\_\_\_

Date: 9-15-15

Other personal protective equipment (check all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots                     |
| <input type="checkbox"/> Washable clothing              | <input type="checkbox"/> Gloves                               |
| <input type="checkbox"/> Hoods                          | <input checked="" type="checkbox"/> Hard hats                 |
| <input checked="" type="checkbox"/> Safety glasses      | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____                   |   |

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 , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

### Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 9-15-15

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.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

[Large scribble]

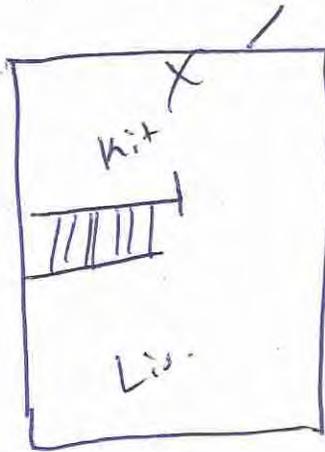
Technical Review By:

Jeff Fox  
Printed Name

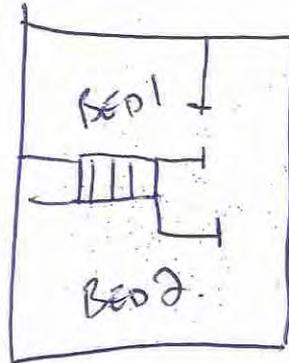
[Signature]  
Signature

1/15/16  
Date

AEC Site Map



1<sup>st</sup> fl



2<sup>nd</sup> fl

Hikone apt  
2724 Hikone.  
Ann Arbor, MI

Not to  
scale.

9-15-15

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 9-16-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Hikone

Site's Full Address: 2724 Hikone Ann Arbor, MI

Work Areas (Be Specific): 2750 2720

Contaminant(s) of Concern: ASBESTOS

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:  Yes  No  
 If no, please explain \_\_\_\_\_

- Set up:
- |   |  |                              |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> 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
- Set up of decontamination unit
  - Remote     or      Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 9-16-15

Containment:  N/A

- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:  N/A

- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  N/A

- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A
- Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

N/A

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
Asbestos	Prigwall Sys.	60

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 9-16-15

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clean up/close out activities

- 
- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 9-16-15

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 , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_

Date: 7-16-15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak  
Tim Highland  
Chris Treglow  
\_\_\_\_\_  
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Date: 9-16-15

Onsite visit of government officials

N/A

Name of Person(s): \_\_\_\_\_

Employer/Department: \_\_\_\_\_

Time on and off site: \_\_\_\_\_

Stated reason for visit: \_\_\_\_\_

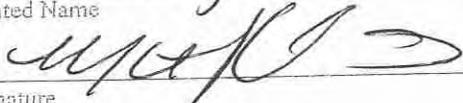
Please use the following section to note any comments or additional information not described in this report:

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers  
Printed Name

  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

N/A

Technical Review By:

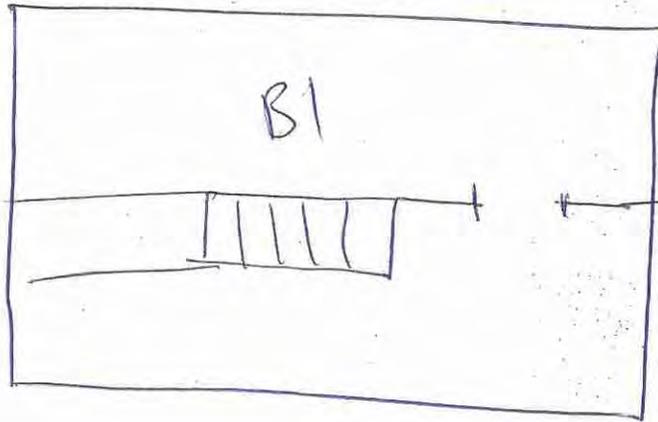
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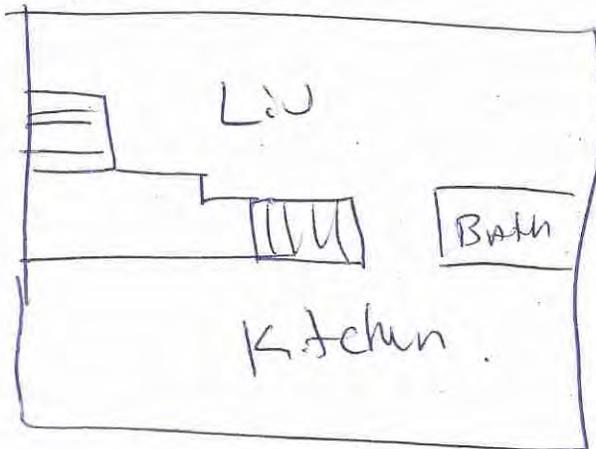
\_\_\_\_\_  
Date

AEC Site Map

1st



2nd



Hikone Apt  
Ann Deboo

Not to  
scale

9-16-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
DAILY PROJECT LOG**

Date: 09/23/15 Start Time: 12:00 AEC Representative: Lance Hassell

Site Name: Hikone

Site's Full Address: 2702 Hikone, Ann Arbor, MI

Work Areas (Be Specific): 2700 Bedroom + Kitch.

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: A. Ptak

Abatement/Remediation Contractor Foreman/Supervisor: \_\_\_\_\_

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:  Yes  No  
If no, please explain \_\_\_\_\_

Set up:

- |   |                             |   |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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
- Set up of decontamination unit
  - Remote      or       Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 9/23/15

Containment:  N/A

Yes  No  N/A

Sealed poly walls and ceilings

Sealed floor and drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

All points of potential fiber release sealed (doors, windows, etc.)

Water available in containment

Containment sealed with no breaches

Negative pressure established

Decontamination unit

Remote or  Attached to containment  
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

Other: \_\_\_\_\_

Glovebags:  N/A

Yes  No  N/A

Drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

Glovebags sealed with amended water and negative air

Other: \_\_\_\_\_

Clean up:  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized

Wet methods utilized

Work area demarcated and isolated from general traffic

Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abatement/remediation activities

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:

Contaminant:	Location:	Quantity:
Joint Compound	K. ch. Bedroom	

Were wet methods utilized for the removal of the contaminant:  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Date: 9/23/15

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

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

Date: 9/23/15

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: \_\_\_\_\_

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

\_\_\_\_\_  
\_\_\_\_\_

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 9/23/15

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.

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell  
Printed Name

*Lance Hassell*  
Signature

This section is reserved for any additional comments by the reviewer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By:

Jeff Fox  
Printed Name

*Jeff Fox*  
Signature

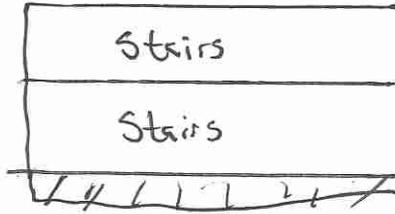
1/15/16  
Date

1st Fl.

AEC Site Map

2nd Fl.

LR (X5)

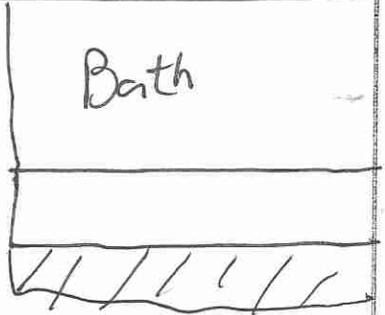


(X4)

K

BR

Bath



BR

(X6)

~~///~~ - ACM Removal

(X-pumps)

Not to Scale

— Lance Hassell

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9/29/15 Start Time: 800 AEC Representative: FOX

Site Name: HIKONE

Site's Full Address: 2728 HIKONE, ANN ARBOR, MI

Work Areas (Be Specific): LIVING ROOM

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: MATT CHENEY

**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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:

- |   |  |                              |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> 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
- Set up of decontamination unit
  - Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 9/29/15

- Containment:
- Yes  No  N/A
  - Yes  No  N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
  - Remote or  Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Yes  No  N/A

- Glovebags:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: \_\_\_\_\_

- Clean up:
- Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A
  - Yes  No  N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
REMOVED CEILING  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>JOINT COMPOUND</u>	<u>LIVING ROOM</u>	<u>100 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 9/29/15

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

EME REMOVE WATER IMPACTED CEILING

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

**Clean up/close out activities**

- Yes  No  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 standards)
- Other: \_\_\_\_\_

**Waste handling and disposal**

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: 10
- 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: \_\_\_\_\_

Date: 9/29/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

\_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_

Date: 9/29/15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris:  Yes  No  
If no, please explain \_\_\_\_\_

Did work area pass applicable clearance standards:  Yes  No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm<sup>2</sup>, utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: \_\_\_\_\_

**Abatement Personnel Roster**

Name:

SSN or State Card Number:

MATT CHENEY  
CHRIS TREGLOWN  
\_\_\_\_\_  
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\_\_\_\_\_

Date: 9/29/15

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

JEFF FOX  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technical Review By:

JEFF FOX  
Printed Name

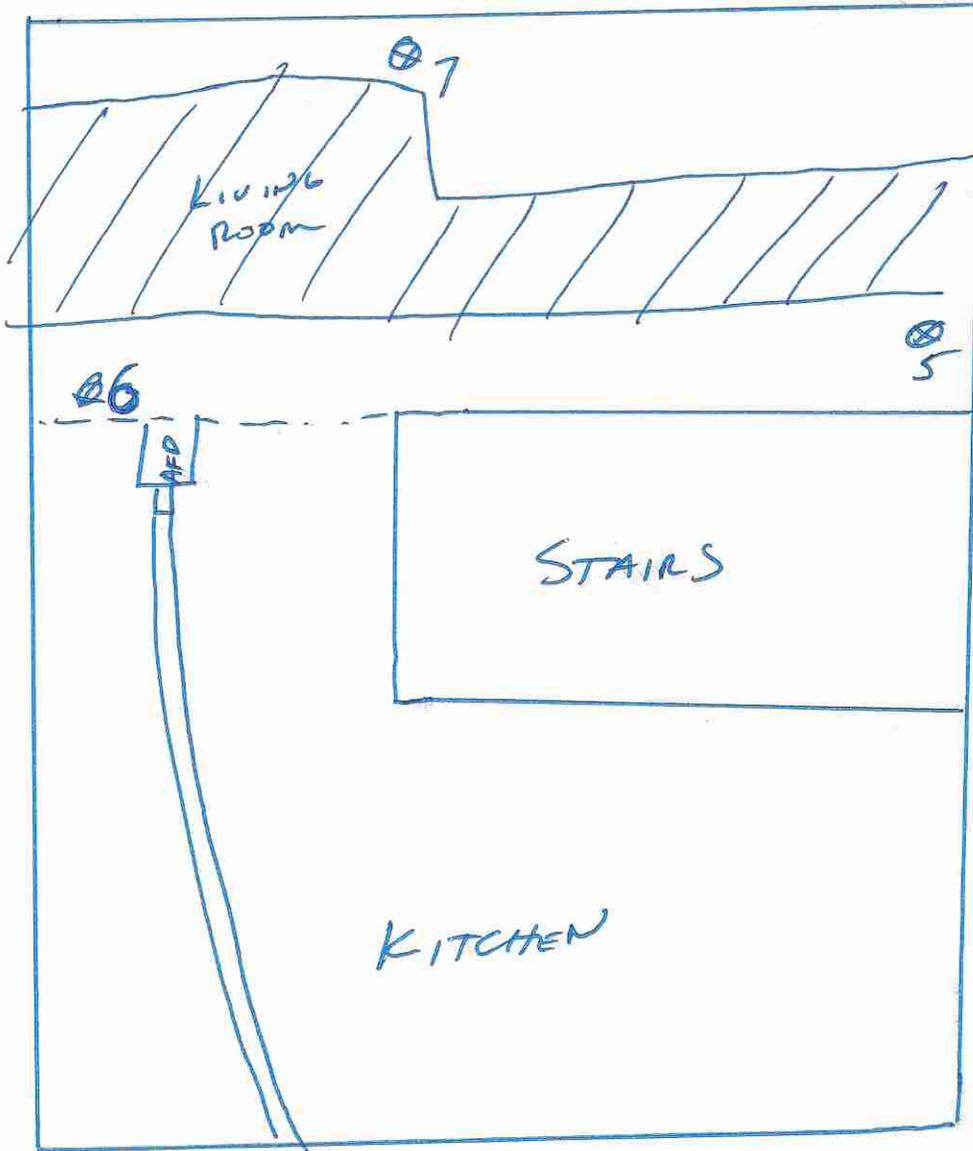
[Signature]  
Signature

1/15/16  
Date



AEC Site Map

⊗ - Pump  
▨ - Removal



2728 HIRONE  
ANN ARBOR, MI

9/29/15

EME

FOX

NOT TO  
SCALE

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 11-11-15 Start Time: 9 AM AEC Representative: Fraley

Site Name: Hikone

Site's Full Address: \_\_\_\_\_

Work Areas (Be Specific): Community Room

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

**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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:

- |   |  |                              |   |
|---|--|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Moving in of equipment and supplies   |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls  |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Set up of floor and drop cloths   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant               |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.)                 |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Water available   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Containment sealed with no breaches   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Negative pressure established   |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | Set up of decontamination unit  |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
|   |  |                              | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)              |
|   |  |                              | Other: _____  |

Date: 11-11-15

Containment:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Yes  No  N/A

Glovebags:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>Dry Wall /</u> <u>Joint Compound</u>	<u>Community Room</u>	<u>100 S.F.</u>
<u>Heat Shield</u>	<u>Community Room</u>	<u>5 S.F.</u>
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 11-11-15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

