

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 – Green Baxter Court 1701-1747 Green 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 Green Baxter Court in Ann Arbor, Michigan. The asbestos abatement work took place from June 29, 2015 through January 11, 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

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Andrew J. Foerg, CPG President

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Enclosures

ATTACHMENT 1

AEC AIR MONITORING REPORT

AIR MONITORING REPORT

FOR

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

AT

GREEN BAXTER 1737 GREEN ANN ARBOR, MI 48105

PREPARED BY:

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

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

PROJECT NUMBER 1478-15005



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Introduction

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at Green Baxter located at 1737 Green, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from June 29, 2015 and January 11, 2016.

AEC representatives Matt Rodgers, Jef Fox and Lance Hassell 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 reoccupancy 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

12838 Gavel, Detroit, MI 48227

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

LOG

Client Name:		Environ	Enviromental Consuming	Project Name:		Стеет	Green Baxier		reoject Namber.	imber:		147	14/8-15005		Sample Date:	ate:	167/0	0/29/2013
City / State / Zip:	Zin:	Royal (Royal Oak, MI 48073	Project Location:		1737	1737 Green		City / State / Zip:	e / Zip:		Ann /	Ann Arbor, MI		Collected By:	By:	Matt B	Matt Rodgers
Filtor FCA:		385 mm2	Microscope Field Area:	d Area:			0.00785	mm2 Pr	Project Contact:	act:		Anc	Andy Foerg		Contractor:	11.	EN	EME
Lab Sample #	Field	Type		Location	Activity	Fibers	Fields	Adjusted Fiber per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	tin)	Time (24	Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers /cc
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	4	д	Ma	Martin Stewart	REM	12	100	12	15.3	2.00	2.00	2.00	0180	1200	230	460.00	0.0107	0.0128
	10	Ь	Ma	Martin Stewart	REM	7	100	10	12.7	2.00	2.00	2.00	1305	1507	122	244.00	0.0201	< 0.0201
	9	OSWA	1721-	1721-1st Floor-Hall	REM	10	100	10	12.7	10.00	10.00	10.00	0750	1110	200	2000.00	0.0025	< 0.0025
	7	OSWA		1721-2nd Floor-Hall	REM	6	100	10	12.7	10.00	10.00	10.00	0220	1110	200	2000.00	0.0025	< 0.0025
	00	OSWA		1713-1st Floor-Hall	REM	11	100	п	14.0	10.00	10.00	10.00	1215	1510	175	1750.00	0.0028	0.0031
	6	OSWA		1713-2nd Floor-Hall	REM	11	100	=	14.0	10.00	10.00	10.00	1215	1510	175	1750.00	0.0028	0.0031
	10	IWA	1721	1721-Living Room	REM	13	100	13	16.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0053
	Ξ	IWA	12	1721-Kitchen	占	13	100	13	16.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0053
	12	IWA	172	1721- Bedroom 1	В	10.5	100	10.5	13.4	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0043
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PCM Analyst:

BKGD REM CC CC BNO AMB PREP CU

Samule Tynes
Outside Work Area
Inside Work Area
Personal Cara Exposare Limit
HEPA Exhaust
Field Blank
Nor Analyzed / Pump Failure
Nor Analyzed / Water Damaned Filter
Nor Analyzed / Water Damaned Filter

OSWA IWA STEL HEPEX FB NA-PF NA-OLF NA-WDE

Matt Rodgers Project Manager Monature

SAMPLINGLOG AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

Client Name:		Environ	Enviromental Consulting Solutions	Project Name:		Green	Green Baxter		Project Number:	umber:		147	1478-15005		Sample Date:)ate:	0/30	6/30/2013
City / State / Zip:	Zip:	Royal	Royal Oak, MI 48073	Project Location:		1737	1737 Green		City / State / Zip:	e/Zip:		Ann	Ann Arbor, MI		Collected By:	By:	Matt F	Matt Rodgers
Filter ECA:	385	385 mm2	Microscope Field Area:	l Area:			0.00785	mm2 P	Project Contact:	tact:		And	Andy Foerg		Contractor:	or:	E	EME
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per	Fibers per mm ²	Flow	Flow Rate (L/min)	iin)	Time (2	Time (24 Hour Clock)	ock)	Vol. (L)	LOQ (f/ec)	Fibers /cc
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	4	ē.	Chri	Chris Treglown	REM	13	100	13	16.6	2.00	2.00	2.00	0805	1200	235	470.00	0.0104	0.0136
	so.	ы	Chri	Chris Treglown	REM	10	100	10	12.7	2.00	2.00	2.00	1305	1500	115	230.00	0.0213	< 0.0213
	9	OSWA	172	1723-Kitchen	REM	9	100	10	12.7	10.00	10.00	10.00	0220	1005	155	1550.00	0.0032	< 0.0032
	7	OSWA		1723-2nd Floor-Hall	REM	7.5	100	10	12.7	10.00	10.00	10.00	0220	1005	155	1550.00	0.0032	< 0.0032
	80	OSWA		1723-1st Floor-Hall	REM	10	100	10	12.7	10.00	10.00	10.00	1030	1340	190	1900.00	0.0026	< 0.0026
	6	OSWA		1743-2nd Floor-Stairs	REM	8	100	10	12.7	10.00	10.00	10.00	1030	1340	190	1900.00	0.0026	< 0.0026
	10	IWA	17	1713-Kitchen	D D	11	100	11	14.0	10.00	10.00	10.00	0740	0940	120	1200.00	0.0041	0.0045
	11	IWA	1713-	1713-Living Room	G	13	100	13	16.6	10.00	10.00	10.00	0740	0940	120	1200.00	0.0041	0.0053
	12	IWA	171.	1713-Bedroom 1	C	13	100	13	16.6	10.00	10.00	10.00	0740	0940	120	1200.00	0.0041	0.0053
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PCM Analyst:

BKGD CL CL PA GB BNO AMB PREP CU

Samule Tynes
Outside Work Area
Inside Work Area
Personal
Short Term Exposure Limit
HEPA Exhaust
Field Blank
Not Analyzed / Water Damased Filter
Not Analyzed / Water Damased Filter

OSWA IWA P STEL HEPEX FB NA-PF NA-PF NA-OLF

Matt Rodgers
Protect Manager Signature

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

Main Road Main	Client Name:	20	Environ	Environmental Consulting Solutions	Project Name:		Gree	Green Baxter		Project Number:	umber:		14	1478-15005		Sample Date:)ate:	9(3)	6/30/2015
Field	City / State /	Zip:	Royal	Oak, MI 48073	Project Location:		173	7 Green		City / Sta	te / Zip:		Ann	Arbor,		ollecter	By:	Matt	Rodgers
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FB FB FB FB FB FB FB FB											Start	Stop	Ave.	Start	Stop	Total			
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14 TWA T723-Living Room CL 12 100 12 15.3 10.00 10.00 10.00 120 1200 0.0041 15 TWA T723-Bedroom CL 12 100 12 15.3 10.00 10.00 10.00 120 1200 0.0041 16 TWA T743-Bedroom CL 13 100 13 15.0 10.00 1350 1350 1350 1200 0.0041 18 TWA T743-Bedroom CL 12.5 100 12.5 15.9 10.00 10.00 1350 1350 1350 0.0041 18 TWA T743-Bedroom CL 12.5 100 12.5 15.9 10.00 10.00 1350 1350 1300 0.0041 19 TWA T743-Bedroom CL 12.5 100 12.5 15.9 10.00 10.00 1350 1350 1300 0.0041 19 TWA T743-Bedroom CL 12.5 100 12.5 15.9 10.00 10.00 1350 1350 1300 0.0041 10 TY43-Bedroom T		13	IWA	172	3-Kitchen	CT	14	100	14	17.8	10.00	10.00		1030	1230	120	1200.00	0.0041	0.0057
15 IWA 1723-Bedroom I CL 12 100 12, 1000 10,00 10,00 10,00 10,00 1200 1200,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,00 10,0		14	IWA	1723-	Living Room	CL	12	100	12	15.3		10.00	10.00	1030	1230	120	1200.00	0.0041	0.0049
16 IWA 1743-Kitchen CL 10 100 1127 10.00 10.00 1350 1550 120 1200.00 0.0041 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1		15	IWA	1723	-Bedroom 1	CL	12	100	12	15.3		10.00	10.00	1030	1230	120	1200.00	0.0041	0.0049
17 1WA 1743-Livign Room CL 13 100 13.6 10.00 10.00 1350 1550 1200.00 0.0041 18 IWA 1743-Bedroom 1 CL 12.5 100 12.5 15.9 10.00 10.00 1350 1550 1200.00 0.0041 19 IWA 1743-Bedroom 1 CL 12.5 100 12.5 15.9 10.00 10.00 1350 1550 1200.00 0.0041 19 IWA 1743-Bedroom 1 CL 12.5 100 12.5 15.9 10.00 10.00 1350 1550 1200.00 0.0041 19 IWA 1743-Bedroom 1 CL 12.5 100 12.5 15.9 10.00 10.00 1350 1550 1200.00 0.0041 19 IWA 1743-Bedroom 1 CL 12.5 10.00 10.00 1350 1550 1200.00 0.0041 19 IWA 1743-Bedroom 1 IWA		91	IWA	174	3-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1350	1550	120	1200.00	0.0041	< 0.0041
18 IWA 1743-Bedroom 1 CL 12.5 100 12.5 15.9 10.00 10.00 1350 1550 1200 0.0041 Blind Blind Recount		17	IWA	1743-	Livign Room	CT	13	100	13	16.6	10.00	10.00	10.00	1350	1550	120	1200.00	0.0041	0.0053
Blind		18	IWA	1743	-Bedroom 1	CL	12.5	100	12.5	15.9	10.00	10.00	10.00	1350	1550	120	1200.00	0.0041	0.0051
Blind																			
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Blind																			
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The country of the co	Total	Blind																	
	18			ample Number Here															

	PCM Analyst:							Protect Man	
Activity	= Background	= Removal	= Clearance	= Post Abatement	= Glovebag	= Bag Out	= Ambient	= Work Site Pren	= Clean Up
	BKGD	REM	D	PA	GB CB	8/0	AMB	PREP	
Sample Types	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
	u	n	11	ti	n	ū	μ	Я	н

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

FOG

Client Name:		2	Solutions	Project Name:		9915	The state of the s											
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:		1737	1737 Green		City / State / Zip:	e / Zip:		Ann,	Ann Arbor, MI		Collected By:	By:	Matt F	Matt Rodgers
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	act:		Anc	Andy Foerg		Contractor:	or:	EI	EME
Lab Sample #	Field	Type	1	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per	Flow	Flow Rate (L/min)	uin)	Time (24	Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
	Sample #									Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	6	STEL	Tim	Tim Highland	REM	12	100	12	15.3	2.00	2.00	2.00	0220	080	30	00.09	0.0817	0.0980
	4	А	Tim	Tim Highland	REM	10	100	10	12.7	2.00	2.00	2.00	0800	1236	276	552.00	0.0089	< 0.0089
	5	OSWA	171:	1715-2nd Hall	REM	9	100	10	12.7	10.00	10.00	10.00	0220	1100	210	2100.00	0.0023	< 0.0023
	9	OSWA	1715	1715-Bathroom	REM	4	100	10	12.7	10.00	10.00	10.00	0730	1100	210	2100.00	0.0023	< 0.0023
	1	OSWA	170	1707-2nd Hall	REM	9	100	10	12.7	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	< 0.0041
	8	OSWA	1702	1707-Bathroom	REM	9	100	10	12.7	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	< 0.0041
	6	IWA	1715-	1715-Living Room	CT	∞	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	10	IWA	171	1715-Kitchen	CF	2	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	=	IWA	1715	1715-Bedroom 1	ರ	S	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	12	IWA	1707.	1707-Living Room	D C	4	100	10	12.7	10.00	10.00	10.00	1236	1436	120	1200.00	0.0041	< 0.0041
	13	IWA	17:	1797-Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1236	1435	119	1190.00	0.0041	< 0.0041
Total	Blind									1				-				
Samples 14	11		< <enter here<="" number="" sample="" td=""><td></td><td></td><td>2</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter>			2	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041

PCM Analyst:

BKGD CL CL PA GB BYO AMB PREP CU

Samole Tvres

Outside Work Area
Inside Work Area
Inside Work Area
Short Term Exposure Limit
HEPA Ekhasst
Field Blank
Not Analyzed (Overloaded Filter
Not Analyzed (Warier Damased Fil