\_\_\_\_\_  
\_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 11-11-15

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Ron FIALEY  
Printed Name

Ron FIALEY  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

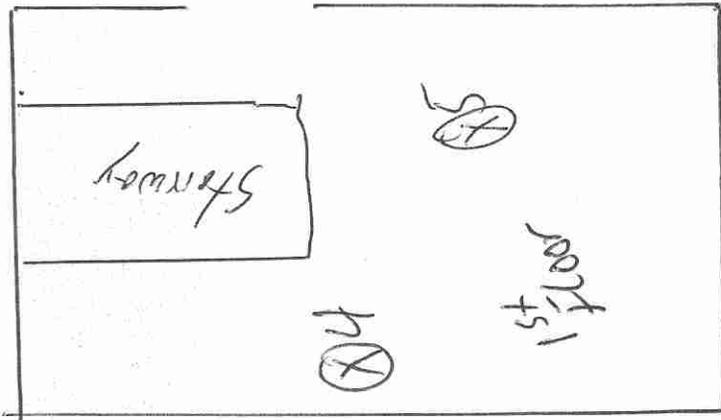
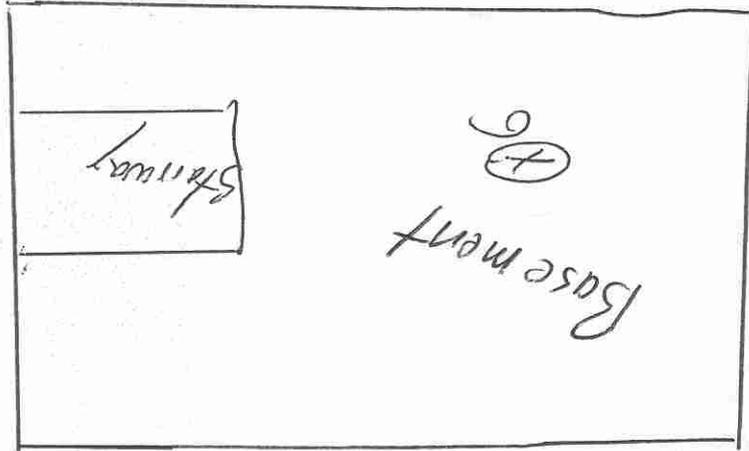
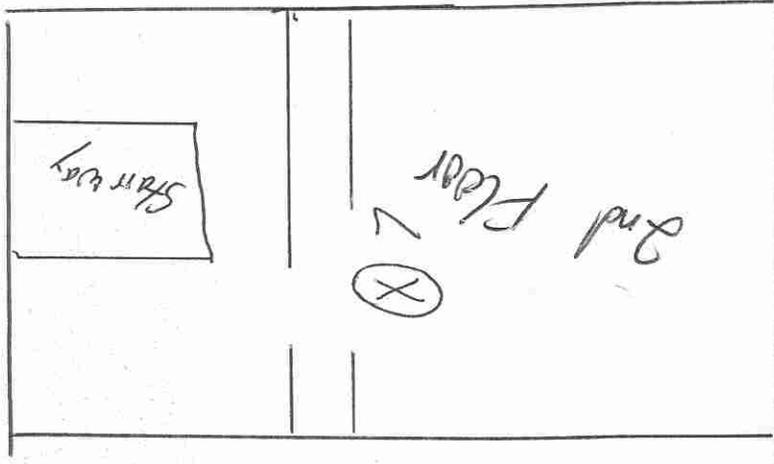
Technical Review By:

JEFF FOX  
Printed Name

JEFF FOX  
Signature

1/15/16  
Date

AEC Site Map



⊗ Sample

Hikone / Comunity Center / 11-11-15 / Fraley

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 12/13/15 Start Time: 800 AEC Representative: Fox

Site Name: Hikone

Site's Full Address: \_\_\_\_\_

Work Areas (Be Specific): COMMUNITY CENTER

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PIAK

**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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:

- |   |  |                              |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> 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
- Set up of decontamination unit
- Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 12/23/15

Containment:  Yes  No  N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:  Yes  No  N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:  Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

Yes  No  N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>Drywall / JC</u>	<u>KITCHEN / HALL</u>	<u>200 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

Date: 12/23/15

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:

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### Clean up/close out activities

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

### Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: 10
- 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: \_\_\_\_\_

Date: 12/23/15

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: \_\_\_\_\_

**Consultant activities**

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No

If no, please explain: \_\_\_\_\_

- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):

\_\_\_\_\_  
\_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored  
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

Were workers below the OSHA TWA for the contaminant(s) sampled:  Yes  No

If no, please explain \_\_\_\_\_



Date: 12/23/15

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

JEFF FOX  
Printed Name

[Signature]  
Signature

This section is reserved for any additional comments by the reviewer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By:

JEFF FOX  
Printed Name

[Signature]  
Signature

1/15/16  
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC  
AUTHORIZATION FOR REOCCUPANCY

Site Name: HILONE

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/mm<sup>2</sup>. 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/mm<sup>2</sup> (TEM)

AREAS:

COMMUNITY CTR  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

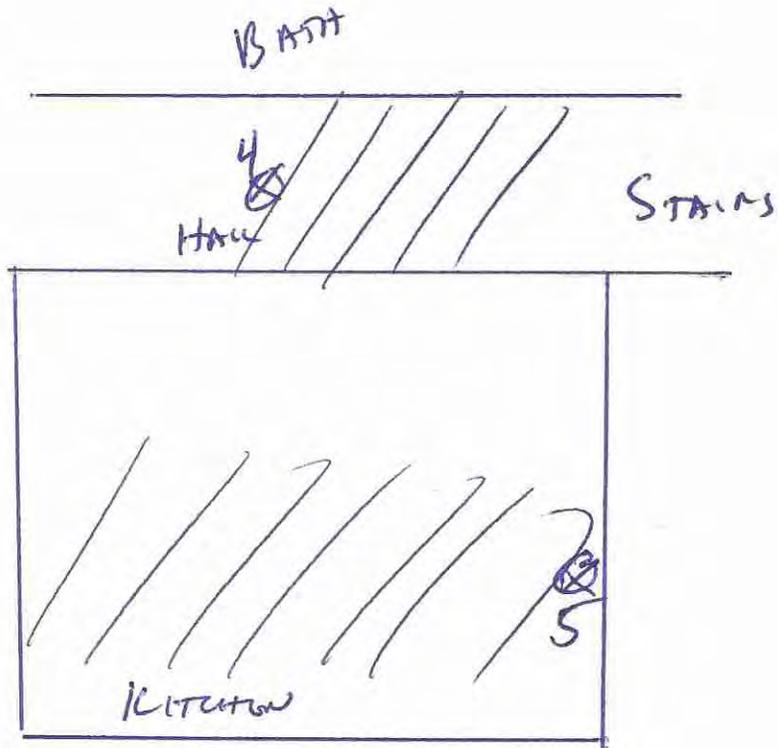
[Signature]  
Industrial Hygienist

12/23/15  
Date

1500  
Time

AEC Site Map

Community  
Room



/// - MEM

⊗ - PUMP

HIKONE  
COMMUNITY CTR

FOX / 12/23/15 / EME / NOT TO SCALE

# AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

## DAILY PROJECT LOG

Date: 1-12-16 Start Time: 730 AEC Representative: F. Aley

Site Name: Hi Kone

Site's Full Address: \_\_\_\_\_

Work Areas (Be Specific): Community Center Front Room + Bath room

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew ~~P. [unclear]~~ Ptak

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:  Yes  No  
 If no, please explain \_\_\_\_\_

Set up:

- |   |  |                              |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> 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
- Set up of decontamination unit
- Remote or  Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: \_\_\_\_\_

Date: 1-17-16

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings  
 Sealed floor and drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 All points of potential fiber release sealed (doors, windows, etc.)  
 Water available in containment  
 Containment sealed with no breaches  
 Negative pressure established  
 Decontamination unit  
 Remote or  Attached to containment  
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)  
 Other: \_\_\_\_\_

Glovebags:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths  
 Signs and barrier tape labeled with appropriate contaminant  
 HVAC system shutdown and isolated  
 Glovebags sealed with amended water and negative air  
 Other: \_\_\_\_\_

Clean up:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized  
 Wet methods utilized  
 Work area demarcated and isolated from general traffic  
 Other: \_\_\_\_\_

Please describe any other work area conditions that exist not outlined above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abatement/remediation activities**

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:

Contaminant:	Location:	Quantity:
<u>Joint compound</u>	<u>Front Room + Bath</u>	<u>25 Sq Ft</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant:  Yes  No  
 If no, please explain: \_\_\_\_\_

Date: 1-12-16

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**

- Yes  No  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 standards)
- 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: \_\_\_\_\_

Date: 1-12-16

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: \_\_\_\_\_  
\_\_\_\_\_

**Consultant activities**

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , 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:  Yes  No  
If no, please explain: \_\_\_\_\_
- 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 concentrations in the work area or adjacent areas that could affect the sample results (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

**Personal sampling**

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored  
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

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



Date: 1-12-16

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Ron Fiala  
Printed Name

Ron Fiala  
Signature

This section is reserved for any additional comments by the reviewer:

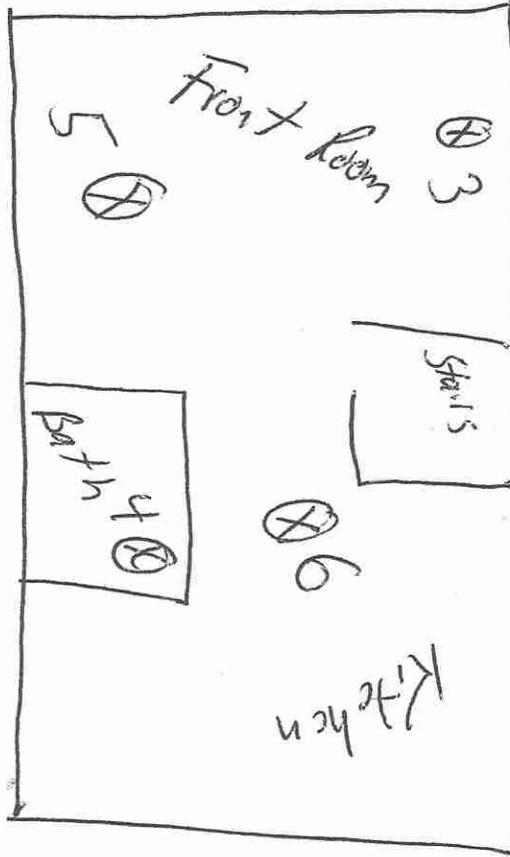
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technical Review By: Joe Fox  
Printed Name

Joe Fox  
Signature

1/15/16  
Date

Club House



AIKOPÉ

1-12-16

FRALEY

EME

**ATTACHMENT 2**

**EME ABATEMENT CLOSEOUT DOCUMENTS**



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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

January 18, 2016

Mr. Andy Foerg  
Environmental Consulting Solutions  
523 West Sunnybrook  
Royal Oak, MI 48073

RE: AAHC-River Run Project – Hikone Townhouses  
Asbestos Abatement Closeout Documents  
EME Job #: 14-554C

Dear Mr. Foerg:

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

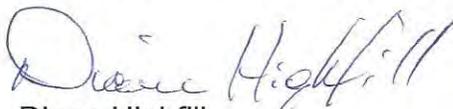
I have enclosed the following closeout documents for your review and approval:

- Asbestos Abatement Contractor License
- Certificate of Liability Insurance
- State of Michigan Asbestos Notifications
- Daily Construction Reports
- Employee Paperwork
- Waste Manifests

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	Expiration Date
C2684	12/08/2016
<i>State of Michigan</i>	
Department of Licensing and Regulatory Affairs	
<b>Environmental Maintenance Engineers, Inc.</b> has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a	
<b>LICENSED ASBESTOS ABATEMENT CONTRACTOR</b>	
Type II (5 + employees)	
<b>The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.</b>	
<small>MIO 3003 (05/2011) Authority: Michigan Public Act 135 of 1986, as amended</small>	<b>2053</b>
<small>119093</small>	

MEM  
11-2-15

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, CSHD-Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909-8171, 517.322.5806.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Griffin Smalley & Wilkerson  
37000 Grand River Ave.  
Suite 150  
Farmington Hills MI 48333-2999

CONTACT NAME: Carolyn Belcher  
PHONE (A/C, No, Ext): (248) 471-0970  
E-MAIL: cbelcher@gswins.com  
ADDRESS:

FAX (A/C, No): (248) 471-0641

INSURED  
Environmental Maintenance Engineers, Inc.  
25851 Trowbridge

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Westchester Surplus Lines Insurance	10172
INSURER B: Travelers Indemnity Company of CT	25682
INSURER C: Liberty Mutual Insurance	0077
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES  
CERTIFICATE NUMBER: 15-16 Liab  
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		G27138470003	10/1/2015	10/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BA0135C519	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED   RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	G27140476003	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC534542329	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		G27138470003	10/1/2015	10/1/2016	Limit: \$2,000,000
A	Contractor's Pollution		G27138470003	10/1/2015	10/1/2016	Limit: \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Ann Arbor Housing Commission, Various Locations

### CERTIFICATE HOLDER

Environmental Resources Group LLC  
28003 Center Oaks Court  
Suite 106  
Wixom, MI 48393

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patrick Williams/CTB *Patrick Williams*

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
(MDEQ) AIR QUALITY DIVISION  
NESHAP, 40 CFR 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)

**DEQ/LARA USE ONLY**

Postmark Date \_\_\_/\_\_\_/\_\_\_ Rec'd Date \_\_\_/\_\_\_/\_\_\_  
 Emergency Date \_\_\_/\_\_\_/\_\_\_ Valid No. \_\_\_\_\_  
 OK  Send Def Ltr. Date of Def Ltr. \_\_\_/\_\_\_/\_\_\_  
 FOLLOW UP \_\_\_/\_\_\_/\_\_\_ Spoke w/ \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Notification No. \_\_\_\_\_ Trans No. \_\_\_\_\_

**Calculate LARA Asbestos Project Fee:** (1% Project Fee)  
 Total Project Cost: \_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

**1. NOTIFICATION:**  
 Date of Notification: 03/02/2015  
 Date of Revision(s): 04/02/2015  
 Notification Type  Original  Revised  Canceled  Annual  
**Mark appropriate boxes: (both DEQ and LARA may apply):**  
**DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]**  
 Planned Renovation – 10 **working** days notice  
 Emergency Renovation  
 Scheduled Demolition – 10 **working** days notice  
 Intentional Burn – 10 **working** days notice  
 Ordered Demolition  
**LARA (MIOSHA) [Will not accept annual notifications]**  
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice  
 Emergency Renovation/Encapsulation

**2. PROJECT SCHEDULE:**

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	<u>03/30/2015</u>	<u>04/08/2015</u>
+Demolition:	_____	_____
Encapsulation:	_____	_____

**Work Schedule:** Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>MO, TU, WE, TH, FR</u>	<u>8a-4:30p</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

\* Includes setup, build enclosure, asbestos removal, demobilizing, etc.  
 +Include **only** those dates you are conducting asbestos removal/demo.  
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

**3. ABATEMENT CONTRACTOR:** Internal Project #: 14-554A  
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.  
 Mailing Address: 25851 TROWBRIDGE ST  
 City/State/Zip: INKSTER, MI, 48141-2465  
 E-mail: dwatson@teameme.com  
 Contact: MIKE KELLY Phone: (313) 791 - 2600

**4. DEMOLITION CONTRACTOR:** Internal Project #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

**5. FACILITY OWNER:** ("Facility" includes Bridges)  
 Name: River Run Ann Arbor Limited Divd Housing Assoc., LP  
 Mailing Address: 2702 Hikone  
 City/State/Zip: Ann Arbor, MI, 48103  
 E-mail: \_\_\_\_\_  
 Contact: Robert Nickoloff Phone: (313) 749 - 7692

**6. FACILITY DESCRIPTION:**  
 Facility Name: Hikone Townhouses  
 Location Address/Description: 2702 Hikone  
 \_\_\_\_\_ If Apt. # of units: 32  
 City/Twp. Ann Arbor State: MI Zip Code: 48103  
 County: WASHTENAW Nearest Crossroad: Packard  
 Size: (sq. ft.) 81200 No. of Floors: 2 Floor No.: 1  
 Age: 52 Present Use: Housing Apartments Prior Use: Same  
 Specific Location(s) in Facility: Interior Units

**7. DISPOSAL SITE:**  
 Name: Carleton Farms Landfill  
 Location Address: 28800 Clark Rd.  
 City/State/Zip: New Boston, MI, 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster, MI, 48141	Wayne, MI, 48184
	(734)216-824

**9. ORDERED DEMOLITIONS:** (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.  
 Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**10. IS ASBESTOS PRESENT?**  Yes  No  To be removed prior to demolition

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 **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <b>not</b> removed prior to demo.		Units of Measure	
		Category I	Category II	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
<u>270</u>				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu. M.*

\*Volume (cubic ft./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/encapsulation) and/or B) for Demolition:

- A) RENOVATION:** Mark all surfaces/types of RACM to be removed:
- Piping     Fittings     Boiler(s)     Tanks(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Mag Block     Other (describe) Floor Tile Mastic and Drywall Joint Compound

- Encapsulation (for LARA):** Mark surfaces/types to be encapsulated:
- Piping     Fittings     Boiler(s)     Tank(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Other (describe) \_\_\_\_\_

**Method of removal:** Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

**B) DEMOLITION:** Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: \_\_\_\_\_

**12. ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

**13. UNEXPECTED ASBESTOS:** Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

**14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy (PLM), Point Counting

**B)** Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

**C)** Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/22/2013

**15. EMERGENCY RENOVATIONS:** Date/time of emergency: \_\_\_\_\_ Describe the sudden, unexpected event: \_\_\_\_\_  
 Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

**16.** I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 04/02/2015  
 Signature of Owner or Abatement Contractor      Date

\_\_\_\_\_  
 Signature of Owner or Demolition Contractor      Date

**17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)**  
 Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

\_\_\_\_\_  
 Signature of Building Owner or Lessee      Date

\_\_\_\_\_  
 Signature of Asbestos Abatement Contractor Representative      Date

**NOTE:** It is not mandatory that a signed copy be sent to LARA unless requested. and made part of your records before the project begins.

For affected projects, this section of the notification form must be completed, signed,

**18. I certify that the above information is correct:**

Michael Kelly      04/02/2015  
 Printed Name of Owner/Operator      Date

Michael Kelly : kellym1991      04/02/2015  
 Signature of Owner/Operator      Date

**MAILING ADDRESSES/PHONE NUMBERS:** (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: <http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program  
 LARA, CSHD  
 P.O. Box 30671  
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deq> click on Air, then Asbestos NESHAP Program.

**All Counties (except Wayne County)**

NESHAP Asbestos Program  
 DEQ, AQD  
 P.O. Box 30260  
 Lansing, MI 48909-7760

517.241.7463 (Office)  
 517.373.7064 (Revision Line)

**Wayne County Only**

NESHAP Asbestos Program  
 Detroit Field Office, DEQ, AQD  
 Cadillac Place, Suite 2-300  
 3058 West Grand Boulevard  
 Detroit, MI 48202

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
(MDEQ) AIR QUALITY DIVISION  
NESHAP, 40 CFR 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)

### DEQ/LARA USE ONLY

Postmark Date \_\_\_/\_\_\_/\_\_\_ Rec'd Date \_\_\_/\_\_\_/\_\_\_  
 Emergency Date \_\_\_/\_\_\_/\_\_\_ Valid No. \_\_\_\_\_  
 OK  Send Def Ltr. Date of Def Ltr. \_\_\_/\_\_\_/\_\_\_  
 FOLLOW UP \_\_\_/\_\_\_/\_\_\_ Spoke w/ \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Notification No. \_\_\_\_\_ Trans No. \_\_\_\_\_

**3. ABATEMENT CONTRACTOR:** Internal Project #: 14-554B  
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.  
 Mailing Address: 25851 TROWBRIDGE ST  
 City/State/Zip: INKSTER, MI, 48141-2465  
 E-mail: dwatson@teameme.com  
 Contact: MIKE KELLY Phone: (313) 791-2600

**4. DEMOLITION CONTRACTOR:** Internal Project #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: ( ) -

**5. FACILITY OWNER:** ("Facility" includes Bridges)  
 Name: River Run Ann Arbor Limited Divd Housing Assoc., LP  
 Mailing Address: 2702 Hikone  
 City/State/Zip: Ann Arbor, MI, 48103  
 E-mail: \_\_\_\_\_  
 Contact: Robert Nickoloff Phone: (313) 749-7692

**6. FACILITY DESCRIPTION:**  
 Facility Name: Hikone Townhouses  
 Location Address/Description: 2702 Hikone  
 \_\_\_\_\_ If Apt. # of units: 32  
 City/Twp. Ann Arbor State: MI Zip Code: 48103  
 County: WASHTENAW Nearest Crossroad: Packard  
 Size: (sq. ft.) 81200 No. of Floors: 2 Floor No.: 1  
 Age: 52 Present Use: Housing Apartments Prior Use: Same  
 Specific Location(s) in Facility: Interior Units

**7. DISPOSAL SITE:**  
 Name: Carleton Farms Landfill  
 Location Address: 28800 Clark Rd.  
 City/State/Zip: New Boston, MI, 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster, MI, 48141	Wayne, MI, 48184
	(734)216-824

**9. ORDERED DEMOLITIONS:** (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.  
 Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**Calculate LARA Asbestos Project Fee:** (1% Project Fee)  
 Total Project Cost: \_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

**1. NOTIFICATION:**  
 Date of Notification: 04/19/2015  
 Date of Revision(s): 05/15/2015  
 Notification Type  Original  Revised  Canceled  Annual  
**Mark appropriate boxes: (both DEQ and LARA may apply):**  
**DEQ (NESHAP) [260 In. ft./160 sq. ft. or more is threshold]**  
 Planned Renovation - 10 **working** days notice  
 Emergency Renovation  
 Scheduled Demolition - 10 **working** days notice  
 Intentional Burn - 10 **working** days notice  
 Ordered Demolition  
**LARA (MIOSHA) [Will not accept annual notifications]**  
 Demo, Reno, Encap. (>10 In. ft./15 sq. ft.) 10 **calendar** days notice  
 Emergency Renovation/Encapsulation

**2. PROJECT SCHEDULE:**

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	<u>05/04/2015</u>	<u>05/19/2015</u>
+Demolition:	_____	_____
Encapsulation:	_____	_____

**Work Schedule:** Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>MO, TU, WE, TH, FR</u>	<u>8a-4:30p</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

\* Includes setup, build enclosure, asbestos removal, demobilizing, etc.  
 +Include **only** those dates you are conducting asbestos removal/demo.  
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

**10. IS ASBESTOS PRESENT?**  Yes  No  To be removed prior to demolition

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 **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

	RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <b>not</b> removed prior to demo.		Units of Measure	
			Category I	Category II	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
500					<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
					<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu. M.*

\*Volume (cubic ft./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/encapsulation) and/or B) for Demolition:**

**A) RENOVATION:** Mark all surfaces/types of RACM to be removed:

- Piping     Fittings     Boiler(s)     Tanks(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Mag Block     Other (describe) Drywall Joint Compound

**Encapsulation (for LARA):** Mark surfaces/types to be encapsulated:

- Piping     Fittings     Boiler(s)     Tank(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Other (describe)

**Method of removal:** Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

**B) DEMOLITION:** Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: \_\_\_\_\_

**12. ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal,

Adequately wet material

**13. UNEXPECTED ASBESTOS:** Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: \_\_\_\_\_

Stop Work, Wet material, Revise notification

**14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM),

Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/22/2013

**15. EMERGENCY RENOVATIONS:** Date/time of emergency: \_\_\_\_\_ Describe the sudden, unexpected event: \_\_\_\_\_

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_

**16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.**

Michael Kelly : kellym1991 05/15/2015

Signature of Owner or Abatement Contractor      Date

Signature of Owner or Demolition Contractor      Date

**17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)**

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee      Date

Signature of Asbestos Abatement Contractor Representative      Date

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, and made part of your records before the project begins.

**18. I certify that the above information is correct:**

Michael Kelly      05/15/2015

Printed Name of Owner/Operator      Date

Michael Kelly : kellym1991      05/15/2015

Signature of Owner/Operator      Date

**MAILING ADDRESSES/PHONE NUMBERS:** (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: <http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program  
 LARA, CSHD  
 P.O. Box 30671  
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deq> click on Air, then Asbestos NESHAP Program.

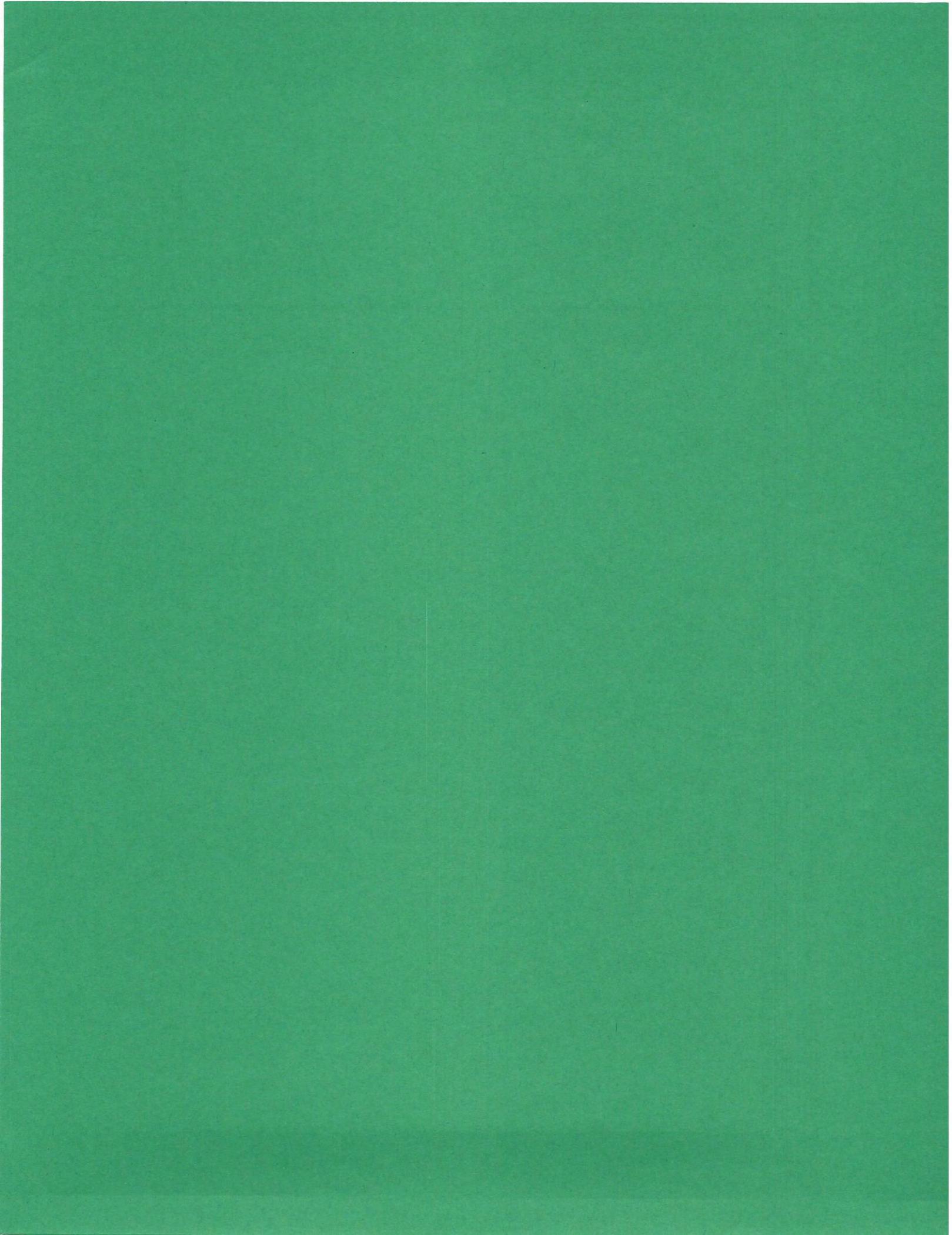
**All Counties (except Wayne County)**

NESHAP Asbestos Program  
 DEQ, AQD  
 P.O. Box 30260  
 Lansing, MI 48909-7760

517.241.7463 (Office)  
 517.373.7064 (Revision Line)

**Wayne County Only**

NESHAP Asbestos Program  
 Detroit Field Office, DEQ, AQD  
 Cadillac Place, Suite 2-300  
 3058 West Grand Boulevard  
 Detroit, MI 48202





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 F S 3-30-15	Job #: 14-5540
Week Ending Date: 4-5-15	Job Name: Hikone
Truck #/Driver: 34/Tim	ACM / Mold / Lead / Other
Work Area: 2702, 2704, 2706	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 <u>Drywall</u>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing:  
 Representative Name: Lance Hassell Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A Ptak	A25557		6:30	12:00	12:30	4:30	9	<i>Andrew Ptak</i>
Kevin Maddox	A31162		7:30	12:00	12:30	4:00	8	<i>Kevin Maddox</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	EME	Onsite
	~~Friable~~	~~Non-Friable~~	Status of Job		
	Bags	5	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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 F S 3-31-15** Job #: **14-5540**  
 Week Ending Date: **4-5-15** Job Name: **Hikano**  
 Truck #/Driver: **34/Tim** **ACM** / Mold / Lead / Other  
 Work Area: **2704, 2706, 2708, 2710**  
**2712**

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair <input checked="" type="checkbox"/>	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <i>Debris</i> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC Jeff Fox** Visual/Testing:  
 Representative Name: **Jeff Fox** Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		7:30	12:00	12:30	4:00	8	<i>Andrew Ptak</i>
Kevin Madup	A31162		7:30	12:00	12:30	4:00	8	<i>Kevin Madup</i>
Timothy Highland	A42977		6:30	12:00	12:30	5:00	10	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	10	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

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



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 F S *S 1-15-*  
 Job #: *14-5540*  
 Week Ending Date: *4-5-15*  
 Job Name: *H. House*  
 Truck #/Driver: *34/TIM*  
 (ACM) Mold / Lead / Other  
 Work Area: *2702, 2704, 2706, 2708, 2710*  
*2712*