OSWA IWA P STEL HEPEX FB NA-PF NA-OLF NA-WDE

Matt Rodgers
Project Manager Signature

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

015	dgers	ti)	Fibers /cc		FB AVE	0.0000	0.0057									
9/21/2015	Matt Rodgers	EME	LOQ (f/cc)				0.0041									
Date:	ed By:	ctor:	Vol. (L)				1200.00								Matt Rodgers	Unite
Sample Date:	Collected By:	Contractor:	Clock)	Total			120								Mat	Protest Manager Signature
			Time (24 Hour Clock)	Stop			1230								1	Manage
1478-15005	Ann Arbor, MI	Andy Foerg	Time (Start			1030									Proies
14	Anı	A	(min)	Ave.			10.00									
			Flow Rate (L/min)	Stop			10.00								st:	
lumber	ite / Zip	itact:		Start			10.00								PCM Analyst:	
Project Number:	City / State / Zip:	Project Contact:	Fibers per				17.8								PCN	
		mm2 Pr	Adjusted Fiber Count				14									
Green Baxter	1737 Green	0.00785	Fields		100	100	100									E 0
Green	1737		Fibers		0	0	14								Background Removal	Post Abstement Glovebae Bae Out Ambient Work Site Preo Clean Up
			Activity				CT						į		2	
Project Name:	Project Location:	Area:	Location				1723-Kitchen								BKGD	AMB AMB CU PREP
Enviromental Consulting Solutions	Royal Oak, MI 48073	Microscope Field Area:	7				172							<< Enter Sample Number Here	69	Short Term Exposure Limit HEPA Exhiust Field Blank Not Analyzael / Pump Failure Not Analyzael / Overloaded Filter Not Analyzael / Water Damased Filter
Environ	Royal	nm2	Type		FB	FB	IWA							<< Enter Sa	Sample Types Outside Work Area Inside Work Area	Short Tern Expo HEPA Exhaust Field Blank Not Analyzed / P Not Analyzed / O Not Analyzed / O
	Zip:	385 mm2	Field Sample #				14					Blind	Recount		11 11 1	455
Client Name:	City / State / Zip:	Filter ECA:	Lab Sample #									Total	Samples	14	OSWA IWA	STEL HEPEX FB NA-PF NA-OLF NA-WDF

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

Client Name:	**	Environ	Environmental Consulting Solutions	Project Name:		Gree	Green Baxter		Project Number:	umber:		14	1478-15005		Sample Date:	Date:	9/2	9/22/2015
City / State / Zip:	Zip:	Royal	Royal Oak, MI 48073	Project Location:		173	1737 Green		City / State / Zip:	te / Zip		Ann	Ann Arbor, MI		Collected By:	d By:	Matt	Matt Rodgers
Filter ECA:	385	385 mm2	Microscope Field Area:	d Area:			0,00785	mm2	Project Contact:	itact:		Ar	Andy Foerg		Contractor:	tor:	ш	EME
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per	Flow	Flow Rate (L/min)	nin)	Time (Time (24 Hour Clock)	Jock)	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
	ю	STEL	Tin	Tim Highland	REM	7	100	10	12.7	2.00	2.00	2.00	0800	0830	30	00.09	0.0817	< 0.0817
	4	А	Tin	Tim Highland	REM	6	100	10	12.7	2.00	2.00	2.00	0830	1000	06	180.00	0.0272	< 0.0272
	s	OSWA		Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0.0041	< 0.0041
	9	OSWA	2nd	2nd Floor-Hall	REM	S	100	10	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0,0041	< 0.0041
	7	IWA	1719-	1719-Living Room	J)	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	8	IWA	171	1719-Kitchen	C	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	6	IWA	1719	1719-Bedroom 1	C	9	100	1.0	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
						A												
Total Samples	Blind									Ē								
6	1	< <enter sa<="" td=""><td><<enter here<="" number="" sample="" td=""><td></td><td></td><td>7</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter></td></enter>	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>7</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter>			7	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041

PCM Analyst: Matt Rodgers

> OSWA IWA P STEL HEPEX FB NA-PF NA-PF NA-OLF NA-WDF

Proiect Manager Signature

SAMPLINGLOG AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

1737 Green	Client Name:	Envir	Enviromental Consulting Solutions	Project Name:		Greet	Green Baxter		Project Number:	Number:		147	1478-15005		Sample Date:	ate:	9/23	9/23/2015
Samuel Project Contact Analy Four Research Analy Four Rese	City / State / Zip		ral Oak, MI 48073	Project Location:		173.	7 Green		City / St	ate / Zip		Ann	Arbor, N		ollected	By:	Lance	Lance Hassell
Field Type	Filter ECA:	385 mm2	Microscope Field	Area:			0.00785		Project Co.	ntact:		An	dy Foerg		ontracto	ir.	Ш	EME
FB	-			ocation	Activity	Fibers		Adjusted Fib Count	er Fibers per		, Rate (L/1	nin)	Time (24	Hour Cle		Vol. (L)	LOQ (f/cc)	Fibers /cc
1 FB										Start	Stop	Ave.			Fotal			
2 FB						0	100											FB AVE
S STEL Chris Treglown REM 0.5 100 10 12.7 2.00 2.00 0.800 0.830 3.0 4 P Chris Treglown REMCH 1.5 100 10 12.7 15.00 15.00 10.0 10.0 5 IWA						0	100											0.0000
4 P Chris Treglown REMCO 1.5 100 10 12.7 2.00 2.00 2.00 103 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120 120				; Treglown	REM	0.5	100	10	12.7	2.00	2.00	2.00	-	0830	30	00.09	0.0817	< 0.0817
S IWA 1745-Bathroom CL 6.5 100 10 12.7 15.00 15.00 0950 1110 80			Chris	Treglown	REM/CU	1.5	100	10	12.7	2.00	2.00	2.00				240.00	0.0204	< 0.0204
5 1WA 1745-Kitchen CL 7.5 100 10 12.7 15.00 15.00 0951 1111 80				-Bathroom	5	6.5	100	10	12.7	15.00		15.00		1110		1200.00	0.0041	< 0.0041
7 TWA 1745-Basement CL 6 100 10 12.7 15.00 15.00 15.00 10.5 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112 80 1112				5-Kitchen	CF	7.5	100	10	12.7	15.00		15.00	-	1111		1200.00	0.0041	< 0.0041
Blind				-Basement	CL	9	100	10	12.7	15.00		15.00		1112		1200.00	0.0041	< 0.0041
Blind																		
Blind Recount																		
Blind Recount Remark R																		
Blind Recount																		
Blind Recount Recoun																		
Blind Recount Recount Recount Recount Removed Remove																		
Activity Activity Sample Number Here 6 100 10 12,7 15.00 80		lind																
Sample Tynes		-	Samule Number Here			9	100	10	12.7			15.00			-	1200.00	0.0041	< 0.0041
Sample Tynes	4										2				4			
BNGD		Sample T	Vnes	St. 10 (1)	Activity				00	M Anoly	ŧ					;		
= Not John Peiltre AMB = Amble	OSWA IWA P STEL HEPEX E		rk Area (Area Exposure Limit	BNGD BNGD CE PA PA BNG BNG	пини	Background Removal Clearance Post Abatent Glovebag Bau Out	ent		2	M Alian	2				Lance	Hassell		
= Not Analyzed / Water Damised Filter CU = Clean Ub = Clean Ub	NA-PF NA-OLF NA-WDF		ed / Pump Failure 2d / Overloaded Filter 3d / Water Damaged Filter	AMB PREP CU	и и и	Ambient Work Site P Clean Up	rep						Protect	Ляпарег	Signatur	re.		

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

			Environmental Consuming	Project Name:		Green	Green Baxter		Project Number:	ninoei.		+	14/0-12002	90	Sample Date.			
City / State / Zip:	Zip:	Royal	Royal Oak, MI 48073	Project Location:		1737	1737 Green		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	By:	Lance	Lance Hassell
Filter FCA:		385 mm2	Microscope Field Area:	l Area:			0.00785	mm2 P	Project Contact:	tact:		And	Andy Foerg	ŭ	Contractor:	ü	E	EME
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm²	Flow	Flow Rate (L/min)	uin)	Time (24	Time (24 Hour Clock)		Vol. (L)	LOQ (f/ce)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	m	Ь		A. Ptak	REM	5	100	10	12.7	2.00	2.00	2.00	0800	1615	495	00.066	0.0049	< 0.0049
	4	IWA	170:	1705 Bathroom	REM/CL	8	100	10	12.7	12.00	12.00	12.00	0800	0845	45	540.00	0.0091	< 0.0091
	S	IWA	170	1707 Bathroom	REM/CL	2.5	100	10	12.7	12.00	12.00	12.00	0820	0935	45	540.00	0.0091	< 0.0091
	9	IWA	174.	1743 Bathroom	REM/CL	3.5	100	10	12.7	12.00	12.00	12.00	0940	1025	45	540.00	0.0091	< 0.0091
	7	IWA	174	1745 Bathroom	REM/CL	4	100	10	12.7	12.00	12.00	12.00	1030	1115	45	540.00	0.0091	< 0.0091
	8	IWA	172	1723 Bathroom	REM/CL	2	100	10	12.7	12.00	12.00	12.00	1120	1205	45	540.00	0.0091	< 0.0091
	6	IWA	172	1721 Bathroom	REM/CL	4.5	100	10	12.7	12.00	12.00	12.00	1300	1345	45	540.00	0.0091	< 0.0091
	10	IWA	171	1719 Bathroom	REM/CL	8	100	10	12.7	12.00	12.00	12.00	1350	1435	45	540.00	0.0091	< 0.0091
	=	IWA	171	1715 Bathroom	REM/CL	2.5	100	10	12.7	12.00	12.00	12.00	1440	1525	45	540.00	0.0091	< 0.0091
	12	IWA		1713 Bathroom	REM/CL	4	100	10	12.7	12.00	12.00	12.00	1530	1615	45	540.00	0.0091	< 0.0091
Total	Blind													-				
12		< <enter s<="" td=""><td><<enter here<="" number="" sample="" td=""><td>Ð</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></enter></td></enter>	< <enter here<="" number="" sample="" td=""><td>Ð</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></enter>	Ð														

Lance Hassell PCM Analyst:

> BKGD CL CL CL GB B/0 AMB PREP CU Sannie Tvies
>
> Outside Work Area
> Inside Work Area
> Inside Work Area
> Short Term Exposure Limit
> HEPA Exhaus
> Field Blank
> Not Analyzed (Overloaded Filter
> Not Analyzed (Water Damaged Filter)
> Not Analyzed (Water Damaged Filter) DSWA IWA P STEL HEPEX FB NA-PF NA-OLF NA-WDE

Removal
Clearance
Post Abatement
Glovebae
Bag Out
Ambient
Work Site Prep

Project Manager Signature

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

Client Name:		Environ	Environental Consulting Solutions	Project Name:		Gree	Green Baxter		Project Number:	umber:		14.	1478-15005		Sample Date:	Date:	10/3	10/30/2015
City / State / Zip:	Zip:	Royal	Royal Oak, MI 48073	Project Location:		173	1737 Green		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	d By:	Jef	Jef Fox
Filter ECA:		385 mm2	Microscope Field Area:	d Area:			0.00785	mm2	Project Contact:	tact:		An	Andy Foerg		Contractor:	tor:	Ð	EME
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per	Fibers per mm ²	Flow	Flow Rate (L/min)	nin)	Time (2	Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	1	EB				0	100											FB AVE
	2	FB				0	100											0.0000
	3	STEL	Ma	Marty Stewart	REM	4	100	01	12.7	2.00	2.00	2.00	0914	0944	30	60.00	0.0817	< 0.0817
	4	Ь	Ma	Marty Stewart	REM	17.5	100	17.5	22.3	2.00	2.00	2.00	0944	1300	196	392.00	0.0125	0.0219
	'n	IWA	1717 2nd 1	1717 2nd Floor-Bedrodom 1	D D	4.5	100	10	12.7	10.00	10.00	10.00	1049	1249	120	1200.00	0.0041	< 0.0041
	9	IWA	1717 1st F	1717 1st Floor-Living Room	C	6	100	10	12.7	10.00	10.00	10.00	1051	1251	120	1200.00	0.0041	< 0.0041
	7	IWA	17171s	1717 1st Floor-Kitchen	J	8	100	10	12.7	10.00	10.00	10.00	1053	1253	120	1200.00	0.0041	< 0.0041
	∞	ď	Ma	Marty Stewart	REM	24	100	24	30.6	2.00	2.00	2.00	1300	1545	165	330.00	0.0148	0.0356
	6	D D	1709 2nc	1709 2nd Floor-Bedroom	T C	10	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	10	C	1709 18	1709 1st Floor-Kitchen	CT	7.5	100	10	12.7	10.00	10.00	10.00	1401	1091	120	1200.00	0.0041	< 0.0041
	Ξ	5	170	1709-Basement	5	6.5	100	10	12.7	10.00	10.00	10.00	1403	1603	120	1200.00	0.0041	< 0.0041
Total	Blind									-								
Ξ	П	_	<< Enter Sample Number Here	o.		8.5	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041