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair <input checked="" type="checkbox"/>	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <i>Debris wall</i>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: *AFC* Visual/Testing:  
 Representative Name: *Lance Hassell* Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>8.5</i>	<i>Andrew Ptak</i>
<i>Kevin Maddox</i>	<i>A31162</i>		<i>7:30</i>			<i>11:30</i>	<i>4</i>	<i>Kevin Maddox</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job	
	Bags	<i>5</i> Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

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



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 F S 4-2-15 Job #: 145540  
 Week Ending Date: 4-5-15 Job Name: Hikon e  
 Truck #/Driver: 34/Tim ACM Mold / Lead / Other  
 Work Area: 2736, 2734, 2732

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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

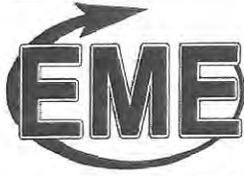
Consultant Firm: AEC Representative Name: Lance Hessel Visual/Testing: Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		10:30	12:00	12:30	4:00	5	[Signature]
JASON HIGHLAND	A47041		10:30	12:00	12:30	4:00	5	[Signature]
Timothy Highland	A42977		10:30	12:00	12:30	4:30	5.5	[Signature]

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster 2	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job	
	Bags	13	Bags	Project On-going - someone to return
	Drums		Drums	Note:
	Bundles		Bundles	Complete - no one will need to return

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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 F S 4-3-15

Job #: 14-5540

Week Ending Date: 4-5-15

Job Name: H. Kane

Truck #/Driver: 34/Tim

ACM, Mold / Lead / Other

Work Area: 2714, 2720, 2728, 2730, 2734

**Daily Construction Report**

**General Work Description: The type of abatement conducted: Set-up procedures conducted:**

General Work Description	Y	N	n/a	The type of abatement conducted	Y	N	n/a	Set-up procedures conducted	Y	N	n/a
ACM Pipe/Fitting				Removal	✓			Signs/Banner Tape	✓		
ACM Boiler/Tanks/Breeching				Encapsulation				Criticals Set-up	✓		
ACM Acoustical Ceiling				Patch/Repair	✓			Full/Mini Enclosure	✓		
ACM Ceiling Tiles/Glue Pods				Glove-bag Removal				Plywood 2"x4" Structures			
VAT Mastic Carpet				Enclosure	✓			AFD's Set-up Vented	✓		
Transite Siding/				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 <u>dry wall</u>				Selective Demolition	✓			Scaffold/Bakers/5'x7'/Manlift			

**Personal protective equipment: Clean-up activities: Inspections:**

Personal protective equipment	Y	N	n/a	Clean-up activities	Y	N	n/a	Inspections	Y	N	n/a
Respiratory protection	✓			Gross/Final Clean-up	✓			# of Neg. Air Machines			
Half-Face/Full-Face/PAPR's	✓			Load Out Activities				Barriers Intact And Sound	✓		
Disposable Suits	✓			Surfactants/Ledizolv				DECON/Shower Inspection	✓		
Steel Toe/Rubber Boots	✓			Wet Methods IAQ Shockwave				Employee PPE Used	✓		
Gloves Rubber/Cotton	✓			HEPA Vacuum Sequence	✓			Electrical Safety In Place	✓		
Safety Glasses/Full Face	✓			All Equip./Tools Cleaned	✓			OSHA Inspection Site Review			
Hard hats/Hearing Protection				Final Lockdown				Consultant/EME Monitoring	✓		
Fall Protection				Work Area Teardown	✓			Consultant/Supervisor Visual	✓		
Scaffold Safety Rails/Manlift				Final Worksite Walk-Thru	✓			Personnel Decontaminated	✓		
								Work Area Inspected/Secure	✓		

Consultant Firm: AEC Visual/Testing: Lance Hussell  
 Representative Name: Lance Hussell Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		7:30	12:00	12:30	4:00	8	<i>Andrew Ptak</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>Timothy Highland</i>
JASON HIGHLAND	A47041		7:30	12:00	12:30	4:00	8	<i>Jason Highland</i>

Safety Issues:	Asbestos Waste ✓	Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job	
	Bags	5	Project On-going - someone to return	
	Drums		Note:	
	Bundles		Complete - no one will need to return	

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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

Today's Date/Day: **4-6-15** Job #: **14-5540**  
 Week Ending Date: **4-12-15** Job Name: **Hikone**  
 Truck #/Driver: **34/Tim** **(ACM / Mold / Lead / Other)**  
 Work Area: **2732, 2730**

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <b>Flow Tile</b>	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 <b>dry wall</b>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: **AEC** Visual/Testing:  
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		7 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>30</sup>	8.5	<i>Andrew Ptak</i>
Timothy Highland	A42977		6 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>30</sup>	9.5	<i>Timothy Highland</i>
Chris Teglow	A36314		7 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>00</sup>	8	<i>Chris Teglow</i>
Martin Stewart	A45497		7 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>00</sup>	8	<i>Martin Stewart</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster <input checked="" type="checkbox"/>	EME <input type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	13	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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

Today's Date/Day: S M <u>T</u> W T F S 4-7-15	Job #: 14-5540
Week Ending Date: 4-12-15	Job Name: Hikone
Truck #/Driver: 34/Treglown	ACM / Mold / Lead / Other
Work Area: 2730, 2728	

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair <input checked="" type="checkbox"/>	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <u>Asbestos</u> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AFC Visual/Testing:  
 Representative Name: Lance Hassell Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptas	A25587		6:30	12:00	12:30	3:30	8.5	<i>[Signature]</i>
Martin Stewart	A45497		7:30	12:00	12:30	2:30	6.5	<i>[Signature]</i>
Chris Treglown	A36314		6:30	12:00	12:30	3:30	8.5	<i>[Signature]</i>
JOE MICHAELS	AK16200		7:30	12:00	12:30	2:30	6.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	5 Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

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



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Today's Date/Day: S M T W T F S 4-22-15 Job #: 145540  
 Week Ending Date: 4-26-15 Job Name: HiKone Dorstar Townhouses  
 Truck #/Driver: 800 Anthony (ACM) Mold / Lead / Other  
 Work Area: Roof

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/Tar	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	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Anthony Conley	A212/625	C	6:30 AM	7 AM				Anthony Conley

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	~Friable~			
	Bags			
	Drums			
	Bundles			
				Status of Job
				Project On-going - someone to return
				Note:
				Complete - no one will need to return

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



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Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S** 4-27-15 Job #: 14-554-10  
 Week Ending Date: 5-3-15 Job Name: Hikone  
 Truck #/Driver: Own Anthony (ACM) / Mold / Lead / Other  
 Work Area: Roof

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Removal <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACM Boiler/Tanks/Breeching <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Encapsulation <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Criticals Set-up <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
ACM Acoustical Ceiling <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patch/Repair <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Full/Mini Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
ACM Ceiling Tiles/Glue Pods <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Glove-bag Removal <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Plywood 2"x4" Structures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
VAT Mastic Carpet <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	AFD's Set-up Vented <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Transite Siding/ <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Removal/Replacement <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Isolation of HVAC system <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Insulation/Vermiculite <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LBP Removal Chemical <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Poly Walls Floors Drops <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Lead Based Paint <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LBP HEPA Power Tools <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Portable/Full Decon Chamber <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Mold Remediation <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dry Ice Blasting <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Water System Set-up <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Industrial/Universal Waste <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aggressive Hand Cleaning <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Electric GFCI's/Temp. Panel <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Other tar <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Selective Demolition <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Barriers Intact And Sound <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DECON/Shower Inspection <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Surfactants/Ledizolv <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wet Methods IAQ Shockwave <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OSHA Inspection Site Review <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Consultant/EME Monitoring <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Final Lockdown <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Consultant Firm: \_\_\_\_\_ Visual/Testing: \_\_\_\_\_  
 Representative Name: \_\_\_\_\_ Accreditation Number: \_\_\_\_\_

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Anthony Cowley	A44625		7 AM	10:30 AM			3.5	Anthony Cowley

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~			
	Bags	Bags			Status of Job
	Drums	Drums			Project On-going - someone to return
	Bundles	Bundles			Note: Complete - no one will need to return

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

Signature: Anthony Cowley



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Today's Date/Day: S M T W T F S 4-30-15  
 Job #: 14-5540  
 Week Ending Date: 5-3-15  
 Job Name: H. Kose  
 Truck #/Driver: 33 / Tim  
 Work Area: 2702 - 2712  
 ACM /  Mold /  Lead /  Other

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>ACM Pipe/Fitting</td><td></td><td></td><td></td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td></td><td></td><td></td></tr> <tr><td>Transite Siding/</td><td></td><td></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td><td></td></tr> <tr><td>Other <i>drywall</i></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </table>		Y	N	n/a	ACM Pipe/Fitting				ACM Boiler/Tanks/Breeching				ACM Acoustical Ceiling				ACM Ceiling Tiles/Glue Pods				VAT Mastic Carpet				Transite Siding/				Insulation/Vermiculite				Lead Based Paint				Mold Remediation				Industrial/Universal Waste				Other <i>drywall</i>	<input checked="" type="checkbox"/>			<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Removal</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Encapsulation</td><td></td><td></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td><td></td></tr> <tr><td>Enclosure</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td></td><td></td><td></td></tr> <tr><td>Selective Demolition</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </table>		Y	N	n/a	Removal	<input checked="" type="checkbox"/>			Encapsulation				Patch/Repair				Glove-bag Removal				Enclosure	<input checked="" type="checkbox"/>			Removal/Replacement				LBP Removal Chemical				LBP HEPA Power Tools	<input checked="" type="checkbox"/>			Dry Ice Blasting				Aggressive Hand Cleaning				Selective Demolition	<input checked="" type="checkbox"/>			<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Signs/Banner Tape</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Criticals Set-up</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Full/Mini Enclosure</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Plywood 2"x4" Structures</td><td></td><td></td><td></td></tr> <tr><td>AFD's Set-up Vented</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Isolation of HVAC system</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Poly Walls Floors Drops</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Portable/Full Decon Chamber</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Water System Set-up</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Electric GFCI's/Temp. Panel</td><td></td><td></td><td></td></tr> <tr><td>Scaffold/Bakers/5'x7'/Manlift</td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	Signs/Banner Tape	<input checked="" type="checkbox"/>			Criticals Set-up	<input checked="" type="checkbox"/>			Full/Mini Enclosure	<input checked="" type="checkbox"/>			Plywood 2"x4" Structures				AFD's Set-up Vented	<input checked="" type="checkbox"/>			Isolation of HVAC system	<input checked="" type="checkbox"/>			Poly Walls Floors Drops	<input checked="" type="checkbox"/>			Portable/Full Decon Chamber	<input checked="" type="checkbox"/>			Water System Set-up	<input checked="" type="checkbox"/>			Electric GFCI's/Temp. Panel				Scaffold/Bakers/5'x7'/Manlift			
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Comments:

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<i>Project Manager:</i>								
<i>Supervisor:</i> <i>A. Ptak</i>	<i>A25587</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>9</i>	<i>Andrew Ptak</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Timothy Highland</i>
<i>Morgan Sieber</i>	<i>A36739</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>Morgan Sieber</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

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



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 F S** 5-1-15  
 Job #: 14-5540  
 Week Ending Date: 5-3-15  
 Job Name: H. Kone  
 Truck #/Driver: 35 / Tim  
 (ACM) Mold / Lead / Other  
 Work Area: 2712, 2710, 2708

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																				
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Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>Andrew Ptak</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>9</i>	<i>Timothy Highland</i>
<i>Morgan Sieber</i>	<i>A36739</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>3:30</i>	<i>7.5</i>	<i>Morgan Sieber</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

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



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 F S 5-9-15	Job #: 14-544C
Week Ending Date: 5-10-15	Job Name: H. Kone
Truck #/Driver: 42 / T.M	ACM / Mold / Lead / Other
Work Area: 2712 2710 2708	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: AEC Visual/Testing: \_\_\_\_\_  
 Representative Name: Lance Hassell Accreditation Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		6 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>30</sup>	9.5	<i>Andrew Ptak</i>
Timothy Highland	A42977		6 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>30</sup>	9.5	<i>Timothy Highland</i>
Chris Preglown	A36314		7 <sup>30</sup>	12 <sup>00</sup>	12 <sup>30</sup>	4 <sup>30</sup>	8.5	<i>Chris Preglown</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	50	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

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



25851 Trowbridge St., Inkster, MI 48141  
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Today's Date/Day: S M T W T F S 5-5-15	Job #: 14-554C
Week Ending Date: 5-10-15	Job Name: Hi-Kone
Truck #/Driver: 42/Tim	ACM / Mold / Lead / Other
Work Area: 2712, 10, 08, 06, 04, 02	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 <i>Debris</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: *AEC* Visual/Testing:  
 Representative Name: *Lance Hassell* Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<i>A. Ptak</i>	<i>A25587</i>		<i>6:30</i>	<i>—</i>		<i>1:30</i>	<i>7</i>	<i>Andrea Ptak</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>—</i>		<i>1:30</i>	<i>7</i>	<i>Timothy Highland</i>
<i>Chris Treglown</i>	<i>A30314</i>		<i>7:30</i>	<i>—</i>		<i>1:30</i>	<i>6</i>	<i>Chris Treglown</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	~~Friable~~	~~ Non-Friable~~	Status of Job	
	Bags	<i>28</i> Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input type="checkbox"/> Complete - no one will need to return	

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

Signature: *Andrea Ptak*



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 F S 5-6-15	Job #: 14-554C
Week Ending Date: 5-10-15	Job Name: Hikone
Truck #/Driver: 42/T.M	ACM Mold / Lead / Other
Work Area: 2720 2714 2704 2702	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 <i>Discwall</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: *AEC* Visual/Testing:  
 Representative Name: *Laura Hassell* Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> <i>A. Patak</i>	<i>A25587</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Andrew Patak</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Timothy Highland</i>
<i>Chris Treglown</i>	<i>A86314</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>Chris Treglown</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	<i>22</i>	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

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



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 F S 5-7-15	Job #: 14 554C
Week Ending Date: 5-10-15	Job Name: Mikone
Truck #/Driver: 42/Tina	ACM Mold / Lead / Other
Work Area: 2732 2730 2728	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 GFCl's/Temp. Panel
Other Dry wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: AEC Visual/Testing:  
 Representative Name: Lance Hassell Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptak	A25587		6:30	12:00	12:30	5:30	10.5	<i>[Signature]</i>
Chris Treglow	A36314		7:30	12:00	12:30	5:30	9.5	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	6	15	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	30	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