PCM Analyst: Jef Fox

		Sample Iypes		9
OSWA	ıı	Outside Work Area	BKGD	
IWA	10	Inside Work Area	REM	
0	ı	Personal	d	
STEL	Ħ	Short Term Exposure Limit	PA	
HEPEX	ij	HEPA Exhaust	8	
FB	ij.	Field Blank	B/O	
NA-PF	11	Not Analyzed / Pump Failure	AMB	
NA-OLF	II	Not Analyzed / Overloaded Filter	PREP	
		and the state of t	210	

	Background	Removal	Clearance	Post Abatement	Glovebag	Bag Out	Ambient	Work Site Prep	Class III
COLUMN	Ħ	ij.	0	R	0	jt.	п	В	Я
	BKGD	REM	T	PA	8	B/O	AMB	PREP	CIT
									Pilters

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

Client Name:		Environ	Environmental Consuming Solutions	Project Name:		Green	Green Baxter		Project Number:	umber:		147	1478-15005		Sample Date:	Date:	11/2	11/2/2015
City / State / Zip:	Zip:	Royal	Royal Oak, MI 48073	Project Location:		1737	1737 Green		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	d By:	Jef	Jef Fox
Filter ECA:	385 mm2	nm2	Microscope Field Area:	l Area:			0,00785	mm2	Project Contact:	tact:		An	Andy Foerg		Contractor:	tor:	П	EME
Lab Sample #	Field Sample #	Туре		Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow	Flow Rate (L/min)	(uin	Time (2	Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100											FB AVE
	7	FB				0	100											0.0000
	m	STEL	Ker	Ken Wayland	REM	2.5	100	10	12.7	2.00	2.00	2.00	0850	0350	30	00.09	0.0817	< 0.0817
	4	Ь	Keı	Ken Wayland	REM	17	100	17	21.7	2.00	2.00	2.00	0920	1245	205	410.00	0.0120	0.0203
	8	IWA	1747 2nd	1747 2nd Floor-Bedroom 1	CL	80	100	10	12.7	10.00	10.00	10.00	1045	1245	120	1200.00	0.0041	< 0.0041
	9	IWA	1747 1s	1747 1st Floor-Kitchen	D D	4	100	10	12.7	10.00	10.00	10.00	1047	1247	120	1200.00	0.0041	< 0.0041
	7	IWA	174	1747-Basement	CT	7.5	100	10	12.7	10.00	10.00	10.00	1051	1251	120	1200.00	0.0041	< 0.0041
	8	Б	Ke	Ken Wayland	REM	15.5	100	15.5	19.7	2,00	2.00	2.00	1305	1505	120	240.00	0.0204	0.0316
	6	IWA	1741 2nd	1741 2nd Floor-Bedroom 1	CT	4.5	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	10	IWA	1741 1st F	1741 1st Floor-Living Room	CT	9	100	10	12.7	10.00	10.00	10.00	1401	1601	120	1200.00	0.0041	< 0.0041
	111	IWA	1741 1s	1741 1st Floor-Kitchen	J	5.5	100	10	12.7	10.00	10.00	10.00	1403	1603	120	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount													1				
11	10	< <enter sa<="" td=""><td><< Enter Sample Number Here</td><td></td><td></td><td>7</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter>	<< Enter Sample Number Here			7	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041

PCM Analyst:

JefFox

Protect Manager Stønahtre

Removal
Clearance
Post Abatement
Glovebar
Base Out
Ambient
Work Site Prep

BKGD PA AMB PREP CU

Sample Tvores

Outside Work Area
Iniside Work Area
Iniside Work Area
Short Torm Exposure Limit
HEPA Exhaust
Field Blank
Not Analyzed (Averloaded Filter
Not Analyzed (Water Danaged Filter
Not Analyzed (Water Danaged Filter

OSWA IWA P STEL HEPEX FB NA-PF NA-OLF NA-WDF

SAMPLINGLOG AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

Client Name:		Environ	Environmental Consulting Solutions	Project Name:		Gree	Green Baxter		Project Number:	Number		14	1478-15005		Sample Date:	Date:	11/3	11/3/2015
City / State / Zip:	Zip:	Royal	Royal Oak, MI 48073	Project Location:		173	1737 Green		City / State / Zip:	ate / Zip		Ann	Ann Arbor, MI		Collected By:	d By:	Jef	Jef Fox
Filter ECA:	385 mm2	nm2	Microscope Field Area:	l Area:			0,00785	mm2	Project Contact:	ntact:		An	Andy Foerg		Contractor:	tor:	H	EME
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per		Flow Rate (L/min)	min)	Time (3	Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100							П				0.0000
	ю	STEL	Ker	Ken Wayland	REM	12	100	12	15.3	2.00	2.00	2.00	0835	9060	30	60.00	0.0817	0.0980
	4	Ъ	Ker	Ken Wayland	REM	35	100	35	44.6	2.00	2.00	2.00	5060	1130	145	290.00	0.0169	0.0591
	'n	IWA	1739 2nd	1739 2nd Floor-Bedroom 1	CL	2	100	10	12.7	10.00	10.00	10.00	0935	1135	120	1200.00	0.0041	< 0.0041
	9	IWA	1739 181	1739 1st Floor-Kitchen	CL	1.5	100	10	12.7	10.00	10.00	10.00	0937	1137	120	1200.00	0.0041	< 0.0041
	7	IWA	1739	1739-Basement	CL	9	100	10	12.7	10.00	10.00	10.00	0939	1139	120	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount									Г								
7	7	<< Enter Sa	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>7.5</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>120</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter>			7.5	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041

JefFox	pnature
-	Project Manager Si
PCM Analyst:	

BKGD REM CL CL PA GB B/0 AMB PREP CU

Samule Trues
Outside Work Area
Inside Work Area
Short Term Exposure Limit
HEP A Exhaust
Field Blank
Not Analyzed / Purp Fallure
Not Analyzed / Water Damased Filter

OSWA IWA P STEL HEPEX FB NA-PF NA-OLF NA-OLF

AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

SAMPLINGLOG

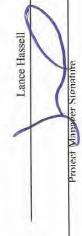
Project Location: 1737 Green City / State / Zip: And Arbor, MI Collected and Arcais Mainted and Arcais	Client Name:	Env	Environental Consulting Solutions	Project Name:		Gree	Green Baxter		Project Number:	umber:		147	1478-15005		Sample Date:)ate:	12/2	12/2/2015
Field Type Microscope Field Area: Sample Field Area: Sample Field Area: Sample Field Area: Sample Field Area: Sample Field Area: Sample Field Area: Sample	City / State / Zip		yal Oak, MI 48073	Project Location:		173	7 Green		City / Sta	te / Zip:		Ann	Arbor, 1		Ollected	l By:	Lance	Lance Hassell
Field Type	Filter ECA:	385 mm2	Microscope Fie	ld Area:			0.00785	mm2	oject Con	tact:		An	dy Foerg		ontract	or:	Ξ	EME
FB FB FB FB FB FB FB FB			· ·	Location	Activity		Fields	Adjusted Fiber Count	Fibers per mm ²	Flow	Rate (L/t	nin)	Time (2	4 Hour C	(ock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
FB FB										Start	Stop	Ave.	Start	Stop	Total			
STEL Marry Stewart REM 0.5 100 10. 12.7 2.00 2.00 0800 30 30 30 30 30 30		1 EB				0	100											FB AVE
3 STEL Marty Stewart REM 0.5 100 10 12.7 2.00 2.00 2.00 0.50 30 4 P Marty Stewart REM 4.5 100 10 12.7 2.00 2.00 2.00 1245 225 5 IWA 1701 Kitchen CL 6 100 10 12.7 13.00 13.00 13.00 13.05 13.0 13.05 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>100</td> <td></td> <td>0.0000</td>						0	100											0.0000
4 P Marty Stewart REM 4.5 100 10 12.7 2.00 2.00 2.00 1245 225 5 IWA 1701 Kitchen CL 6 100 10 12.7 13.00 13.00 13.00 13.00 1233 93 7 IWA 1703 Kitchen CL 7 100 10 12.7 13.00 13.00 13.01 13.8 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 13.45 1418 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 13.45 1418 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 13.45 1419 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00				arty Stewart	REM	0.5	100	10	12.7	2.00	2.00	2.00	0830	0060	30	00.09	0.0817	< 0.0817
5 TWA 1701 Kitchen CL 6 100 10 12.7 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00				arty Stewart	REM	4.5	100	10	12.7	2.00	2.00	2.00	0060	1245	225	450.00	0.0109	< 0.0109
6 IWA 1701 Bedroom CL 7 100 10 12.7 13.00 13.00 13.00 13.05 193 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 13.00 13.05 13.05 93 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13.05 13				701 Kitchen	C	9	100	10	12.7	13.00	13.00	13.00	1100	1233	93	1209.00	0.0041	< 0.0041
7 IWA 1703 Kitchen CL 6 100 10 12.7 13.00 13.00 1245 1418 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 1246 1419 93 Blind Recount				01 Bedroom	CT	7	100	10	12.7	13.00	13.00	13.00	1102	1235	93	1209.00	0.0041	< 0.0041
8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 1246 1419 93 8 IWA 1703 Bedroom CL 7 100 10 12.7 13.00 13.00 12.46 1419 93 8 IMA				703 Kitchen	CL	9	100	10	12.7	13.00	13.00	13.00	1245	1418	93	1209.00	0.0041	< 0.0041
Blind Recount				03 Bedroom	ਹੋ	7	100	10	12.7	13.00	13.00	13.00	1246	1419	93	1209.00	0.0041	< 0.0041
Blind Recount																		
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TINDONN INDONN		Slind																
100 10 12.7 13.00			er Sample Number Her	ē		7	100	10	12.7			13.00			93	1209.00	0.0041	< 0.0041

/	
PCM Analyst:	

BRGD PREM PREP CU

Samule Tynes
Outside Work Area
Inisde Work Area
Short Term Exposure Limit
HEPA Echtust
Field Blank
Not Analyzed (Overloaded Filter
Not Analyzed (Water Damased Fil

OSWA IWA P STEL HEPEX FB NA-PF NA-OLF NA-WDE



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

Charle C	Client Name:	ë	Environ	Environmental Consulting Solutions	Project Name:		Gree	Green Baxter		Project Number:	umber:		147	1478-15005		Sample Date:	ate:	12/3	12/3/2016
Signature Microscope Field Arct: Start Signature Accision Accision Accision Fibra Fibr	City / State	/Zip:	Royal	Oak, MI 48073	Project Location:		173	7 Green		City / Sta	te / Zip:		Ann /	Arbor, N		ollected	By:	Lance	Hassell
Fig.	Filter ECA:		mm2	Microscope Field	Area:			0.00785	mm2	Project Con	tact:		Anc	ly Foerg		ontracte	::	ī	ME
FB FB FB FB FB FB FB FB	Lab Sample #			1	ocation	Activity			Adjusted Fibe Count	er Fibers per mm²		Rate (L/n	nin)	Time (24	Hour Clc		Vol. (L)	LOQ (f/cc)	Fibers /cc
1 FB											Start	Stop				Fotal			
1		-	FB				0	100											FB AVE
3		2	FB				0	100											0.0000
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Alex Assistant Assessed Assess	OSWA IWA P P STEL HEPEX FB NA-PF NA-PF		Outside Work Ar Inside Work Ar Personal Short Term Ext HEPA Exhaust Field Blank Not Analyzed	Area va ossure Limit Punn Failure Overloaded Filter	BKGD REM REM PA PA GB BN AMB AMB		Backgroun Removal Clearance Post Abater Glovebae Bac Out Ambient Work Site I	d ment Prep		2	M Analy	SI SI		Project N	danager	Lance	Hassell		

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PCM Analyst:	