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

Signature: *[Signature]*



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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 F S <u>5-8-15</u>	Job #: <u>14-554C</u>
Week Ending Date: <u>5-10-15</u>	Job Name: <u>Hi Kone</u>
Truck #/Driver: <u>42/Tim</u>	ACM / Mold / Lead / Other
Work Area: <u>2736 2734 2732</u>	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>ACM Pipe/Fitting</td><td></td><td></td><td></td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td></td><td></td><td></td></tr> <tr><td>Transite Siding/ _____</td><td></td><td></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td><td></td></tr> <tr><td>Other <u>Drywall</u></td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	ACM Pipe/Fitting				ACM Boiler/Tanks/Breeching				ACM Acoustical Ceiling				ACM Ceiling Tiles/Glue Pods				VAT Mastic Carpet				Transite Siding/ _____				Insulation/Vermiculite				Lead Based Paint				Mold Remediation				Industrial/Universal Waste				Other <u>Drywall</u>				<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Removal</td><td></td><td></td><td></td></tr> <tr><td>Encapsulation</td><td></td><td></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td><td></td></tr> <tr><td>Enclosure</td><td></td><td></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td></td><td></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td></td><td></td><td></td></tr> <tr><td>Selective Demolition</td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	Removal				Encapsulation				Patch/Repair				Glove-bag Removal				Enclosure				Removal/Replacement				LBP Removal Chemical				LBP HEPA Power Tools				Dry Ice Blasting				Aggressive Hand Cleaning				Selective Demolition				<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Signs/Banner Tape</td><td></td><td></td><td></td></tr> <tr><td>Criticals Set-up</td><td></td><td></td><td></td></tr> <tr><td>Full/Mini Enclosure</td><td></td><td></td><td></td></tr> <tr><td>Plywood 2"x4" Structures</td><td></td><td></td><td></td></tr> <tr><td>AFD's Set-up Vented</td><td></td><td></td><td></td></tr> <tr><td>Isolation of HVAC system</td><td></td><td></td><td></td></tr> <tr><td>Poly Walls Floors Drops</td><td></td><td></td><td></td></tr> <tr><td>Portable/Full Decon Chamber</td><td></td><td></td><td></td></tr> <tr><td>Water System Set-up</td><td></td><td></td><td></td></tr> <tr><td>Electric GFCI's/Temp. Panel</td><td></td><td></td><td></td></tr> <tr><td>Scaffold/Bakers/5'x7'/Manlift</td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	Signs/Banner Tape				Criticals Set-up				Full/Mini Enclosure				Plywood 2"x4" Structures				AFD's Set-up Vented				Isolation of HVAC system				Poly Walls Floors Drops				Portable/Full Decon Chamber				Water System Set-up				Electric GFCI's/Temp. Panel				Scaffold/Bakers/5'x7'/Manlift			
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Consultant Firm: \_\_\_\_\_ Visual/Testing: \_\_\_\_\_  
 Representative Name: \_\_\_\_\_ Accreditation Number: \_\_\_\_\_

**Comments:**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <u>A. Patak</u>	<u>A25587</u>		<u>9:00</u>	<u>12:00</u>	<u>12:30</u>	<u>3:00</u>	<u>5</u>	<u>[Signature]</u>
<u>Timothy Hubbard</u>	<u>A42977</u>		<u>9:30</u>	<u>12:00</u>	<u>12:30</u>	<u>3:00</u>	<u>5</u>	<u>[Signature]</u>
<u>Chris Treglown</u>	<u>A36314</u>		<u>9:30</u>	<u>12:00</u>	<u>12:30</u>	<u>3:00</u>	<u>5</u>	

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite											
	<table border="1"> <tr> <th>~Friable~</th> <th>~Non-Friable~</th> <th>Status of Job</th> </tr> <tr> <td>Bags <u>24</u></td> <td>Bags <u>1</u></td> <td><input checked="" type="checkbox"/> Project On-going - someone to return</td> </tr> <tr> <td>Drums</td> <td>Drums</td> <td>Note:</td> </tr> <tr> <td>Bundles</td> <td>Bundles</td> <td><input checked="" type="checkbox"/> Complete - no one will need to return</td> </tr> </table>	~Friable~	~Non-Friable~	Status of Job	Bags <u>24</u>	Bags <u>1</u>	<input checked="" type="checkbox"/> Project On-going - someone to return	Drums	Drums	Note:	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		
~Friable~	~Non-Friable~	Status of Job													
Bags <u>24</u>	Bags <u>1</u>	<input checked="" type="checkbox"/> Project On-going - someone to return													
Drums	Drums	Note:													
Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return													

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



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 F S 5-11-15 Job #: 14-5540  
 Week Ending Date: 5-17-15 Job Name: Hikone  
 Truck #/Driver: 42/Tim (ACM) Mold / Lead / Other  
 Work Area: 2738 2752 2754 2756

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Representative Name: Lance Hassell Visual/Testing: Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	Andrew Ptak
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	Timothy Highland
Chris Treglown	A36314		7:30	12:00	12:30	4:00	8	Chris Treglown

Safety Issues:	Asbestos Waste	✓	Dumpster	✓ EME	Onsite
	--Friable--	-- Non-Friable--	Status of Job		
	Bags	40	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

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

Signature: Andrew Ptak



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 F S 5-12-15** Job #: **14-5540**  
 Week Ending Date: **5-17-15** Job Name: **Aikone**  
 Truck #/Driver: **42/K.m** **ACM** Mold / Lead / Other  
 Work Area: **2736 2752 2754 2756**

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 <b>Drywall</b>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: **AEC** Visual/Testing:  
 Representative Name: **Jeff Fox** Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <b>A. Ptak</b>	<b>A25587</b>		<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:30</b>	<b>9.5</b>	<b>Andrew Ptak</b>
<b>Timothy Highland</b>	<b>A42977</b>		<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:30</b>	<b>9.5</b>	<b>Timothy Highland</b>
<b>Chris Treglow</b>	<b>A36314</b>		<b>7:30</b>	<b>12:00</b>	<b>12:00</b>	<b>4:00</b>	<b>8</b>	<b>Chris Treglow</b>

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	✓			
	~Friable~	~Non-Friable~	Status of Job	
	Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

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



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Today's Date/Day: S M T W T F S 5-13-15	Job #: 145540
Week Ending Date: 5-17-15	Job Name: Hikone
Truck #/Driver: 42/Kim	ACM / Mold / Lead / Other
Work Area: 2748 2746 2744	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing:  
 Representative Name: Lance Hassell Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Chris Treglow	A36314		7:30	12:00	12:30	4:30	8.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	53	Bags	Project On-going - someone to return	
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

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



25851 Trowbridge St., Inkster, MI 48141  
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Today's Date/Day: S M T W T F S 5-14-15 Job #: 14-5540  
 Week Ending Date: 5-17-15 Job Name: Hikone  
 Truck #/Driver: 42/ Tim (ACM) Mold / Lead / Other  
 Work Area: 2738 2740 2748 2752

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y 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/Ledizolv	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: AEC Representative Name: Lance Hassell Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	[Signature]
Chris Treglown	A36314		7:30	12:00	12:30	4:30	8.5	[Signature]
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	[Signature]

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job		
	Bags 25	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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 F S** 5-15-15 Job #: **14-5540**  
 Week Ending Date: 5-17-15 Job Name: **Hikano**  
 Truck #/Driver: **42/Chris** **ACM** Mold / Lead / Other  
 Work Area: **2708 2712 2714 2730**  
**2752 2754 2756**

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 <b>Drywall</b>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC Lance Hassell** Visual/Testing:  
 Representative Name: **Lance Hassell** Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<b>A. Ptak</b>	<b>A25387</b>		<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:30</b>	<b>9.5</b>	<i>[Signature]</i>
<b>Matt Cheney</b>	<b>A-22225</b>		<b>7:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:00</b>	<b>8</b>	<i>[Signature]</i>
<b>Chris Treglown</b>	<b>A36314</b>		<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:30</b>	<b>9.5</b>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~			
	Bags	<b>23</b>	Bags	Status of Job	
	Drums		Drums	Project On-going - someone to return	
	Bundles		Bundles	Note:	
				Complete - no one will need to return	

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



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 F S** 5-18-15 Job #: 14-5540  
 Week Ending Date: 5-24-15 Job Name: Hikone  
 Truck #/Driver: 42/Tim (ACM) Mold / Lead / Other  
 Work Area: 2702 2704 2706 2708  
 2710 2744

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry wall <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing:  
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. P. Pate	A25587		6:30	—	11:30	5		<i>A. P. Pate</i>
Chris Treglown	A36314		7:30	—	11:30	4		<i>Chris Treglown</i>
Timothy Highland	A42977		6:30	—	11:30	5		<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite
	---Friable---	--- Non-Friable---	Status of Job	
	Bags 6	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.  
 Signature: *A. P. Pate*



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 F S 6-11-15** Job #: **145540**  
 Week Ending Date: **6-14-15** Job Name: **Hickone**  
 Truck #/Driver: **38/Tim** **ACM / Mold / Lead / Other**  
 Work Area: **2718 2716**

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 <b>Asbestos</b>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:  
 Representative Name: **McH Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<b>A Pak</b>	<b>A25587</b>	<b>S</b>	<b>6:00</b>	<b>11:00</b>	<b>12:30</b>	<b>5:00</b>	<b>10.5</b>	<b>Andrew Pelt</b>
<b>Alex Sweet</b>	<b>A45792</b>	<b>W</b>	<b>7:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:00</b>	<b>8</b>	<b>[Signature]</b>
<b>Timothy Highland</b>	<b>A42977</b>	<b>W</b>	<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>5:00</b>	<b>10</b>	<b>[Signature]</b>

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite								
	<table border="1"> <tr> <th>~Friable~</th> <th>~Non-Friable~</th> </tr> <tr> <td>Bags</td> <td>11</td> </tr> <tr> <td>Drums</td> <td></td> </tr> <tr> <td>Bundles</td> <td></td> </tr> </table>	~Friable~	~Non-Friable~	Bags	11	Drums		Bundles				
~Friable~	~Non-Friable~											
Bags	11											
Drums												
Bundles												
			<b>Status of Job</b>									
			Project On-going - someone to return									
			Note:									
			Complete - no one will need to return									

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



**ENVIRONMENTAL  
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ENGINEERS, INC.**

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Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S <b>6-12-15</b>	Job #: <b>14 5540</b>
Week Ending Date: <b>6-14-15</b>	Job Name: <b>Hikone</b>
Truck #/Driver: <b>38/Tim</b>	ACM / Mold / Lead / O: <b>r</b>
Work Area: <b>2726 2728</b>	

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <b>Drywall</b> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AFC** Visual/Testing:  
 Representative Name: **Matt Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<b>A Ptak</b>	<b>A25587</b>	<b>5</b>	<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:30</b>	<b>9.5</b>	<b>Andrew Ptak</b>
<b>Timothy Highland</b>	<b>A42977</b>		<b>6:30</b>	<b>12:00</b>	<b>12:30</b>	<b>4:30</b>	<b>9.5</b>	<b>[Signature]</b>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	<b>25</b>	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

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



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Today's Date/Day: S/M/T/W/T/F/S 6-15-15  
 Job #: 141-5540  
 Week Ending Date: 6-21-15  
 Job Name: H. Kone  
 Truck #/Driver: 38 / Tim  
 Work Area: 2728  
 ACM  Mold  Lead  Other

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Drywall	Selective Demolition	Scaffold/Bakers/5x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC  
 Representative Name: Lance Hesse  
 Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	-	10:30		4	A. Ptak
Timothy Highland	A42977		6:30	-	10:30		4	Timothy Highland
John W...	A44626		7:30	-	10:30		3	John W...

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	~ Friable ~			
	~ Non-Friable ~			
	Bags 11	Bags	Status of Job	
	Drums	Drums	Project On-going - someone to return	
	Bundles	Bundles	Note:	
			Complete - no one will need to return	

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



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Today's Date/Day: **S M T W T F S** 9-15-15 Job #: 14 5540  
 Week Ending Date: 9-20-15 Job Name: Hixone  
 Truck #/Driver: 42 / Tim (ACM) Mold / Lead / Other  
 Work Area: 2742 2758

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Heat Shield	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 Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	2 # of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Representative Name: **Matt Rodgers** Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Pugh	A25587		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Timothy Hubbard	A42477	W	6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Chris Tregburn	A36314		7:30	12:00	12:30	4:30	8.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite								
	<table border="1"> <tr> <th>Friable</th> <th>Non-Friable</th> </tr> <tr> <td>27 Bags</td> <td>Bags</td> </tr> <tr> <td>Drums</td> <td>Drums</td> </tr> <tr> <td>Bundles</td> <td>Bundles</td> </tr> </table>	Friable	Non-Friable	27 Bags	Bags	Drums	Drums	Bundles	Bundles	Status of Job		
Friable	Non-Friable											
27 Bags	Bags											
Drums	Drums											
Bundles	Bundles											
		Project On-going - someone to return	Note:									
		Complete - no one will need to return										

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



**ENVIRONMENTAL  
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Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T (W) T F S 9-16-15** Job #: **14 554 C**  
 Week Ending Date: **9-20-15** Job Name: **Hikone**  
 Truck #/Driver: **42/Tim** **ACM / Mold / Lead / Other**  
 Work Area: **2722 2750**

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Decontam</i> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing: **Math Rodgers**  
 Representative Name: **Math Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <i>A. Ptak</i>	<i>A25587</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Andrew Ptak</i>
<i>Timothy Hubbard</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Timothy Hubbard</i>
<i>Chris Reglown</i>	<i>A36314</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>8.5</i>	<i>Chris Reglown</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite
	---Friable---	--- Non-Friable---	Status of Job	
	<i>34</i> Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

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



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Today's Date/Day: **S M T W T F S 9-23-15** Job #: **14554C**  
 Week Ending Date: **9-27-15** Job Name: **Hikone**  
 Truck #/Driver: **35/Chris** **ACM** Mold / Lead / Other  
 Work Area: **2760**

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <b>Heat Shield</b>	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 <b>W/Sign</b>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	<b>2</b> # of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC Lance Hassell** Visual/Testing: **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptaki	A25587		12:00	—	4:45	4:75		<i>Andrew Ptaki</i>
M. Stewart	A45497		12:00	—	4:00	4		<i>M. Stewart</i>
Chris Troglona	A36314		12:00	—	4:45	4.75		<i>Chris Troglona</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	~Friable~	~Non-Friable~	Status of Job	
	17 Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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

Today's Date/Day: **9-29-15**  
S M T W T F S

Job #: **14-5540**

Week Ending Date: **10-4-15**

Job Name: **Norstar  
AAHC - H.Kore**

Truck #/Driver: **#40 Mcheney**

ACM / Mold / Lead / Other

Work Area:

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <b>Spill</b> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

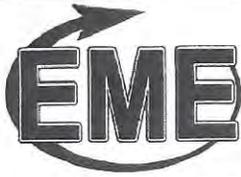
Consultant Firm: **AEC** Visual/Testing: **Air samples / clearance**  
 Representative Name: **JEFF FOX** Accreditation Number:

**Comments:**

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <b>Matt Cheney</b>	<b>A-22225</b>	<b>S</b>	<b>6:30</b>	<b>11:30</b>	<b>12:00</b>	<b>2:30</b>	<b>7.5</b>	<b>Matt Cheney</b>
<b>Chris Reglown</b>	<b>A3634</b>	<b>W</b>	<b>7:30</b>	<b>11:30</b>	<b>12:00</b>	<b>2:00</b>	<b>6</b>	<b>Chris Reglown</b>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	~Friable~	~Non-Friable~	Status of Job		
	<b>12</b> Bags		Project On-going - someone to return		
	Drums		Note:		
	Bundles		<input checked="" type="checkbox"/>	Complete - no one will need to return	

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



**ENVIRONMENTAL  
MAINTENANCE  
ENGINEERS, INC.**

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

Today's Date/Day: S M T <b>W</b> T F S 11-11-15	Job #: 14-554 C
Week Ending Date: 11-18-15	Job Name: Hikone
Truck #/Driver: 43 / Ken	<b>ACM</b> Mold / Lead / Other
Work Area: Community Center	

**Daily Construction Report**

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/ Drywall <input checked="" type="checkbox"/>	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Heat Shield <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC Ron** Visual/Testing: \_\_\_\_\_  
 Representative Name: **AEC Ron** Accreditation Number: \_\_\_\_\_

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	—		2:00	7.5	<i>Andrew Ptak</i>
Ken Wayland	A26614		6:30	—		2:00	7.5	<i>Ken Wayland</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	~Friable~	~Non-Friable~	Status of Job		
	11 Bags			Project On-going - someone to return	
	Drums		Note:		
	Bundles			<input checked="" type="checkbox"/> Complete - no one will need to return	

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



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 F S 12-23-15 Job #: 14554C  
 Week Ending Date: 12-27-15 Job Name: H.hone  
 Truck #/Driver: 331 Treglowan  ACM  Mold  Lead  Other  
 Work Area: 2724

### Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	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 Dry wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

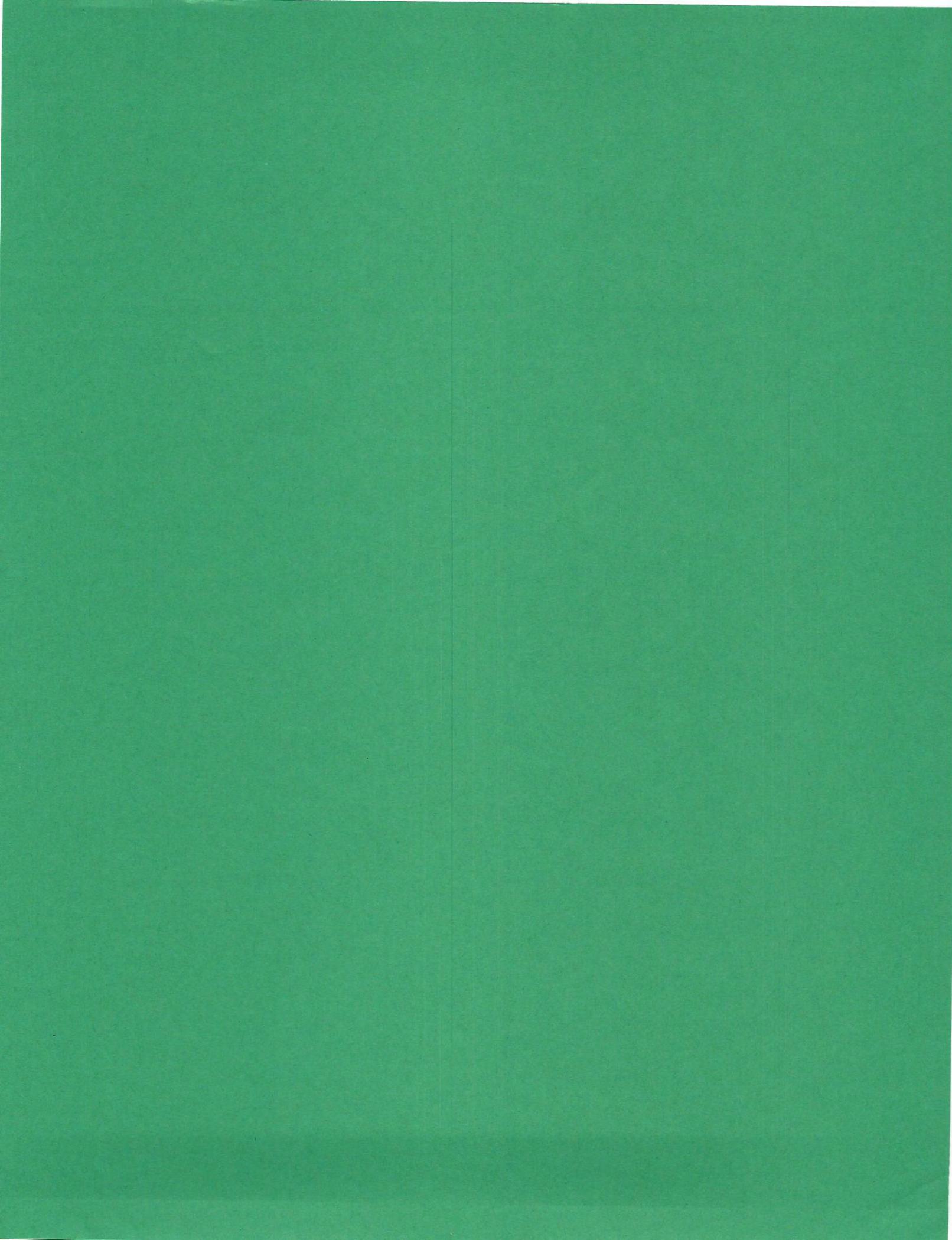
Consultant Firm: AEC Representative Name: Jeff Fox Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	3:30			7	<i>[Signature]</i>
Chris Treglowan	A36314		6:30	3:30			7	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite
	~ Friable ~	~ Non-Friable ~
	15 Bags	Bags
	Drums	Drums
	Bundles	Bundles
		Status of Job
		<input type="checkbox"/> Project On-going - someone to return
		Note: <input checked="" type="checkbox"/> Complete - no one will need to return

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



Certification No. 6295  
05.05.15

JMS Asbestos Training Center & Environmental Service

1 Day (s) 8 Hours Asbestos Contractor/Supervisor Refresher Course

**CERTIFICATE OF COMPLETION**

THIS CERTIFIES

**Matthew Aaron Cheney**

SS:J

Has been awarded this certificate for successful completion of practices and procedures for:

**Asbestos Contractor/Supervisor**

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA  
TITLE II / ASHARA Section 15 (a) (3) I.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

**LOCATION**

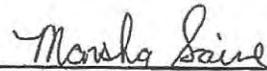
2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: May 04, 2015, Mon

Score: > 70%

Course Date: May 4, 2015, Mon

Expiration Date: May 4, 2016



E.P.A. Reg. V. #515 Sponsor / Instructor

*State of Michigan*

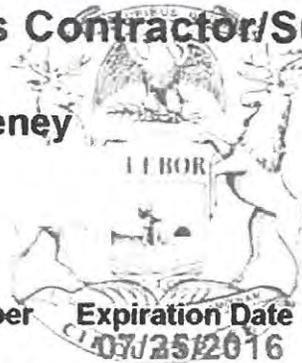
Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program



**Asbestos Contractor/Supervisor**

**Matthew A. Cheney**



**Accreditation Number**  
**A22225**

**Expiration Date**  
**07/25/2016**

**DOB:**

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

Accreditation card is not valid if altered

**116547**

Certification No. 4272  
07.07.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION

8 Hours, 1-Day Asbestos Abatement Worker Refresher Course

# CERTIFICATE OF COMPLETION

THIS CERTIFIES

**Anthony Gene Conley**  
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:  
Asbestos Abatement Worker

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA  
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041  
Alt. Phone# (313) 673-8256

Examination Date: July 06, 2015 Monday  
SCORE GREATER THAN: 70%  
COURSE DATES: July 06, 2015 Monday  
EXPIRATION DATE: July 06, 2016

  
EPA REG. V #515 Sponsor/Instructor

## State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program



**Anthony G. Conley**

### Asbestos Abatement Worker



Accreditation Number **A44625**      Expiration Date **08/08/2016**

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

**117827**

Certification No. 0246  
0.03.03.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION  
40 Hours, 5-Day Asbestos Contractor Supervisor Initial Course

# CERTIFICATE OF COMPLETION

THIS CERTIFIES

**Jason Daniel Highland**  
SS#

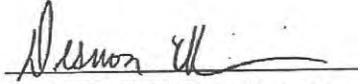
Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:  
Asbestos Contractor Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA  
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

**LOCATION:**

2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041  
Alt. Phone# (313) 873-8256

Examination Date March 6, 2015 Friday  
SCORE GREATER THAN: 70%  
COURSE DATES: March 2-6, 2015 Monday-Friday  
EXPIRATION DATE: March 6, 2016

  
EPA REG. V #515 Sponsor / Instructor

## State of Michigan

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



### Asbestos Contractor/Supervisor

**Jason D. Highland**



**Accreditation Number**  
A47041

**Expiration Date**  
03/24/2016

**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.

**115690**

Certification No. 0031  
0.05.05.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION  
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

# CERTIFICATE OF COMPLETION

THIS CERTIFIES  
**Timothy Ray Highland**  
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:  
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA  
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI Regulations as amended

LOCATION:  
2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041  
Alt. Phone# (313) 673-8256

Examination Date: May 15, 2015 Friday  
SCORE GREATER THAN: 70%  
COURSE DATES: May 15, 2015 Friday  
EXPIRATION DATE: May 15, 2016

  
EPA REG. V #515 Sponsor/Instructor

## State of Michigan

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



### Asbestos Contractor/Supervisor

**Timothy R. Highland**



Accreditation Number  
**A42977**

Expiration Date  
**06/19/2016**



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

**116827**

Certification No. 4431  
05.05.15

**JMS Asbestos Training Center & Environmental Service**  
Training Division  
1 Day 8 Hours Asbestos Abatement Worker Refresher Course

**CERTIFICATE OF COMPLETION**  
THIS CERTIFIES  
**Kevin Dwayne Maddox**  
SS: :

Has been awarded this certificate for successful completion of practices and procedures for:

**Asbestos Abatement Worker**

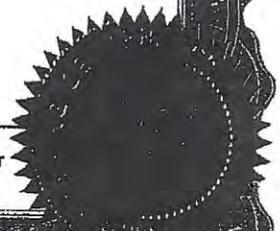
In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA  
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

**LOCATION**  
2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: May 04, 2015, Monday  
Score: > 70%  
Course Date: May 04, 2015, Monday  
Expiration Date: May 04, 2016

*Marsha Saine*

E.P.A. Reg. V. #515 Sponsor / Instructor



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



**Kevin D. Maddox**

**Asbestos Abatement Worker**



**Accreditation Number**  
**A31162**

**Expiration Date**  
**07/16/2016**



**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

**116544**

Certification No. 9213  
0.06.06.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION  
40 Hours, 5-Days Asbestos Contractor/Supervisor Initial Course

# CERTIFICATE OF COMPLETION

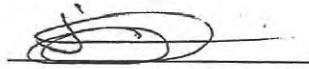
THIS CERTIFIES  
**Andrew Anthony Ptak**  
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:  
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA  
Section 15 (a) (3) I.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:  
2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041  
Alt. Phone# (313) 673-8256

Examination Date: June 05, 2015 Friday  
SCORE GREATER THAN: 70%  
COURSE DATES: June 01-05, 2015 Monday-Friday  
EXPIRATION DATE: June 05, 2016

  
EPA REG. V #515 Sponsor/Instructor

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



**Andrew A. Ptak**

## Asbestos Contractor/Supervisor



Accreditation Number  
**A25587**

Expiration Date  
**06/16/2016**



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

**117387**

Certification No. 8137  
12.11.25

JMS Asbestos Training Center & Environmental Service  
Training Division  
1 Day 8 Hours Asbestos Abatement Worker Refresher Course

**CERTIFICATE OF COMPLETION**  
**THIS CERTIFIES**  
**Christopher Daniel Treglown**  
**SS:**

Has been awarded this certificate for successful completion of practices and procedures for:

**Asbestos Abatement Worker**

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA  
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

**LOCATION**

2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: December 11, 2015, Friday  
Score: > 70%  
Course Date: December 11, 2015, Friday  
Expiration Date: December 11, 2016

  
E.P.A. Reg. V. #515 Sponsor / Instructor

*State of Michigan*

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



**Asbestos Abatement Worker**  
**Christopher D. Treglown**



Accreditation Number  
**A36314**

Expiration Date  
**01/29/2016**



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.