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

City / State / Zip: Filter ECA: 385 1 Lab Sample # Sample #	Royal	Solutions															
		Royal Oak, MI 48073	Project Location:		1737	1737 Green		City / State / Zip:	te / Zip:		Ann,	Ann Arbor, MI		Collected By:	3y:	Matt R	Matt Rodgers
Samp	385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	tact:		Anc	Andy Foerg		Contractor:	Ľ	EN	EME
	Type	1		Activity	Fibers	Fields A	Adjusted Fiber Fibers per Count mm ²	Fibers per	Flow	Flow Rate (L/min)	(uin	Time (2	Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc
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4	OSWA	Community Cer	Community Center 1st Floor-Kitchen	REM	т	100	10	12.7	10.00	10.00	10.00	1300	1400	09	00.009	0.0082	< 0.0082
2	OSWA	Community C	Community Center 2nd Floor-Hall	REM	60	100	10	12.7	10.00	10.00	10.00	1300	1400	09	00.009	0.0082	< 0.0082
9	IWA	Community (Community Center Living Room	CT	10	100	10	12.7	10.00	10.00	10.00	1406	1606	120 1	1200.00	0.0041	< 0.0041
7	IWA	Community (Community Center Living Room	ਰ	∞	100	10	12.7	10.00	10.00	10.00	1406	1606	120 1	1200.00	0.0041	< 0.0041
∞	IWA	Community Cen	Community Center 2nd Floor-Bathroom	CL	∞	100	10	12.7	10.00	10.00	10.00	1406	9091	120 1	1200.00	0.0041	< 0.0041
6	IWA	Community Cen	Community Center 2nd Floor-Bathroom	CL	&	100	10	12.7	10.00	10,00	10.00	1406	1606	120 1	1200.00	0.0041	< 0.0041
Total Blind	4								r				_				
		< <enter here<="" number="" sample="" td=""><td>(e)</td><td></td><td>8</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>09</td><td>00.009</td><td>0.0082</td><td>< 0.0082</td></enter>	(e)		8	100	10	12.7			10.00			09	00.009	0.0082	< 0.0082

Matt Rodgers

PCM Analyst:

REM REM CL PA GB B/O AMB PREP CU

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Outside Work Area
Inside Work Area
Personal
Short Term Exposure Limit
Field Blank
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OSWA IWA P STEL HEPEX HEPEX FB NA-PF NA-OLF NA-WDF

Protect Manager Stonature



Appendix B

Daily Paperwork

ALAERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 6-29-15 Start Tin	ne: 0730 AEC Representative: M. Rodgers
Site Maine: Green BAKH	
Site's Full Address: 1737	Green Rd. Ann Arbor, MI
	Inits 1721 AND 1713
Contaminant(s) of Concern:	SBESTOS
Abatement/Remediation Contra	
	ctor Foreman/Supervisor: Andrew Ptale
The Callerine negrotive meavis	des a daily account of the activities performed during the work shift that apply and include any additional information in the spaces provided
Scope of work	
Full abatement No work performed	Patch and repair Clean up Set up
Work area	
No set up autivit	
if set up or abatement was previously of the lifthough the set of the lifthough the li	completed are all controls intact and properly working: 🗗 es 🗍 No
Set vip:	
Serup: N/A	Moving in of equipment and supplies Set up of poly walls
XYes INO IN/A	Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant
Yes No NA	Isolation of HVAC system and shutdown
Yes No N/A	All points of potential fiber release sealed (doors, windows, etc.) Water available
Yes UNO UNA Yes UNO UNA	Containment sealed with no breaches
Yes No NA	Negative pressure established
□Yes □No □N/A	Set up of decontamination unit
□Yes □No □N'A	(Airlocks, water filtration, 3 chambers wishower, negative air, signs) Other:

Containament: Yes Yes Yes Yes Yes Yes Yes Yes Yes		N/A N/A	Se Si H' Al W Co Ne De (A	VAC system shutd Il points of potention ater available in containment sealed egative pressure es econtamination uni	p cloths be labeled with lown and isolated al fiber release containment with no bread tablished it Atta	se sealed (doors, window 5, #\$0
Glovebags: Yes Yes Yes Yes Yes	No No No No No No No	N/A N/A	Dr Sig HV Gl	op cloths gns and barrier tap	e labeled wit own and isola	h appropriate contaminant ated water and negative air
Clean up: Yes Yes Yes Yes Yes Please describe a	N/A No No No No No ony other	□N/A □N/A □N/A □N/A work area	We We Otl	EPA vacuums utili: et methods utilized ork area demarcate her: that exist not outili	ed and isolate	d from general traffic
Please list the co	กาสกปาสก	nediction a	activities cor			remediation activities conducted and the quantity removed from each area Quantity:
Were wet method	is utilized	for the re	Dryws	3	∑ ∆ r es	

Please provide a brief	description of meth	ods used to remove the contaminant thand tools, inachine, needle guns, etc.
		The state of the s
Please provide an expl		ial circumstances concerning abatement or remediation activities.
Clean up/close o	ut activities	
Yes No Yes No Yes No Yes No Yes No Yes No	0	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)
□Yes □No		Other:
☐ No waste generated Number of bags, drums, ☐ Lined dumpster on si ☑ Disposal by contracto ☐ Designated storage at ☐ Material double bagg ☑ Material labeled with	, or dumpaters utilizate or off site rea on site (other that ted, fiber drums appropriate labels	ed during shift:
Personal protection Are workers performing If no, please ex	activities in which	personal protective equipment is required: 🔀Yes 🗆 No
Full face neg	check all that apply) gafive pressure air p gafive pressure air pu ssure air purifying re	urifying respirator urifying respirator

Other personal protective equipment (check all that apply) Disposable clothing Washable clothing	S Boots Gloves
✓ Hoods ✓ Safety glasses Other:	☑Flard hats ☐Safety harnesses, lanyards, the offs
Please list any other equipment utilized by workers and/or o	the safety precautions taken: N A
Consultant activities	
Contaminant(s): AS BESTOS	
Were the air monitoring samples analyzed: on site XI taken	to laboratory or office
Time and date dropped off:	
Turn around time indicated on the Please attach copy of cha	e chain of custody:
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminal	int identified in the sampling:
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for a	pplicable standards:
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section Other:	on below)
Were there any other construction activities, carpeting, high to area or adjacent areas that bould affect the sample results (be	raffic areas or increased dust concentrations in the work specifics: 1 A
Personal sampling Note: OSHA requires that at least 25% of the work for Criteria for worker selection: Only worker performing task Workers performing same tasks I worker samples-Represents worst case 2 or more workers sampled- Represents v	scenario worst case scenario
there workers below the OSHA TWA for the contain If no, please explain	ninant(s) sampled:

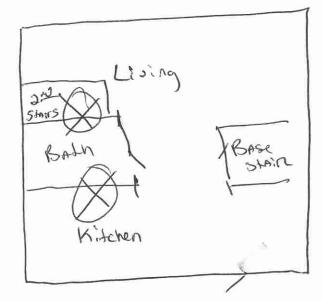
Liearance sampting	William Weeker F
Before clearance sampling the following crite	nto AAUSTA be met:
ZAII surfaces HEPA vacuumed	
ZAII surfaces wet cleaned	
ZVisual inspection conducted	
ZNo dust/debris observed	
Work area locked down	
Was work area inspected and found clean and	free of any contaminated debris: Vies No
If no, please explain	
mac, prease expirem	
Did work area pass applicable clearance stand	ards: Zives Likh
Applicable Standard	
ZEPA PCM Clearance Gui	ideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
TEPA TEM Clearance Gui	ideline of 70 S/mm ² , utilizing 40 CRF 753 Subpart E Appendix
A protocol	· ·
Other:	
[] Cycline 1	
THE	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
Martin Stemast	A-45497
Al in Steam of the state of the	A. 36314
Martin Stewart Chris treglown	T 36311
Assertion to the second	
	And 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DN/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 repur-NA All information contained in this report is complete and accurate to the best of my knowledge; Submitted By: This section is reserved for any additional comments by the reviewer: U(EF FOX Technical Review By: Printed Ivame Signature

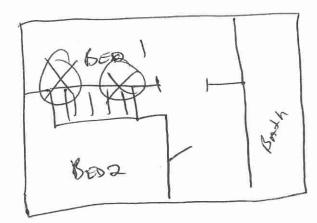
Onsite visit of government officials



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IN Floor



GLEEN BEXTER

Ann ARboa, MI

Not to Scale

6-27-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 6-30-15 Start Time: 0730 AEC Representative: M. Rodges
Site Mame: Green BAXTERS
Site's Full Address: 1737 Green Ann Anbox, MI
Work Areas (Be Specific): Unit 1723-1793 -1713
Contaminant(s) of Concern: As 65550S
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor. Anone Plak
The following narrative provides a daily account of the activities performed during the work shi Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Wull abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
fises up or abatement was previously completed are all controls intact and properly working: Tes No If no, please explain
Service Thy/A
Moving in of equipment and supplies: Yes
Tives Tine Tin's Others

Ontenment Yes Yes Yes Yes Yes Yes Yes Ye		N/A	HVAC system shutdown a All points of potential fibe Water available in contain Containment sealed with a Negative pressure establis Decontamination unit	ths eled with appropriate contaminant and isolated er release sealed (doors, windows, etc.) ment no breaches
			Other:	
Glovebags: Yes Yes Yes Yes Yes Yes	N/A No No No No No No	□N/A □N/A □N/A □N/A	HVAC system shutdown a	sled with appropriate contaminant and isolated ended water and negative air
Clean up: Yes Yes Yes Yes Yes	N/A No No No	□N/A □N/A □N/A □N/A	Other:	
Please describe a	ny other	work area	conditions that exist not outlined at	36IVE
∆batemant/r				w st_nat_grav_argates (M are consended and seeding of
				tement/remediation activities conducted
Please list the con	aaninani			oved and the quantity removed from each tree
ASBESSOS			Drywell Systems	Quantity:
Were wet method If no, ple			moval of the contaminant:	Aves [No

Dec 6-30-15

			escription of	methods used to remove the contuminant thand tools, machine, needle guns, s 214	
Please provide an explanation of any special circumstances concerning abatement or remediation activities \mathcal{N}					
lea	Yes Yes Yes Yes Yes Yes	□ No	N/A N/A N/A N/A N/A N/A N/A N/A	Abatement/remediation being conducted Gross clean up and material bagging Bag out activities All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination Final cleaning after all abatement is complete Final lockdown Project teardown (after all clearances and inspections pass applicable standards) Other:	
Lack	∏Yes ∵a komel		∐N/A d dispesa		
No v imbo Line Disp Desi Mate Mate	waste gen r of bags, d dumpst osal by c gnated st grial doub rial label rial wette te general	erated drums, offer on site ontractor orage area the bagged ad with a	r dumpsters off site a on site (oth I, fiber drum ppropriate la	utilized during shift:er than dumpster): describe:er than dumpster):	
130	<u>nal Dro</u> kers perf		equipme stivities in w	hich personal protective equipment is required: Yes No	
pirat	Half i Full f Positi	face nega ace negat	ive pressure re air purifyi	oply); air purifying respirator air purifying respirator ng respirator	

Other personal protective equipment (check all that apply) Disposable clothing	: ☑Boots
Washable clothing	Gloves
☐Hoods	Flard hats
Safety glasses	Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or	
N/#	
Consultant activities	
Contaminant(s): ASBESTOS	
Were the air monitoring samples analyzed: on site [], take	n to laboratory or office.
If taken to the laboratory, Name of Laboratory:	
Time and date dropped off:	
Turn around time indicated on the Please attach copy of ch	e chain of custody:
Flease attach copy of ci	an or custody
Types of air monitoring performed (check all that apply): Baseline air samples	
Was any significant level of the contamina	
If yes, please explain:	
Set up samples Work area samples	
Were samples below allowable levels for a	applicable standards: Yes No
If no, please explain:	
Ambient air samples	
Clearance samples (see clearance sampling section	on below)
Personal samples (see personal sampling section Other:	
Were there any other construction activities, carpeting, high	raffic areas or increased dust concentrations in the work
area or adjacent areas that could affect the sample results (be	specific):
	N P
Personal sampling	
Note: OSHA requires that at least 25% of the work I	orce 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 contact If no, please explain	

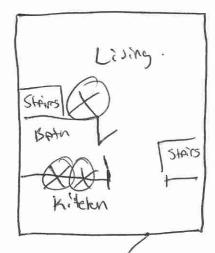
Clearance sampling Before clearance sampling the following of All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down	
Was work area inspected and found clean If no. please explain	and free of any contaminated debris: 🗷 Yes 🔲 No
A protocol Other:	andards:
Abatement Personnel Roster Name:	SSN or State Card Number:
Andrew Plake Christregown Martin Stewart	A 36314
MARJAN Stewart	A-45497
and the second s	
	See Marie Control of the Control of

Onsite visit of government officials N/A Name of Person(s):_ Employer/Department:_ Time on and off site:_ Stated reason for visit:_ Please one the following section to note may comments or additional information not described in this reper-NA All information contained in this report is complete and accurate to the best of my knowledge: Printed Name Submitted By: Signature This section is reserved for any additional comments by the reviewer: JEF FOX Technical Review Sy: Printed Name

Signature

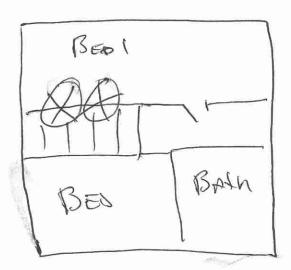
Date

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AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9-21-15 Start T	ime: 0)30	AEC Representative:_	M. Rodges
Site Name: Green BAY			
Site's Full Address:	GREN BAXL	a Coul An	hopen he
Work Areas (Be Specific):	1715 - 170	7	-
Contaminant(s) of Concern:	ASBESTOS		
Abatement/Remediation Contr	actor: EME	* * * * * * * * * * * * * * * * * * * *	, P
Abatement/Remediation Contra	actor Foreman/Superv	isor: An Drew	Phole
The following narrative provi Note: Please check all boxes	des a daily account of that apply and include any	he activities performed of additional information in the	during the work shift e spaces provided
Scope of work	4	300	
Full abatement [No work performed	Patch and repair	Clean up	☐Set up
Work area			
Work area setup activities perfor		up previously completed [Abatement currently taking	
f set up or abatement was previously confirmed in figure in figure in figure from the first first from the firs	ompleted are all controls in		Yes No
N/A Yes	Isolation of HVAC sys	op cloths rier tape labeled with approperent and shutdown fiber release sealed (doors, we then breaches	indows, etc.)
□Yes □No □N/A	(Airlocks, water filtration Other:	on, 3 chambers w/shower, ne	

Date: 9-21-11

Containment: N/A Yes No N/A Yes No N/A	Sealed poly walls and ceilings Sealed floor and drop cloths
Yes No N/A Yes No N/A	Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated
☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A	All points of potential fiber release sealed (doors, windows, etc.) Water available in containment
☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A	Containment sealed with no breaches Negative pressure established
Yes No N/A	Decontamination unit
	Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
☐Yes ☐No ☐N/A	Other:
Glovebags: N/A	
□Yes □No □N/A □Yes □No □N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant
Yes No N/A	HVAC system shutdown and isolated
□Yes □No □N/A □Yes □No □N/A	Glovebags sealed with amended water and negative air Other:
Clean up: / N/A	
Yes No N/A	HEPA vacuums utilized
□Yes □No □N/A □Yes □No □N/A	Wet methods utilized Work area demarcated and isolated from general traffic
□Yes □No □N/A	Other:
Please describe any other work area co	nditions that exist not outlined above:
-	NA
Abatement/remediation activ	vition.
Abatement/remediation acti	/ILLES
Abatement/remediation activ	rities conducted No abatement/remediation activities conducted
Please list the contaminant removed, the	e location from which it was removed and the quantity removed from each area
Contaminant: Loc	ation: Quantity: 40
ASBESTOS DA	ywall Sys. 40
	
	. 0
Were wet methods utilized for the remov	al of the contaminant:
If no, please explain	

Date: 9-21-15

Please provide an explanation of any s	special circumstances concerning abatement or remediation activities:
Se	
Clean up/close out activities	
Yes No N/A Yes No N/A	Abatement/remediation being conducted Gross clean up and material bagging Bag out activities
Yes No N/A Yes No N/A Yes No N/A	All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination Final cleaning after all abatement is complete
Yes No N/A Yes No N/A	Final lockdown Project teardown (after all clearances and inspections pass applicable standards) Other:
☐Yes ☐No ☐N/A Vaste handling and disposal	Other:
No waste generated	
umber of bags, drums, or dumpsters uti Lined dumpster on site Disposal by contractor off site	Hized during shift:
Designated storage area on site (other Material double bagged, fiber drums	
Material labeled with appropriate labe Material wetted Waste generated was disposed of on si Other:	
ersonal protective equipmen	A. L.
	sh personal protective equipment is required: Yes No
spiratory protection (check all that appl	у):
Half face negative pressure air	musif de a experiente

Date: 9-21-15

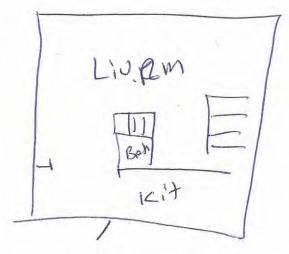
Other personal protective equipment (check all that apply): Disposable clothing Washable clothing	Boots Ofloves
Hoods	Hard hats
Safety glasses	Safety harnesses, lanyards, tie offs
Other:	
Please list any other equipment utilized by workers and/or ot	
N/B	
Community of the state of the s	
Consultant activities	
Contaminant(s): AS BESTOS	1175-15
Were the air monitoring samples analyzed: on site, taken t	o laboratory ., or office.
If taken to the laboratory, Name of Laboratory:	
Time and date dropped off:	
Turn around time indicated on the	
Please attach copy of chair	1 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:
If yes, please explain:	
Set up samples Work area samples Were samples below allowable levels for app	
If no, please explain:	
Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section be	
Other:	
Were there any other construction activities, carpeting, high traf rea or adjacent areas that could affect the sample results (be sp	fic areas or increased dust concentrations in the work ecific):
	,
ersonal sampling Note: OSHA requires that at least 25% of the work forc	e performing a specific task be monitored
Criteria for worker selection: Only worker performing task	
	the control of the co
1 worker samples-Represents worst case see 2 or more workers sampled-Represents wor	nario est case scenario
	_/ _
Were workers below the OSHA TWA for the contamina If no, please explain	ant(s) sampled: Ves No

Opsite visit of government officials

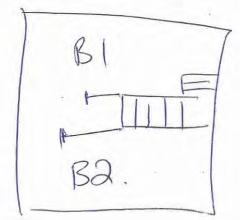
$\square N \land A$	
Mame of I	Person(s):
Employer	Department:
	nd off site:
	son for visit:
Please use the folio	wing section to note any comments or additional information not described in this requirements \mathcal{N}/\mathcal{A}

Submitted By:	ined in this report is complete and accurate to the best of my knowledge: MAH RodgeS Printed Name Signature
This section is reserve	d for any additional comments by the reviewer:
	N/P
Facimical Review Sy:	JEF FOX
	Printed Name
	Signature
	16.14
	1/4/16





DW FR



AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9-22-15 Start	Time: 0730 AEC Representative: M. Rodgy
Site Name: Green	BAY FOR
Site's Full Address:	Gren BAXLE Ann Aspor M
Work Areas (Be Specific):_	1719
Contaminant(s) of Concern:	ASBESTOS
Abatement/Remediation Co	ntractor: EME
Abatement/Remediation Cor	ntractor Foreman/Supervisor: An over Phale
The following narrative pr	ovides a daily account of the activities performed during the work shift exes that apply and include any additional information in the spaces provided
cope of work	
Full abatement No work perform	Patch and repair Clean up Set up
Vork area	
☐No set up act	ly completed are all controls intact and properly working:
If no, please explain	
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
☐Yes ☐No ☐N/A	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:

Date: 9-22-15

Containment: N/A Yes No Yes Yes No Yes Y	N/A HVAC system s N/A All points of po N/A Water available N/A Containment sea N/A Negative pressu N/A Decontamination Remote (Airlocks, water	d drop cloths er tape labeled with appropriate contaminant shutdown and isolated tential fiber release sealed (doors, windows, etc.) in containment aled with no breaches re established n unit
□Yes □No [_N/A Other:	
	N/A HVAC system sl	r tape labeled with appropriate contaminant nutdown and isolated d with amended water and negative air
Yes No DYes No DYes No DYes]N/A Other:	ized cated and isolated from general traffic
Please describe any other wo	rk area conditions that exist not or	utlined above:
	^	710
-	ation activities conducted	No abatement/remediation activities conducted was removed and the quantity removed from each area Quantity: 20
Were wet methods utilized for If no, please explain_	the removal of the contaminant:	Fes □No

Date: 9-22-15

lease provide a brief description of n	nethods used to remove the contaminant (hand tools, machine, needle guns,
lease provide an explanation of any s	pecial circumstances concerning abatement or remediation activities:
	NIP
	The second secon
lean 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 All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes No NA	Final cleaning after all abatement is complete
Tyes No NA	Final lockdown Project teardown (after all clearances and inspections pass applicable
Yes No N/A	standards)
☐Yes ☐No ☐N/A	Other:
aste handling and disposal	
No waste generated	
mber of bags, drums, or dumpsters ut	tilized during shift:
Lined dumpster on site Disposal by contractor off site	
Designated storage area on site (other	r than dumpster); describe:
Material double bagged, fiber drums	
Material labeled with appropriate laborate	els
Material wetted Waste generated was disposed of on s	site as general construction debris
Other:	
	×
rsonal protective equipmen	<u>AT</u>
	ich personal protective equipment is required: Yes No
workers performing activities in will	teli personai proteetive equipmon e e que
11 no, prease exprens	
piratory protection (check all that app	oly):
Half face negative pressure a	ir purifying respirator
Full face negative pressure ai	a respirator
I POSITIVE DIESSUIE all pulliym	D. Tall

Date: 9-22-5

Other personal protective equipment (check all that Disposable clothing Washable clothing	Boots Gloves
□Hoods □Safety glasses □Other:	☐Hard hats ☐Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers a	nd/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	
	on the chain of custody:
Types of air monitoring performed (check all that appl Baseline air samples Was any significant level of the cont	
If yes, please explain: Set up samples Work area samples Were samples below allowable level	. /
If no, please explain: Ambient air samples Clearance samples (see clearance sampling Personal samples (see personal sampling se	section below)
Were there any other construction activities, carpeting, rea or adjacent areas that could affect the sample result	high traffic areas or increased dust concentrations in the work ts (be specific):
ersonal sampling Note: OSHA requires that at least 25% of the w Criteria for worker selection: Only worker performing task Workers performing same tasks I worker samples-Represents worst I or more workers sampled-Repres	vork force performing a specific task be monitored case scenario ents worst case scenario
Were workers below the OSHA TWA for the co	ontaminant(s) sampled: Tes No

Onsite visit of government officials

□N/A	
Name of Pe	erson(s):
	Department:
Time on an	d off site:
Stated reason	on for visit:
·	
Please use the folion	ring section to note any comments or additional information not described in this report. $\mathcal{N}/oldsymbol{eta}$
	N/A
16-15	
Submitted By:	ined in this report is complete and accurate to the best of my knowledge: MAH Rodges Printed Name Signature
This section is reserved	d for any additional comments by the reviewer:
Time equipment to recorre	NP
	JEF FOX
Technical Review Sy:	Printed Ivame
	Signature
	1/2/16
	Park The Text In

AEC Site Map 135 200 LiJ. BI B2 NO+ to all Gren Baxtre. An Arbon. 9-22-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9/23/K Start Tin	ne: 0700	AEC Representative: L	ance Hassell
Site Name: Green Ba	xter		
Site's Full Address: 173	7 Green, 7	Ann Arbor, MI	48105
Site's Full Address: 173 -	1745	Bath/Bedroom, Ki	tchen, Baseness
Contaminant(s) of Concern:	Asbestos		
Abatement/Remediation Contra	ector: EME		
Abatement/Remediation Contra		ervisor: Andrew Pta	k
The following narrative provi	des a daily account		during the work shift
Scope of work			
Full abatement [No work performed	Patch and repair	Clean up	Set up
Work area			
☐ Work area setup activities perfor☐ No set up activities		a setup previously completed Abatement currently takir	Abatement complete
f set up or abatement was previously of If no, please explain	completed are all contro	ols intact and properly working:	□Yes □No
N/A Yes No N/A	Set up of poly w Set up of floor at Set up of signs a Isolation of HVA All points of pot Water available Containment sea Negative pressur Set up of deconta	nd drop cloths and barrier tape labeled with appr AC system and shutdown tential fiber release sealed (doors aled with no breaches are established	, windows, etc.)