**114126**

Certification No. 5484  
09.09.15

JMS Asbestos Training Center & Environmental Service  
TRAINING DIVISION  
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

# CERTIFICATE OF COMPLETION

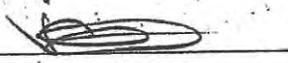
THIS CERTIFIES  
**Kenneth D. Wayland**  
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:  
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA  
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:  
2868 E. Grand Blvd. Detroit, MI 48202  
Phone: (313) 870-9079 Fax: (313) 870-9041  
Alt. Phone# (313) 673-8256

Examination Date: September 28, 2015 Monday  
SCORE GREATER THAN: 70%  
COURSE DATES: September 28, 2015 Monday  
EXPIRATION DATE: September 28, 2016

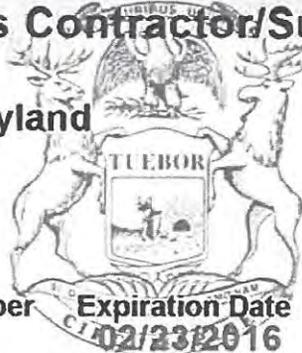
  
EPA REG. V #515 Sponsor/Instructor

## State of Michigan

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



**Asbestos Contractor/Supervisor**  
**Kenneth D. Wayland**



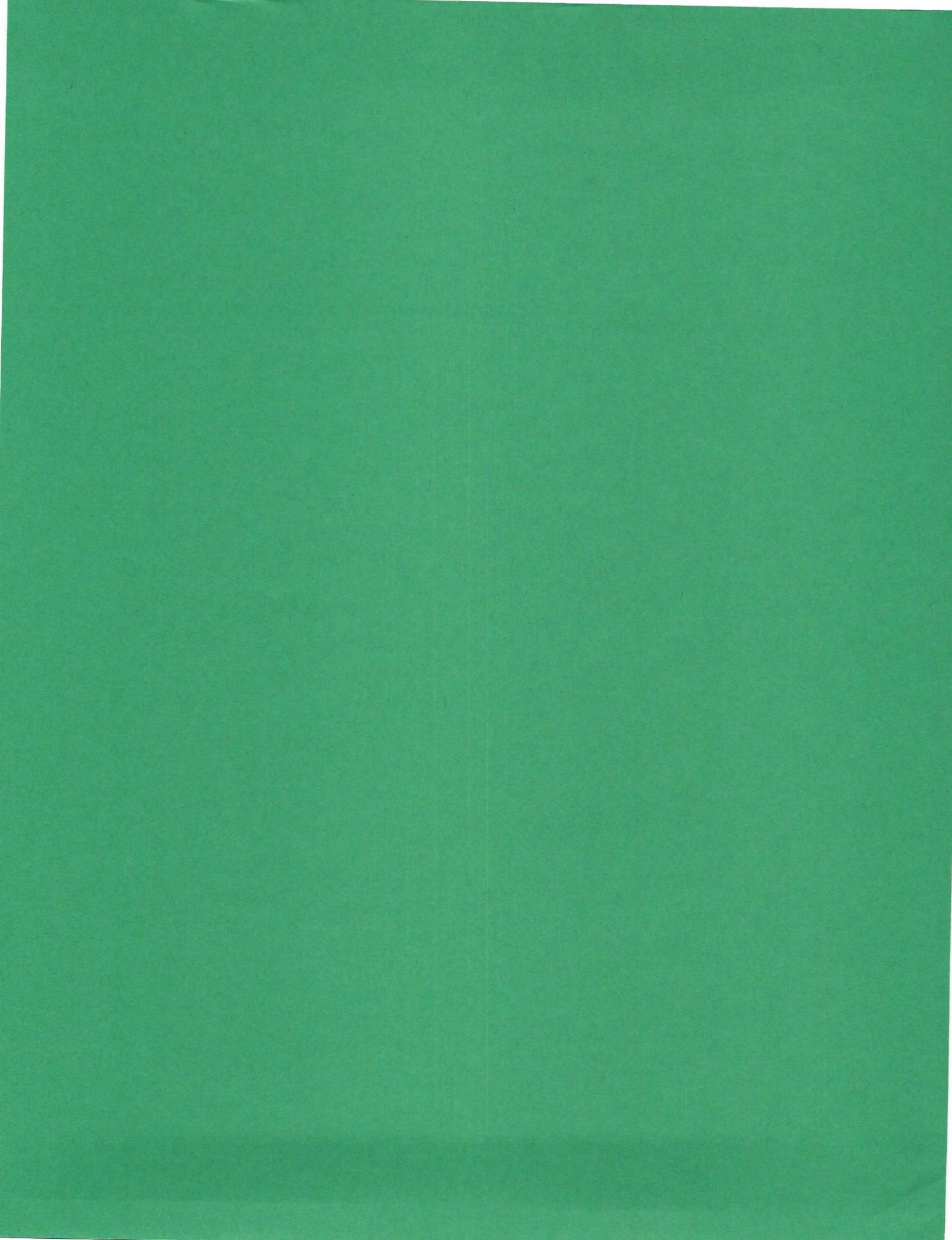
Accreditation Number **A26616**      Expiration Date **02/23/2016**

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

**115094**



# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554 (C)  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Hikone Townhouses  
2702 Hikone  
Ann Arbor, MI 48103

**Owner's Name:** River Run Ann Arbor Limited Divd Housing A  
2702 Hikone  
Ann Arbor, MI 48103

**Contact Name:** Robert Nickoloff

**Contact Telephone #:** (313) 749-7692

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.

**Operator's Address:** 25851 Trowbridge  
Inkster, MI 48141

**Operator's Telephone #:** (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill

**Waste Disposal Mailing Address:** 28800 Clark Rd.  
New Boston, MI 48164

**Disposal Site Telephone #:** (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, MI 48909

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	38	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**  
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 4-3-11

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	<b>Phone Number:</b> (313) 791-2600
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	
<b>Printed/Typed Name:</b> Andrew Ptak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 4-3-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	<b>Phone Number:</b> (734) 216-8240
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

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

<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554①  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Hikone Townhouses  
2702 Hikone  
Ann Arbor, MI 48103

**Owner's Name:** River Run Ann Arbor Limited Divd Housing A  
2702 Hikone  
Ann Arbor, MI 48103

**Contact Name:** Robert Nickoloff  
**Contact Telephone #:** (313) 749-7692

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.  
**Operator's Address:** 25851 Trowbridge  
Inkster, MI 48141  
**Operator's Telephone #:** (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill  
**Waste Disposal Mailing Address:** 28800 Clark Rd.  
New Boston, MI 48164  
**Disposal Site Telephone #:** (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, MI 48909

5) **Description of Materials:**  
**Hazard Class:** 9    **Identification Number:** NA2212    **Packing Group:** III  
**Additional Description:**

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	38	Bags	3.01
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**  
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

**Printed/Typed Name:** Jeff Cheney    **Title:** Project Manager  
**Signature:** *[Signature]*    **Date:** 4-3-15

9) **Transporter (Acknowledgement of Receipt of Materials):**  
**Name:** Environmental Maintenance Engineers, Inc.  
**Address:** 25851 Trowbridge, Inkster, MI 48141    **Phone Number:** (313) 791-2600  
**Printed/Typed Name:** Andrew Ptak    **Title:** Supervisor  
**Signature:** *[Signature]*    **Date:** 4-3-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**  
**Name:** Republic Services - Wayne  
**Address:** 5400 Cogswell, Wayne, MI 48184    **Phone Number:** (734) 216-8240  
**Printed/Typed Name:** STEVE JOHNSON    **Title:** Driver  
**Signature:** *[Signature]*    **Date:** 4-8-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.  
**Printed/Typed Name:** Roger Shultz    **Title:** Sole  
**Signature:** *[Signature]*    **Date:** 4-8-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
---

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	18	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 4-7-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Dak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 4-7-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

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

<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554C

Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
---

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	18	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 4-7-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Dask	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 4-7-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b> Terrence Erving	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b> 4-24-15

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

<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b> 4-24-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554C  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b>
		(313) 749-7692

<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600

<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001

<b>4) Responsible Agency:</b>
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

<b>5) Description of Materials:</b>		
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

<b>6) Containers:</b>			
	<b># of Containers:</b>	<b>Type of Containers (drums, bags, etc)</b>	<b>Total Qty. (cu ft., cu yds., lbs., tons):</b>
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	154	Bags	
<input type="checkbox"/> Other:			

<b>7) Special Handling Instructions and Additional Information:</b>
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 5-8-15

<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrea Ptak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 5-8-15

<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.	
<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554C  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b> Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	<b>Owner's Name:</b> River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	<b>Contact Name</b> Robert Nickoloff <b>Contact Telephone #</b> (313) 749-7692
---	--	---

<b>2) Operator's Name:</b> Environmental Maintenance Engineers, Inc.	<b>Operator's Address:</b> 25851 Trowbridge Inkster, MI 48141	<b>Operator's Telephone #:</b> (313) 791-2600
---	---	--

<b>3) Waste Disposal Site (WDS) Name:</b> Carleton Farms Landfill	<b>Waste Disposal Mailing Address:</b> 28800 Clark Rd. New Boston, MI 48164	<b>Disposal Site Telephone #:</b> (734) 654-0001
--	---	---

<b>4) Responsible Agency:</b> Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
--

<b>5) Description of Materials:</b>		
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) Containers:	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	154	Bag 5	
<input type="checkbox"/> Other:			

<b>7) Special Handling Instructions and Additional Information:</b> Handled in accordance with all EPA, NESHAP, & OSHA Regulations
---

<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 5-8-15

<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Stak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 5-8-15

<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b> John Nitecki	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b> 5-29-15

<b>11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.</b>	
<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b> 5-29-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554C  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b>
		(313) 749-7692

<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600

<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001

<b>4) Responsible Agency:</b>
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

<b>5) Description of Materials:</b>		
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

<b>6) Containers:</b>	<b># of Containers:</b>	<b>Type of Containers (drums, bags, etc)</b>	<b>Total Qty. (cu ft., cu yds., lbs., tons):</b>
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	139	Bags	
<input type="checkbox"/> Other:			

<b>7) Special Handling Instructions and Additional Information:</b>
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

**8) Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 5-15-15

<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Prala	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 5-15-15

<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.	
<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554C  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Hikone Townhouses  
2702 Hikone  
Ann Arbor, MI 48103

**Owner's Name:** River Run Ann Arbor Limited Divd Housing A  
2702 Hikone  
Ann Arbor, MI 48103

**Contact Name:** Robert Nickoloff

**Contact Telephone #:** (313) 749-7692

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.

**Operator's Address:** 25851 Trowbridge  
Inkster, MI 48141

**Operator's Telephone #:** (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill

**Waste Disposal Mailing Address:** 28800 Clark Rd.  
New Boston, MI 48164

**Disposal Site Telephone #:** (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, MI 48909

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	139	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**  
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

**Printed/Typed Name:** Jeff Cheney

**Signature:** *[Signature]*

**Title:** Project Manager

**Date:** 5-15-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

**Name:** Environmental Maintenance Engineers, Inc.

**Address:** 25851 Trowbridge, Inkster, MI 48141

**Phone Number:** (313) 791-2600

**Printed/Typed Name:** Andrew Ptak

**Signature:** *[Signature]*

**Title:** Supervisor

**Date:** 5-15-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

**Name:** Republic Services - Wayne

**Address:** 5400 Cogswell, Wayne, MI 48184

**Phone Number:** (734) 216-8240

**Printed/Typed Name:** John Nitecki

**Signature:** *[Signature]*

**Title:** Driver

**Date:** 5-29-15

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

**Printed/Typed Name:** Megan Smith

**Signature:** *[Signature]*

**Title:** SCAR

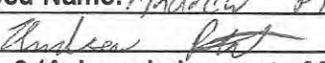
**Date:** 5-29-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-5546  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>	
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff	
		<b>Contact Telephone #</b>	
		(313) 749-7692	
<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>	
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600	
<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>	
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001	
<b>4) Responsible Agency:</b>			
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909			
<b>5) Description of Materials:</b>			
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III	
<b>Additional Description:</b>			
<b>6) Containers:</b>			
	<b># of Containers:</b>	<b>Type of Containers (drums, bags, etc)</b>	<b>Total Qty. (cu ft., cu yds., lbs., tons):</b>
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	6	Bags	
<input type="checkbox"/> Other:			
<b>7) Special Handling Instructions and Additional Information:</b>			
Handled in accordance with all EPA, NESHAP, & OSHA Regulations			
<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.			
<b>Printed/Typed Name:</b> Jeff Cheney		<b>Title:</b> Project Manager	
<b>Signature:</b> 		<b>Date:</b> 5-18-15	
<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Environmental Maintenance Engineers, Inc.			
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141		<b>Phone Number:</b> (313) 791-2600	
<b>Printed/Typed Name:</b> Andrew Ptak		<b>Title:</b> Supervisor	
<b>Signature:</b> 		<b>Date:</b> 5-18-15	
<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Republic Services - Wayne			
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184		<b>Phone Number:</b> (734) 216-8240	
<b>Printed/Typed Name:</b>		<b>Title:</b> Driver	
<b>Signature:</b>		<b>Date:</b>	
<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.			
<b>Printed/Typed Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-5540  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
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5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	6	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 5-18-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Ptak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 5-18-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b> Jan Nitecki	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b> 5-29-15

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

<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b> 5-29-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554   
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b>
		(313) 749-7692

<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600

<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001

<b>4) Responsible Agency:</b>
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

<b>5) Description of Materials:</b>		
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

<b>6) Containers:</b>	<b># of Containers:</b>	<b>Type of Containers (drums, bags, etc)</b>	<b>Total Qty. (cu ft., cu yds., lbs., tons):</b>
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	36	Bags	
<input type="checkbox"/> Other:			

<b>7) Special Handling Instructions and Additional Information:</b>
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 6-12-15

<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew P. Stal	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 6-12-15

<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.	
<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

GREEN COIN

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-5540  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Hikone Townhouses  
2702 Hikone  
Ann Arbor, MI 48103

**Owner's Name:** River Run Ann Arbor Limited Divd Housing A  
2702 Hikone  
Ann Arbor, MI 48103

**Contact Name:** Robert Nickoloff

**Contact Telephone #:** (313) 749-7692

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.

**Operator's Address:** 25851 Trowbridge  
Inkster, MI 48141

**Operator's Telephone #:** (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill

**Waste Disposal Mailing Address:** 28800 Clark Rd.  
New Boston, MI 48164

**Disposal Site Telephone #:** (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, MI 48909

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	36	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**  
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

**Printed/Typed Name:** Jeff Cheney

**Signature:** *[Signature]*

**Title:** Project Manager

**Date:** 6-12-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

**Name:** Environmental Maintenance Engineers, Inc.

**Address:** 25851 Trowbridge, Inkster, MI 48141

**Phone Number:** (313) 791-2600

**Printed/Typed Name:** Andrew P. Stak

**Signature:** *[Signature]*

**Title:** Supervisor

**Date:** 6-12-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

**Name:** Republic Services - Wayne

**Address:** 5400 Cogswell, Wayne, MI 48184

**Phone Number:** (734) 216-8240

**Printed/Typed Name:** Mike Burleso

**Signature:** *[Signature]*

**Title:** Driver

**Date:** 7/2/15

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

**Printed/Typed Name:** *[Name]*

**Signature:** *[Signature]*

**Title:** *[Title]*

**Date:** 7-2-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
---	---------------------------------------	----------------

3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
-------------------------	---	----------------

4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
---

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
☞ Friable Asbestos			
☞ Non-Friable Asbestos	11	Bags	
☞ Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 6-15-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Plak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 6-15-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