Date: 9/23/15

No	N/A HVAC system shutdown and All points of potential fiber re N/A Water available in containme N/A Containment sealed with no b N/A N/A N/A Decontamination unit	I with appropriate contaminant isolated elease sealed (doors, windows, etc.) nt
Yes No Yes No Yes No Yes No Yes No Yes	N/A Drop cloths N/A Signs and barrier tape labeled N/A HVAC system shutdown and N/A Glovebags sealed with amend Other:	with appropriate contaminant isolated led water and negative air
Yes No In	N/A HEPA vacuums utilized N/A Wet methods utilized N/A Work area demarcated and isc N/A Other:	
		nent/remediation activities conducted ed and the quantity removed from each area Quantity:
Were wet methods utilized for If no, please explain_	the removal of the contaminant:	Ves □No

Date: 9/23/15

ease provide an explanation of any s	special circumstances concerning abatement or remediation activities:
(
lean up/close out activities	
The Day Day	Abatement/remediation being conducted Gross clean up and material bagging
Yes No N/A	Bag out activities
Øyes □No □N/A Øyes □No □N/A	All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination
Zyes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Final lockdown Project teardown (after all clearances and inspections pass applicable
□Yes □No □N/A	standards) Other:
aste handling and disposa	<u>all</u>
No waste generated	
mber of bags, drums, or dumpsters in the dumpster on site	utilized during shift:
Disposal by contractor off site	
Designated storage area on site (oth Vaterial double bagged, fiber drums	er than dumpster); describe:s
Material labeled with appropriate la	bels
	site as general construction debris
Material wetted Waste generated was disposed of on	
Waste generated was disposed of on	
Waste generated was disposed of on Other:	ent
Waste generated was disposed of on Other:rsonal protective equipme	
Waste generated was disposed of on Other:rsonal protective equipme	ent which personal protective equipment is required: Yes No

Date: 9/23/15

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing
☐ Hoods ☐ Hard hats ☐ Safety glasses ☐ Safety harnesses, lanyards, tie offs ☐ Other:
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): ACM Joint Compound and 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:
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: 9/2 3/15

Clearance sampling	
Before clearance sampling the following criteri	a MUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	<i>y</i> .
was a solution of the con-	
Was work area inspected and found clean and fi	ree of any contaminated debris: 🗹Yes 🔲 No
If no, please explain	
Did to the state of	
Did work area pass applicable clearance standar	rds: Yes No
Applicable Standard	
PEPA PCM Clearance Guid	eline of 0.01 f/cc, utilizing NIOSH 7400 protocol
☐ EPA TEM Clearance Guid	eline of 0.01 f/cc, utilizing NIOSH 7400 protocol eline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
A T _ 4	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
A i A .	A
HONCE STANK	A25587
Thur co I Can	110001
Chais Isralown	436314
10 -11- 51)	11-1197
Marcin Stewart	17571
	The state of the s
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	Water the second of the second

Onsite visit of g	overnment officials
DA/A	
	son(s):
	partment:
	off site:
	for visit:
-	
Please use the followi	ng section to note any comments or additional information not described in this report.
-	
All information contain	ed in this report is complete and accurate to the best of my knowledge:
Submitted By:	Lance Hassell
Submitted by:	Printed Name
	Agang (Arus)
	Signature
This section is reserved	for any additional comments by the reviewer:
Tills section is reserved	ior any admitotial comments by the reviewer.
Feehnical Review By:	
	Printed Name
	Signature
	1/4/16
Technical Review By:	Printed Name Signature 1/2/16 Date

AEC Site Map			
Unit# 1737			
UMCH			
Basement	1st Floor	2nd Floor	
	LR	BRZ	
		& Bath	
	Kitch	BR 1	
(X- Pumps)		Not to Sol	
ECS	Green Baxter 1737 Green, Ann Arbor, MI 4810s	Not to Scale 9/23/15 Lance Hassell	
A			

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Site Name: Green Barter Site's Full Address: 1705 Green, Ann Acher, MJ Work Areas (Be Specific): 1705, 1707, 1743, 1745, 1733, 1721, 1715, 1713 Contaminant(s) of Concern: Asbestes 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: Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Pull abatement Patch and repair Clean up Set up Work area Work area setup activities performed Work area setup previously completed Abatement comp 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: NA Moving in of equipment and supplies Set up: NA NA Set up of poly walls Set up of floor and drop cloths Set up of floor and drop cloths	Date: 10/14/15 Start T	Time: 08:00	AEC Representative:	ance Hassell
Work Areas (Be Specific): 1705, 1707, 1743, 1745, 1733, 1721, 1715, 1713 Contaminant(s) of Concern: Askestes Abatement/Remediation Contractor: EME Abatement/Remediation Contractor Foreman/Supervisor: A.Ptak The following parrative provides a daily account of the activities performed during the work: Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Full abatement				
Work Areas (Be Specific): 1705, 1707, 1743, 1745, 1733, 1721, 1715, 1713 Contaminant(s) of Concern: Askestes Abatement/Remediation Contractor: EME Abatement/Remediation Contractor Foreman/Supervisor: A.Ptak The following parrative provides a daily account of the activities performed during the work: Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Full abatement	Site's Full Address: 1705	Green, Ann Ar	per, MJ	- H
Abatement/Remediation Contractor: EME Abatement/Remediation Contractor Foreman/Supervisor: A.PEK The following narrative provides a daily account of the activities performed during the work: Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Full abatement	Work Areas (Be Specific): 1		V	3, 1721, 1719
Abatement/Remediation Contractor Foreman/Supervisor: A.Ptck The following narrative provides a daily account of the activities performed during the work: Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Full abatement	Contaminant(s) of Concern:_	Asbestas		
The following narrative provides a daily account of the activities performed during the work: 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 Work area setup previously completed Abatement comp 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 Moving in of equipment and supplies Yes No N/A Set up of poly walls Yes No N/A Set up of floor and drop cloths Yes No N/A Set up of signs and barrier tape labeled with appropriate contaminant Yes No N/A Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.)	Abatement/Remediation Contr	ractor: EME		
Scope of work Full abatement	Abatement/Remediation Contr	actor Foreman/Super	visor: A.Ptak	77.
Work area Work area setup activities performed Work area setup previously completed Abatement comp 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 Moving in of equipment and supplies Yes No N/A Set up of poly walls Yes No N/A Set up of floor and drop cloths Yes No N/A Set up of signs and barrier tape labeled with appropriate contaminant Yes No N/A Isolation of HVAC system and shutdown Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)	The following narrative prov Note: Please check all boxe	rides a daily account of a sthat apply and include a	the activities performed or any additional information in the	luring the work shift e spaces provided
No work performed	Scope of work)	
Work area setup activities performed Work area setup previously completed Abatement comp 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 Woving in of equipment and supplies Yes No N/A Set up of poly walls Yes No N/A Set up of floor and drop cloths Yes No N/A Set up of signs and barrier tape labeled with appropriate contaminant Yes No N/A Isolation of HVAC system and shutdown Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)				Set up
If set up or abatement was previously completed are all controls intact and properly working: If no, please explain Set up: No No No No No No No No No N	Work area		;	
Set up: N/A			tup previously completed [Abatement currently taking	Abatement complete
Yes No N/A Moving in of equipment and supplies Yes No N/A Set up of poly walls Yes No N/A Set up of floor and drop cloths Yes No N/A Set up of signs and barrier tape labeled with appropriate contaminant Yes No N/A Isolation of HVAC system and shutdown Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)	If set up or abatement was previously of If no, please explain	completed are all controls	intact and properly working:	Yes No
Yes No N/A Moving in of equipment and supplies Yes No N/A Set up of poly walls Yes No N/A Set up of floor and drop cloths Yes No N/A Set up of signs and barrier tape labeled with appropriate contaminant Yes No N/A Isolation of HVAC system and shutdown Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)	T		*1	
Water available Yes	Yes No N/A	Set up of poly walls Set up of floor and description of HVAC's All points of potential Water available Containment sealed of Negative pressure est Set up of decontaming Remote (Airlocks, water filtra	Irop cloths parrier tape labeled with appropression and shutdown al fiber release sealed (doors, with no breaches tablished ation unit Attached to containm	vindows, etc.)

Containment N/A		
Yes No N/A Yes No N/A	Sealed poly walls and ceilings Sealed floor and drop cloths	
Yes No N/A	Signs and barrier tape labeled with appropriate cont	Cominent
Yes No N/A	IT VAC system shutdown and isolated	
Yes No N/A Yes No N/A	All points of potential fiber release sealed (doors, w	indows, etc.)
Yes No N/A	Water available in containment Containment sealed with no breaches	
Yes No N/A	Negative pressure established	
Yes No N/A	Decontamination unit	
	Remote or Attached to containing	int
☐Yes ☐No ☐N/A	(Airlocks, water filtration, 3 chambers w/shower, neg	gative air, signs)
Glovebags: N/A	H.	
☐Yes ☐No ☐N/A	Drop cloths	4
□Yes □No □N/A □Yes □No □N/A	Signs and barrier tape labeled with appropriate contain	minant
Yes No N/A	HVAC system shutdown and isolated	
Yes No N/A	Glovebags sealed with amended water and negative a Other:	Ĭr.
Clean up: N/A		
Yes No N/A	HEPA vacuums utilized	
Yes No NA	Wet methods utilized	
Yes No NA	Work area demarcated and isolated from general traffi	c
	Other:	
Please describe any other work area cond	litions that exist not outlined above:	
		_
,		
Abatement/remediation activit	hies.	
* *		
Abatement/remediation activiti	es conducted No abatement/remediation activities	s conducted
lease list the contaminant removed, the lo	ocation from which it was removed and the quantity remove	
		ed from each area:
Contaminant: Location Roll		
POLICE CO PLEOWING	-homes	
<u> </u>		
	₩.,	
8.		
ere wet methods utilized for the removal o	of the contaminant:	
If no, please explain		

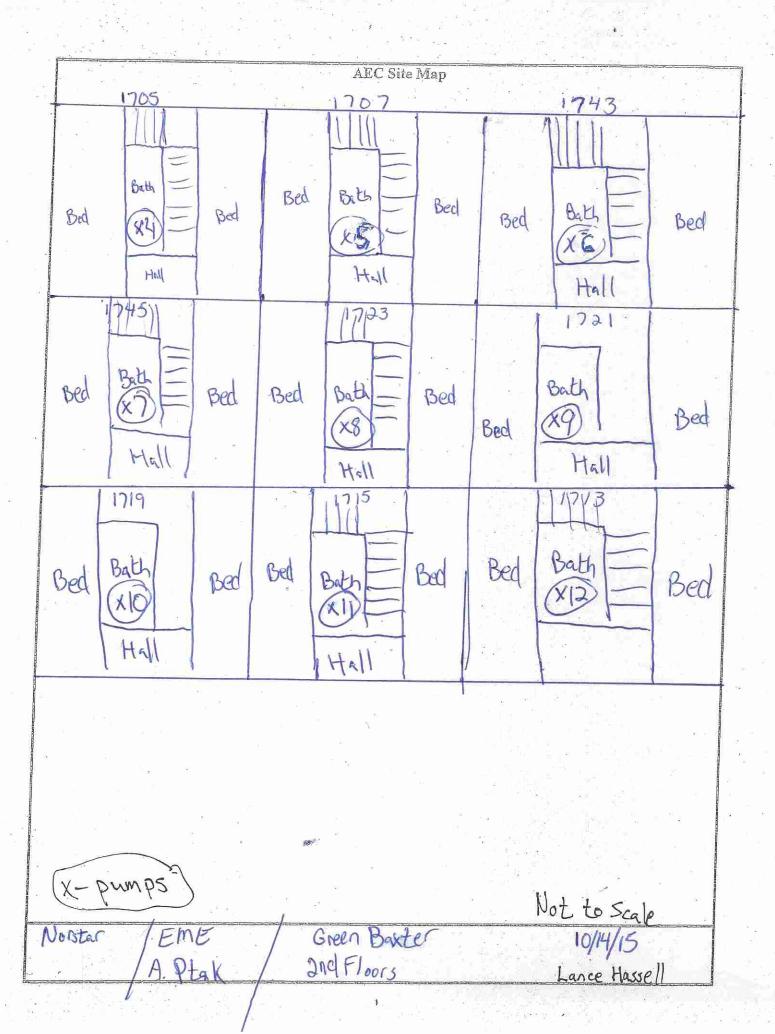
	16
Please provide an explanation of any	special circumstances concerning abatement or remediation activities:
	7
/	
Clean up/close out activities	
Creat diverge out activities	<u>}</u>
	Abatement/remediation being conducted
Yes No NA	Gross clean up and material bagging
Yes No N/A	Bag out activities
Yes No N/A 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 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
DYes Tho PN/A	standards) Other:
Vaste bandling and disposal	
Th.t	# *
No waste generated umber of bags, drums, or dumpsters ut	211-1 4
anioon of ougo, didnis, of duffinsters di	tilized during snitt:
Lined dumpster on site	
Lined dumpster on site Disposal by contractor off site	
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other	than dumpster); describe:
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums	
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe	
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si	els
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si	els
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si	ite as general construction debris
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si	ite as general construction debris
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si Other: rsonal protective equipmen	ite as general construction debris
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si Other: rsonal protective equipmen workers performing activities in whice	ite as general construction debris
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si Other: rsonal protective equipmen	ite as general construction debris
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si Other: rsonal protective equipmen workers performing activities in whice	ite as general construction debris
Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate labe Material wetted Waste generated was disposed of on si Other: rsonal protective equipmen workers performing activities in whice	ite as general construction debris t ch personal protective equipment is required: Yes No

Other personal protective equipment (check all that apply): Disposable clothing	Boots
Washable clothing	Gloves
Hoods	Hard hats
Safety glasses Other:	Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or o	ther safety precautions taken
Consultant activities	1
Contaminant(s): ACM Joint Compound	
Were the air monitoring samples analyzed: on site , taken	
If taken to the laboratory, Name of Laboratory:	* 1
Turn around time indicated on the Please attach copy of chai	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 app	
If no, please explain:	
Clearance samples (see clearance sampling section Personal samples (see personal sampling section be Other:	ow)
Were there any other construction activities, carpeting, high traf area or adjacent areas that could affect the sample results (be spe	fic areas or increased dust concentrations in the week
	:
Personal sampling	
Note: OSHA requires that at least 25% of the work forc	e performing a specific task be manifored
Criteria for worker selection:	performing a specific task be monitored
Only worker performing task	* **
Workers performing same tasks	
✓ 1 worker samples-Represents worst case sce ☐ 2 or more workers sampled- Represents wor.	nario st case scenario
Were workers below the OSHA TWA for the contamina	nt(s) sampled: Yes No
If no, please explain	

Clearance sampling	
Before clearance sampling the follow	ing criteria MUST he met
All surfaces HEPA vacuu	med
All surfaces wet cleaned	
Visual inspection conduct	
No dust/debris observed	3Q
Live dusvdebris observed	
Work area locked down	
Was work area inspected and found cl	ean and free of any contaminated debris: Ves No
If no, please explain	
Did work area pass applicable clearand Applicable Standard EPA PCM Clearan EPA TEM Clearan A protocol	e standards: Yes No nce Guideline of 0.01 f/cc; utilizing NIOSH 7400 protocol nce Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
Other:	
Abatement Personnel Roster	
TABLESHALLE A CHOOLING ROSTER	
Name:	SSN or State Card Number:
1 0: 1	Solv of State Card lyumber:
A. Ptak	
Marty Davis	74
- Marcy cards	
	k
	Photographic Control of the Control
	(c) (1)
	*
+	
0	

Onsite visit of government officials

- N/A	
Name of Person(s):	
Employer/Department:	
Time on and off site:	
Stated reason for visit:	
A	
ease use the following section to note any con	nments or additional information not described in this r
information contained in this report is complete	
mitted By: Lance Hassi	el
Printer Name	1
Hamo Ho	الالاما
Signature	
section is reserved for any additional commen	ts by the reviewer:
South is reserved for any additional commen	a of the terrene.
. 1	
nical Review By:	X
Printed Name	
Signature	
1/2:	1.
1/20	166



AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 10	130/15	Start Time:	800 AEC	Representative:/	Fox
Site Name	: <u>Gr</u>	EEN B	AXTER COURT		
Site's Full	Address:_	173	7 GREEN, A	NN ARBOR	-, m _l
Work Are	eas (Be Spec	eific):	17 , 1709		
Contamina	ant(s) of Co	oncern:	ASBESTOS		
Abatemen	nt/Remediat	ion Contract	or: EME		
			or Foreman/Supervisor:	ANDREW	PAK
The foll	lowing narra	ative provide	es a daily account of the a nat apply and include any add	ctivities performed	during the work shift
Scope of	work				
¢		ent [] k performed	Patch and repair Other	☐Clean up	☐Set up
Work ar	·ea				
Work		tivities perform set up activitie	ned	previously completed batement currently taking	Abatement complete ng place
	abatement wa no, please exp		ompleted are all controls intac	et and properly working	Yes No
	N/A Yes	N/A	Moving in of equipment Set up of poly walls Set up of floor and drop Set up of signs and barr Isolation of HVAC system All points of potential fit Water available Containment sealed with Negative pressure estab Set up of decontamination Remote or (Airlocks, water filtration Other:	cloths ier tape labeled with appen and shutdown iber release sealed (door h no breaches lished on unit Attached to conta	s, windows, etc.)
V	1		10.000		

Containment:	□N/A			
□Yes	No	□N/A	Sealed poly walls and cei	
Yes	□No	□N/A	Sealed floor and drop clo	
Yes	□No	□N/A		peled with appropriate contaminant
Yes	No	□N/A	HVAC system shutdown	
X Yes	□No □No	□N/A □N/A	Water available in contai	per release sealed (doors, windows, etc.)
Yes	ΠNo	□N/A	Containment sealed with	
Yes	No	□N/A	Negative pressure establi	
Ves	ΠNo	□N/A	Decontamination unit	
-			Remote or	Attached to containment
				n, 3 chambers w/shower, negative air, signs)
∐Yes	□No	□N/A	Other:	
Glovebags:	MNA			
□Yes	No	□N/A	Drop cloths	
□Yes	□No	□N/A		peled with appropriate contaminant
Yes	No	□N/A	HVAC system shutdown	
Yes	No	□N/A	Glovebags sealed with ar	nended water and negative air
□Yes	□No	□N/A	Other:	
Clean up:	DAN/A			
□Yes		□N/A	HEPA vacuums utilized	
□Yes	□No	□N/A	Wet methods utilized	
□Yes	No	□N/A	Work area demarcated ar	nd isolated from general traffic
□Yes	□No	□N/A		
				·
Abatement/	remed	iation acti	vities	
<u> Abatement</u>	lenieu	intion acti	VILLES	
Abat	ement/rei	mediation acti	ivities conducted No a	batement/remediation activities conducted
Please list the co	ontamina	nt removed, th	ne location from which it was re	emoved and the quantity removed from each area
Contaminant:		Lo	cation:	Quantity:
Contaminant.	1.		oution.	_
DRIWAL	4/1	C 1	7/7	
	,		1709	100 SF
HEM SI	HIED	1	1709	5 SF
-				
			oval of the contaminant:	Yes No
If no, p	lease exp	olain		*
-				

ease provide an explanation of any sp	ecial circumstances concerning abatement or remediation activities:	
lean up/close out activities		
DK.	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 ☐Yes ☐No ☐N/A	All tools, ladders, etc. cleaned with no visible contamination	
☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A	Final cleaning after all abatement is complete Final lockdown	
Yes No N/A	Project teardown (after all clearances and inspections pass applicable	
	standards)	
☐Yes ☐No ☐N/A	Other:	
Vaste handling and disposal		
No waste generated		
umber of bags, drums, or dumpsters u	tilized during shift:	
Lined dumpster on site	anzod daring stitte.	
Disposal by contractor off site		
Designated storage area on site (other	r than dumpster); describe:	
Material double bagged, fiber drums		
Material labeled with appropriate lab	els	
Material wetted Waste generated was disposed of on	sita aa aanamal aanstrustian dahuis	
Other:	site as general constituction deons	
ersonal protective equipmen	nt	
e workers performing activities in wh	ich personal protective equipment is required: Yes No	
If no, please explain		
espiratory protection (check all that ap		
Half face negative pressure	air purifying respirator	
	air purifying respirator iir purifying respirator	

Other personal protective equipment (check all that apply):	-1
Disposable clothing Washable clothing	Boots
Hoods	Gloves Hard hats
Safety glasses	Safety harnesses, lanyards, tie offs
Other:	
Please list any other equipment utilized by workers and/or ot	her 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 Please attach copy of cha	chain of custody:
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminar	
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for ap	oplicable standards:
If no, please explain:Ambient air samples	
Clearance samples (see clearance sampling section because of the control of the c	n below) elow)
Were there any other construction activities, carpeting, high trarea or adjacent areas that could affect the sample results (be s	affic areas or increased dust concentrations in the work specific):
Personal sampling Note: OSHA requires that at least 25% of the work for Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case: 2 or more workers sampled- Represents worst value.	scenario
Were workers below the OSHA TWA for the contam If no, please explain	inant(s) sampled: Yes \(\sum No

Clearance sampling					
Before clearance sampling the following of	riteria MUST be met:				
All surfaces HEPA vacuumed					
All surfaces wet cleaned					
Visual inspection conducted					
No dust/debris observed					
Mino dust/debris observed					
Work area locked down					
Was work area inspected and found clean If no, please explain	and free of any contaminated debris:				
-					
Did work area pass applicable clearance st Applicable Standard					
A protocol	Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol Guideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix				
Other:					
Abatement Personnel Roster					
Name:	SSN or State Card Number:				
Λ 0	1				
ANDREW TOAK	A25587				
6 1 114 110					
KEN WATCHDD	426616				
Man -11 5 105	Augua-				
MARTIN STEVART	1195 997				
	·				
 ,	·				

Onsite visit of government officials

MN/A	
Name of Perso	n(s):
	artment:
	ff site:
	or visit:
Please use the followin	g section to note any comments or additional information not described in this report.
l,	
All information containe Submitted By:	In this report is complete and accurate to the best of my knowledge: Signature
This section is reserved	for any additional comments by the reviewer:
Гесhnical Review By:	Printed Name
	Date 1/21/16

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

Site N	Vame:	Gre	en en	BAXTER		Contractor:	EME	
all at	follow	nt activity ving prop	ties ar er fib	nd deemed t er lock-down	he area(s) aco procedures b	ally inspected the ceptable for Finds the abatement of the following	nal Clearance it contractor,	sampling.
X	reoce using	cupancy f g NIOSH	follow 7400	ing asbestos a (A Counting	abatement acti	vel of 0.01 F/cc vities. Analysis equirement is for its formal in the contract of the contract	by PCM	ı
	airbo abate This	orne fiber ement act	· level tivities tent is	of 0.05 F/cc of Analysis by	or less for reocy PCM NIOSE	ecommends an a cupancy followi I 7400 (A Count has been requir	ing asbestos ting Rules).	
	_ the a using	batement g 40 CFR	areas 763 S	s be no greate ubpart E Ap _l	er than 70 S/m	tructures on san m ² . The analysi ocol. This is for ications	is by TEM	
	_0	1.004/	Avera	ge F/cc (PCM	D)	Avera	ge S/mm² (TE	(M)
AREA	s: /7	17						_
)	1	7		ahal-	,	700
Indust	rial H	ygieniet		-	Date	430/15	Time	700

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

American Environmental Consultants, LLC has vis all abatement activities and deemed the area(s) a AEC, following proper fiber lock-down procedures Final Clearance sampling and found the area(s) to me	ually inspected the following area(s) after cceptable for Final Clearance sampling. by the abatement contractor, performed
EPA recommends an average airborne fiber reoccupancy following asbestos abatement acusing NIOSH 7400 (A Counting Rules). This projects or has been required by project spec	ctivities. Analysis by PCM requirement is for small school
Michigan Department of Community Health airborne fiber level of 0.05 F/cc or less for reabatement activities. Analysis by PCM NIOS This requirement is for non-school projects a specifications.	occupancy following asbestos SH 7400 (A Counting Rules).
EPA requires an average number of asbestos the abatement areas be no greater than 70 S/ using 40 CFR 763 Subpart E Appendix A pro projects or has been required by project spec	mm ² . The analysis by TEM otocol. This is for large school
0.004/ Average F/cc (PCM)	Average S/mm² (TEM)
1709	
Industrial Hygienist Date	10/30/15 1730 Time

ZNO FLOOR	AEC Site Map	
0 - 1	ST.	Bep 2
BEO 1		
8	5	B 60 3
	BATH	
1ST FLOOR	STAIRS	
-cut	Eh	1 WING Room
Kirch	A.	LIVING ROOM
Kitch	7	
BSMT	6	
	STAIRS	
	3	
	3	
Q-fump		
GREEN BAXTER COURT	/ FOX / 10/20/1	5 / EME / SCALE
. 4	1 100 / 10/3/	/ SCALE