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

<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

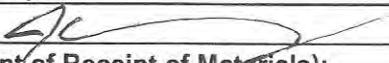
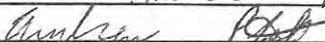
<b>1) Worksite name &amp; address:</b> Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	<b>Owner's Name:</b> River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	<b>Contact Name:</b> Robert Nickoloff <b>Contact Telephone #:</b> (313) 749-7692																
<b>2) Operator's Name:</b> Environmental Maintenance Engineers, Inc.	<b>Operator's Address:</b> 25851 Trowbridge Inkster, MI 48141	<b>Operator's Telephone #:</b> (313) 791-2600																
<b>3) Waste Disposal Site (WDS) Name:</b> Carleton Farms Landfill	<b>Waste Disposal Mailing Address:</b> 28800 Clark Rd. New Boston, MI 48164	<b>Disposal Site Telephone #:</b> (734) 654-0001																
<b>4) Responsible Agency:</b> Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909																		
<b>5) Description of Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>Hazard Class:</b> 9</td> <td style="width: 25%;"><b>Identification Number:</b> NA2212</td> <td style="width: 25%;"><b>Packing Group:</b> III</td> </tr> <tr> <td colspan="3"><b>Additional Description:</b></td> </tr> </table>			<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III	<b>Additional Description:</b>												
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III																
<b>Additional Description:</b>																		
<b>6) Containers:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%;"># of Containers:</th> <th style="width: 15%;">Type of Containers (drums, bags, etc)</th> <th style="width: 10%;">Total Qty. (cu ft., cu yds., lbs., tons):</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Friable Asbestos</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Friable Asbestos</td> <td style="text-align: center;">11</td> <td style="text-align: center;">Bags</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):	<input type="checkbox"/> Friable Asbestos				<input type="checkbox"/> Non-Friable Asbestos	11	Bags		<input type="checkbox"/> Other:			
	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):															
<input type="checkbox"/> Friable Asbestos																		
<input type="checkbox"/> Non-Friable Asbestos	11	Bags																
<input type="checkbox"/> Other:																		
<b>7) Special Handling Instructions and Additional Information:</b> Handled in accordance with all EPA, NESHAP, & OSHA Regulations																		
<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.																		
<b>Printed/Typed Name:</b> Jeff Cheney		<b>Title:</b> Project Manager																
<b>Signature:</b>		<b>Date:</b> 6-11-15																
<b>9) Transporter (Acknowledgement of Receipt of Materials):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Name:</b> Environmental Maintenance Engineers, Inc.</td> <td><b>Phone Number:</b> (313) 791-2600</td> </tr> <tr> <td colspan="2"><b>Address:</b> 25851 Trowbridge, Inkster, MI 48141</td> <td></td> </tr> <tr> <td colspan="2"><b>Printed/Typed Name:</b> Andrew Hark</td> <td><b>Title:</b> Supervisor</td> </tr> <tr> <td colspan="2"><b>Signature:</b> </td> <td><b>Date:</b> 6-15-15</td> </tr> </table>			<b>Name:</b> Environmental Maintenance Engineers, Inc.		<b>Phone Number:</b> (313) 791-2600	<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141			<b>Printed/Typed Name:</b> Andrew Hark		<b>Title:</b> Supervisor	<b>Signature:</b>		<b>Date:</b> 6-15-15				
<b>Name:</b> Environmental Maintenance Engineers, Inc.		<b>Phone Number:</b> (313) 791-2600																
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141																		
<b>Printed/Typed Name:</b> Andrew Hark		<b>Title:</b> Supervisor																
<b>Signature:</b>		<b>Date:</b> 6-15-15																
<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Name:</b> Republic Services - Wayne</td> <td><b>Phone Number:</b> (734) 216-8240</td> </tr> <tr> <td colspan="2"><b>Address:</b> 5400 Cogswell, Wayne, MI 48184</td> <td></td> </tr> <tr> <td colspan="2"><b>Printed/Typed Name:</b> Mike Burkett</td> <td><b>Title:</b> Driver</td> </tr> <tr> <td colspan="2"><b>Signature:</b> </td> <td><b>Date:</b> 7/2/15</td> </tr> </table>			<b>Name:</b> Republic Services - Wayne		<b>Phone Number:</b> (734) 216-8240	<b>Address:</b> 5400 Cogswell, Wayne, MI 48184			<b>Printed/Typed Name:</b> Mike Burkett		<b>Title:</b> Driver	<b>Signature:</b>		<b>Date:</b> 7/2/15				
<b>Name:</b> Republic Services - Wayne		<b>Phone Number:</b> (734) 216-8240																
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184																		
<b>Printed/Typed Name:</b> Mike Burkett		<b>Title:</b> Driver																
<b>Signature:</b>		<b>Date:</b> 7/2/15																
<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.																		
<b>Printed/Typed Name:</b> Megha Shah		<b>Title:</b> Sale																
<b>Signature:</b>		<b>Date:</b> 7-7-15																

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>	
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff	
		<b>Contact Telephone #</b> (313) 749-7692	
<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>	
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600	
<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>	
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001	
<b>4) Responsible Agency:</b>			
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909			
<b>5) Description of Materials:</b>			
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III	
<b>Additional Description:</b>			
<b>6) Containers:</b>			
	<b># of Containers:</b>	<b>Type of Containers (drums, bags, etc)</b>	<b>Total Qty. (cu ft., cu yds., lbs., tons):</b>
<input type="checkbox"/> Friable Asbestos	11	Big 5	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			
<b>7) Special Handling Instructions and Additional Information:</b>			
Handled in accordance with all EPA, NESHAP, & OSHA Regulations			
<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.			
<b>Printed/Typed Name:</b> Jeff Cheney		<b>Title:</b> Project Manager	
<b>Signature:</b> 		<b>Date:</b> 9-16-15	
<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Environmental Maintenance Engineers, Inc.			
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141		<b>Phone Number:</b> (313) 791-2600	
<b>Printed/Typed Name:</b> Andrew Ptah		<b>Title:</b> Supervisor	
<b>Signature:</b> 		<b>Date:</b> 9-16-15	
<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Republic Services - Wayne			
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184		<b>Phone Number:</b> (734) 216-8240	
<b>Printed/Typed Name:</b>		<b>Title:</b> Driver	
<b>Signature:</b>		<b>Date:</b>	
<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.			
<b>Printed/Typed Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
---	---------------------------------------	----------------

3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
-------------------------	---	----------------

4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
---

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	61	Bag 5	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 9-16-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Ptak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 9-16-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b> Charles D. Phillips	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b> 9-24-15

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

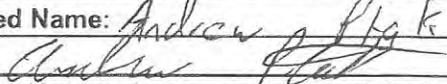
<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b> 9-30-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554C  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>	
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff	
		<b>Contact Telephone #</b> (313) 749-7692	
<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>	
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600	
<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>	
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001	
<b>4) Responsible Agency:</b>			
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909			
<b>5) Description of Materials:</b>			
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III	
<b>Additional Description:</b>			
<b>6) Containers:</b>			
	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	17	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			
<b>7) Special Handling Instructions and Additional Information:</b>			
Handled in accordance with all EPA, NESHAP, & OSHA Regulations			
<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.			
<b>Printed/Typed Name:</b> Jeff Cheney		<b>Title:</b> Project Manager	
<b>Signature:</b> 		<b>Date:</b> 9-23-15	
<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Environmental Maintenance Engineers, Inc.			
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141		<b>Phone Number:</b> (313) 791-2600	
<b>Printed/Typed Name:</b> Andrew P. Hark		<b>Title:</b> Supervisor	
<b>Signature:</b> 		<b>Date:</b> 9-23-15	
<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Republic Services - Wayne			
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184		<b>Phone Number:</b> (734) 216-8240	
<b>Printed/Typed Name:</b>		<b>Title:</b> Driver	
<b>Signature:</b>		<b>Date:</b>	
<b>11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.</b>			
<b>Printed/Typed Name:</b>		<b>Title:</b>	
<b>Signature:</b>		<b>Date:</b>	

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
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5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	17	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 9-23-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 9-23-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b> Charles	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b> 10-6-15

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

<b>Printed/Typed Name:</b> Megan Shults	<b>Title:</b> State
<b>Signature:</b>	<b>Date:</b> 10/16

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554   
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>	
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff	
		<b>Contact Telephone #</b>	
		(313) 749-7692	
<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>	
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600	
<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>	
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001	
<b>4) Responsible Agency:</b>			
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909			
<b>5) Description of Materials:</b>			
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III	
<b>Additional Description:</b>			
<b>6) Containers:</b>			
	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	12	6 mil bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			
<b>7) Special Handling Instructions and Additional Information:</b>			
Handled in accordance with all EPA, NESHAP, & OSHA Regulations			
<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.			
<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager		
<b>Signature:</b>	<b>Date:</b> 9-29-15		
<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Environmental Maintenance Engineers, Inc.			
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b>	(313) 791-2600	
<b>Printed/Typed Name:</b>	<b>Title:</b> Supervisor		
<b>Signature:</b>	<b>Date:</b> 9-29-15		
<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>			
<b>Name:</b> Republic Services - Wayne			
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b>	(734) 216-8240	
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver		
<b>Signature:</b>	<b>Date:</b>		
<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.			
<b>Printed/Typed Name:</b>	<b>Title:</b>		
<b>Signature:</b>	<b>Date:</b>		

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554 *U*  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
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5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	12	6 mil bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b> <i>[Signature]</i>	<b>Date:</b> 9-24-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> <i>Matt Cheney</i>	<b>Title:</b> Supervisor
<b>Signature:</b> <i>[Signature]</i>	<b>Date:</b> 9-24-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b> <i>TERRENCE ERVING</i>	<b>Title:</b> Driver
<b>Signature:</b> <i>[Signature]</i>	<b>Date:</b> 10-21-15

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

<b>Printed/Typed Name:</b> <i>[Signature]</i>	<b>Title:</b>
<b>Signature:</b> <i>[Signature]</i>	<b>Date:</b> 10-22-15

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

<b>1) Worksite name &amp; address:</b>	<b>Owner's Name:</b>	<b>Contact Name</b>
Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b>
		(313) 749-7692

<b>2) Operator's Name:</b>	<b>Operator's Address:</b>	<b>Operator's Telephone #:</b>
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600

<b>3) Waste Disposal Site (WDS) Name:</b>	<b>Waste Disposal Mailing Address:</b>	<b>Disposal Site Telephone #:</b>
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001

<b>4) Responsible Agency:</b>
Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

<b>5) Description of Materials:</b>		
<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

<b>6) Containers:</b>	<b># of Containers:</b>	<b>Type of Containers (drums, bags, etc)</b>	<b>Total Qty. (cu ft., cu yds., lbs., tons):</b>
<input type="checkbox"/> Friable Asbestos	11	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

<b>7) Special Handling Instructions and Additional Information:</b>
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

<b>8) Operator's Certification:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 11-11-11

<b>9) Transporter (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<input type="checkbox"/> <b>Printed/Typed Name:</b> Andrew Plak	<b>Title:</b> Supervisor
<input type="checkbox"/> <b>Signature:</b>	<input type="checkbox"/> <b>Date:</b> 11-11-11

<b>10) Transporter 2 (Acknowledgement of Receipt of Materials):</b>	
<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

<b>11) Waste disposal site owner or operator:</b> Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.	
<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-5540

Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Hikone Townhouses  
2702 Hikone  
Ann Arbor, MI 48103

**Owner's Name:** River Run Ann Arbor Limited Divd Housing A  
2702 Hikone  
Ann Arbor, MI 48103

**Contact Name:** Robert Nickoloff

**Contact Telephone #:** (313) 749-7692

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.

**Operator's Address:** 25851 Trowbridge  
Inkster, MI 48141

**Operator's Telephone #:** (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill

**Waste Disposal Mailing Address:** 28800 Clark Rd.  
New Boston, MI 48164

**Disposal Site Telephone #:** (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, MI 48909

5) **Description of Materials:**

**Hazard Class:** 9    **Identification Number:** NA2212    **Packing Group:** III

**Additional Description:**

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	11	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**  
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

**Printed/Typed Name:** Jeff Cheney    **Title:** Project Manager

**Signature:** *[Signature]*    **Date:** 11-11-11

9) **Transporter (Acknowledgement of Receipt of Materials):**

**Name:** Environmental Maintenance Engineers, Inc.

**Address:** 25851 Trowbridge, Inkster, MI 48141    **Phone Number:** (313) 791-2600

**Printed/Typed Name:** Andrew Plak    **Title:** Supervisor

**Signature:** *[Signature]*    **Date:** 11-11-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

**Name:** Republic Services - Wayne

**Address:** 5400 Cogswell, Wayne, MI 48184    **Phone Number:** (734) 216-8240

**Printed/Typed Name:** Terrence Erwing    **Title:** Driver

**Signature:** *[Signature]*    **Date:** 11-16-15

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

**Printed/Typed Name:** *[Signature]*    **Title:** Scav

**Signature:** *[Signature]*    **Date:** 11/16

# Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554A  
Landfill Approval #: 30691314442

## ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Hikone Townhouses 2702 Hikone Ann Arbor, MI 48103	River Run Ann Arbor Limited Divd Housing A 2702 Hikone Ann Arbor, MI 48103	Robert Nickoloff
		<b>Contact Telephone #</b> (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
---

5) **Description of Materials:**

<b>Hazard Class:</b> 9	<b>Identification Number:</b> NA2212	<b>Packing Group:</b> III
<b>Additional Description:</b>		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	15	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

<b>Printed/Typed Name:</b> Jeff Cheney	<b>Title:</b> Project Manager
<b>Signature:</b>	<b>Date:</b> 12-23-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Environmental Maintenance Engineers, Inc.	
<b>Address:</b> 25851 Trowbridge, Inkster, MI 48141	<b>Phone Number:</b> (313) 791-2600
<b>Printed/Typed Name:</b> Andrew Ptak	<b>Title:</b> Supervisor
<b>Signature:</b>	<b>Date:</b> 12-23-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

<b>Name:</b> Republic Services - Wayne	
<b>Address:</b> 5400 Cogswell, Wayne, MI 48184	<b>Phone Number:</b> (734) 216-8240
<b>Printed/Typed Name:</b>	<b>Title:</b> Driver
<b>Signature:</b>	<b>Date:</b>

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

<b>Printed/Typed Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

3429

## Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 14-554A

Landfill Approval #: 30691314442

### ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Hikone Townhouses  
2702 Hikone  
Ann Arbor, MI 48103

**Owner's Name:** River Run Ann Arbor Limited Divd Housing A  
2702 Hikone  
Ann Arbor, MI 48103

**Contact Name:** Robert Nickoloff

**Contact Telephone #:** (313) 749-7692

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.

**Operator's Address:** 25851 Trowbridge  
Inkster, MI 48141

**Operator's Telephone #:** (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill

**Waste Disposal Mailing Address:** 28800 Clark Rd.  
New Boston, MI 48164

**Disposal Site Telephone #:** (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources  
P.O. Box 30028  
Lansing, MI 48909

5) **Description of Materials:**

**Hazard Class:** 9 | **Identification Number:** NA2212 | **Packing Group:** III

**Additional Description:**

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	15	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**  
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

**Printed/Typed Name:** Jeff Cheney | **Title:** Project Manager

**Signature:** *[Signature]* | **Date:** 12-23-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

**Name:** Environmental Maintenance Engineers, Inc.

**Address:** 25851 Trowbridge, Inkster, MI 48141

**Phone Number:** (313) 791-2600

**Printed/Typed Name:** Andrew Ptek | **Title:** Supervisor

**Signature:** *[Signature]* | **Date:** 12-23-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

**Name:** Republic Services - Wayne

**Address:** 5400 Cogswell, Wayne, MI 48184

**Phone Number:** (734) 216-8240

**Printed/Typed Name:** Mike Berleco | **Title:** Driver

**Signature:** *[Signature]* | **Date:** 1/7/16

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

**Printed/Typed Name:** D. Mitchell | **Title:**

**Signature:** *[Signature]* | **Date:** 1-15-2016