BEO I AEC Site Map STAIRS	BED 3
BATT	
10 STAIRS 10	Living Room
STAIRS HENT Sheld Pump The Pump	
GRENDUAL GRENDUAL GRENDUAL 1709 1709 10/30/15 / FOX	EME NOT TO SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11215 Start Time:	800 AEC Representative: JEF Fox
Site Name: Green BA	GER COURT
	Green, ANN ARBOR, MI 48106
Work Areas (Be Specific): 17	47 , 1741
Contaminant(s) of Concern:	ASBESTOS
Abatement/Remediation Contracto	r: EME
Abatement/Remediation Contracto	r Foreman/Supervisor: ANOREW PTAK
The following narrative provides Note: Please check all boxes tha	a daily account of the activities performed during the work shift t apply and include any additional information in the spaces provided
Scope of work	
Full abatementF	Patch and repair
Work area	
Work area setup activities performe	
If set up or abatement was previously con	npleted are all controls intact and properly working:
If no, please explain	
Set up: N/A Yes No N/A	Moving in of equipment and supplies
Yes No N/A	Set up of poly walls Set up of floor and drop cloths
Yes No N/A	Set up of signs and barrier tape labeled with appropriate contaminant
Yes No N/A	Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.)
✓ es □No □N/A	Water available
Yes No N/A	Containment sealed with no breaches Negative pressure established
Yes No N/A	Set up of decontamination unit
	Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
☐Yes ☐No ☐N/A	Other:

Containment: N/A		
	N/A Sealed poly walls and ceil	ings
	N/A Sealed floor and drop clot	hs
	N/A Signs and barrier tape labe	eled with appropriate contaminant
	N/A HVAC system shutdown a	
And a		er release sealed (doors, windows, etc.)
	N/A Water available in contain N/A Containment sealed with n	
	N/A Containment sealed with n N/A Negative pressure establish	
	V/A Decontamination unit	ned
C3 []110 []1	Remote or	Attached to containment
		3 chambers w/shower, negative air, signs)
☐Yes ☐No ☐I	V/A Other:	, , , , , , , , , , , , , , , , , , , ,
Ol I Mari		
Glovebags:		
	N/A Drop cloths	
		led with appropriate contaminant
		nd isolated ended water and negative air
	V/A Other:	ended water and negative air
An	onor.	
Clean up:		
	I/A HEPA vacuums utilized	
	I/A Wet methods utilized	
		isolated from general traffic
☐Yes ☐No ☐N	/A Other:	
Abatement/remediation	n activities	
	i delivities	
Abatement/remediat	ion activities conducted No aba	tement/remediation activities conducted
		tomonation donvities conducted
Please list the contaminant remo	oved, the location from which it was rem	oved and the quantity removed from each area
	4	
Contaminant:	Location:	Quantity:
Dog to land	1707	100 50
DEGLAL JOINT	7791	100 SF
	1741	100 SF
HEAT SHELD	1747	SSF
		-
Were wet methods utilized for the	ne removal of the contaminant:	¥es □No
If no, please explain		100 100 100 100 100 100 100 100 100 100

ease provide an explanation of any sp	pecial circumstances concerning abatement or remediation activities:
lean up/close out activities	
Yes	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)
☐Yes ☐No ☐N/A	Other:
aste handling and disposal	
No waste generated	
umber of bags, drums, or dumpsters ut	tilized during shift:
Lined dumpster on site Disposal by contractor off site	
Designated storage area on site (other	r than dumpster); describe:
Material double bagged, fiber drums Material labeled with appropriate lab	ale
Material wetted	CIS
Waste generated was disposed of on s Other:	site as general construction debris
Other.	
ersonal protective equipmen	<u>nt</u>
	ich personal protective equipment is required: ☐No
If no, please explain	
spiratory protection (check all that ap	ply):
	air purifying respirator

Other personal protective equipment (check all that app Disposable clothing	ply):
Washable clothing	Gloves
Hoods	Hard hats
Safety glasses	Safety harnesses, lanyards, tie offs
Other:	
	I/or other safety precautions taken:
Consultant activities	
Contaminant(s): ASBESTOS	
Were the air monitoring samples analyzed: on site [], t	aken to laboratory , or office
If taken to the laboratory, Name of Laboratory:	
Turn around time indicated o Please attach copy of	on the chain of custody:
Types of air monitoring performed (check all that apply Baseline air samples Was any significant level of the contain	
Set up samples	
Work area samples Were samples below allowable levels	for applicable standards:
If no, please explain:	
Ambient air samples Clearance samples (see clearance sampling s Personal samples (see personal sampling sec Other:	section below)
Were there any other construction activities, carpeting, harea or adjacent areas that could affect the sample results	nigh traffic areas or increased dust concentrations in the work s (be specific):
Personal sampling	
Note: OSHA requires that at least 25% of the w	ork force performing a specific task be monitored
Criteria for worker selection: Only worker performing task	
Workers performing task	
1 worker samples-Represents worst	case scenario
2 or more workers sampled- Represe	ents worst case scenario
Were workers below the OSHA TWA for the co	ontaminant(s) sampled:

Clearance sampling	
Before clearance sampling the following crite	ria MUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
Jo dust/debris observed	
Work area locked down	
Was work area inspected and found clean and	free of any contaminated debris: Yes \sum No
	rice of any contaminated debris.
ino, preuse expans	
Did work area pass applicable clearance stand	lards: DVes DNo
Applicable Standard	
EPA PCM Clearance Gui	ideline of 0.01 f/cc, utilizing NIOSH 7400 protocol ideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
☐EPA TEM Clearance Gui	ideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
hatamant Dansan I Danta	
Abatement Personnel Roster	
Jame:	SSN or State Card Number:
A	A = = = = =
HNDREW PTAK	H2SS 87
KEN WATIAND	A21616
May 15	1115463
MAIN STEWART	H93 47/
	
	*
	-
	<u> </u>
	
	1

Onsite visit of government officials

N/A	
Name of Perso	on(s):
Employer/Dep	artment:
	ff site:
Stated reason f	for visit:
Please use the followin	g section to note any comments or additional information not described in this report.
All information containe Submitted By:	Printed Name
	Signature
This section is reserved	for any additional comments by the reviewer:
Cechnical Review By:	Printed Name
	Signature 1/21/16
	Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

red	occupancy following NIOSH 7400	an average airborne fing asbestos abateme (A Counting Rules). I required by project	nt activities. Analys This requirement is	sis by PCM
air ab: Th	borne fiber level atement activitie	ent of Community Ho of 0.05 F/cc or less fo s. Analysis by PCM I for non-school proje	or reoccupancy follo NIOSH 7400 (A Cou	wing asbestos inting Rules).
the	abatement area ng 40 CFR 763 S	erage number of asb s be no greater than a ubpart E Appendix A required by project	0 S/mm ² . The analy A protocol. This is f	ysis by TEM
0	0041 _Avera	ge F/cc (PCM)	Ave	rage S/mm² (TEM)
AREAS:				
174	17			

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

American Environmental Call abatement activities and AEC, following proper fibral Clearance sampling a	Consultants, LLC hand deemed the area	s visually inspects (s) acceptable ures by the ab	ected the follo for Final Clo patement cont	owing area(s) after earance sampling. ractor, performed
reoccupancy follow using NIOSH 7400	nn average airborne f ing asbestos abateme (A Counting Rules). n required by project	ent activities. A This requirem	Analysis by PC lent is for sma	JIVI
airborne fiber level	ent of Community H of 0.05 F/cc or less fo s. Analysis by PCM s for non-school proje	or reoccupancy NIOSH 7400 (A Counting R	ules).
the abatement area using 40 CFR 763 S	verage number of ash is be no greater than Subpart E Appendix n required by projec	70 S/mm². The A protocol. The	e analysis by his is for large	LIVI
0,004/ Aver	age F/cc (PCM)		_ Average S/1	mm² (TEM)
AREAS: 1741				
Industrial Hygienist	2	11/2/ Date	45	E 1800

*		STAIN)	BRZ
BRI	8 5	HALL	
, il	<i>!</i>	BATH	B23
	W	STAIRS	V.
KMCH	Ø 6		S
Ø-fen Øfunt		STAIRS	
	Q		
	VZ)		

W. V. Startmann (W. V. 16)	nipo testo de contrato	AEC Site Ma	ар
		STAIRS	BRZ
BRI	BRI		
		Ватн	B23
		STAIRS	5
KITCHER)		LIVING Room
, A)		SAIRS	

	1		
BSMT GREW BAXTER COO 1741 UNIT	PT / FO	× /11/	12/15 / EME / SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/3/5 Start Time	e:800 AEC Representative:	Fox
Site Name: GREEN	BAXTER COURT	
	1 GREEN RD, ANN	
Work Areas (Be Specific):	1739	
Contaminant(s) of Concern:	ASBESTOS	
Abatement/Remediation Contract	tor: EME	
Abatement/Remediation Contract	tor Foreman/Supervisor: ANDIECE	Prak
	es a daily account of the activities performed du hat apply and include any additional information in the	
Full abatement No work performed	Patch and repair	□Set up
Work area		
Work area setup activities perform ☐No set up activities	ned	Abatement complete
If set up or abatement was previously confirmed If no, please explain	ompleted are all controls intact and properly working:	☐Yes ☐No
N/A 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 approact and solution of HVAC system and shutdown All points of potential fiber release sealed (doors, Water available Containment sealed with no breaches Negative pressure established Set up of decontamination unit Remote or Attached to contains (Airlocks, water filtration, 3 chambers w/shower, Other:	windows, etc.)

Containment:	IN/A			
□Yes	□No	N/A	Sealed poly walls and co	eilings
Yes	No	□N/A	Sealed floor and drop cl	
Yes	ΠNo	□N/A		beled with appropriate contaminant
Yes	ΠNo	□N/A	HVAC system shutdow	
Yes	□No	□N/A		iber release sealed (doors, windows, etc.)
Yes	No	N/A	Water available in conta	
Yes	No	N/A	Containment sealed with	
Yes	No	□N/A	Negative pressure estab	
Yes	No	N/A	Decontamination unit	iisitod
E CS		LINA	Remote or	Attached to containment
				on, 3 chambers w/shower, negative air, signs)
□Yes	ΠNo	□N/A	Other:	m, 5 chambers wishower, negative air, signs)
□1165		LIN/A	Other	
Glovebags:	IN/A			
Yes	TNo	□N/A	Drop cloths	
□ Yes	No	□N/A		beled with appropriate contaminant
		□N/A	HVAC system shutdown	
Yes	No		Classic System Shudow	n and isolated imended water and negative air
∐Yes	No	□N/A		imended water and negative an
∐Yes	No	□N/A	Other:	
CI	MN/A			
Clean up:		DAT/A	THEN A SHOWN IN THE ST	
Yes	∐No	□N/A	HEPA vacuums utilized	
Yes	No	N/A	Wet methods utilized	and in alast ad Grame company) supplies
Yes	□No	□N/A		and isolated from general traffic
∐Yes	□No	□N/A	Other:	
1	/			
Abatement/	romodi	ation ac	tivities	
Abatement	remedi	ation ac	tivities	
-Ad				4
Abate	ement/ren	nediation a	ctivities conducted No :	abatement/remediation activities conducted
0.0				1 10 0 10
Please list the co	ntaminan	it removed,	the location from which it was r	emoved and the quantity removed from each are
Arrama Paris			Community areas	0
Contaminant:	2	4	Location:	Quantity:
-	11	-	. ==0	16055
LYWAL	L/J,	_	1739	100SF
	1	7		
- 21			1-2-2	P-CT
HEAT .	SHIE	20	1739	501
		-		
		=		
ale and the same				Police Chi
			moval of the contaminant:	No No
If no, p	lease exp	lain		V

ease provide an explanation of any sp	pecial circumstances concerning abatement or remediation activities:
lean up/close out activities	
	Abatement/remediation being conducted
Yes No N/A	Gross clean up and material bagging 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 Project teardown (after all clearances and inspections pass applicable
Zes No N/A	standards)
☐Yes ☐No ☐N/A	Other:
aste handling and disposa	1
No waste generated	
mber of bags, drums, or dumpsters	utilized during shift:
Lined dumpster on site	
Disposal by contractor off site	ather dimension's degaribes
Designated storage area on site (oth Material double bagged, fiber drums	
Material labeled with appropriate la	bels
Material wetted	
Waste generated was disposed of or	site as general construction debris
Other:	
rsonal protective equipme	ent
Isonai protective equipme	one.
workers performing activities in w	hich personal protective equipment is required:
If no, please explain	
spiratory protection (check all that a	apply):
Half face negative pressure	e air purifying respirator
Full face negative pressure Positive pressure air purify	ing respirator
Other:	mg respirator
	mP saskumas

ffs
□Yes □No
□No
rations in the work
onitored
□No

Clearance sampling	
Before clearance sampling the following cr	iteria 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 a	nd free of any contaminated debris: No

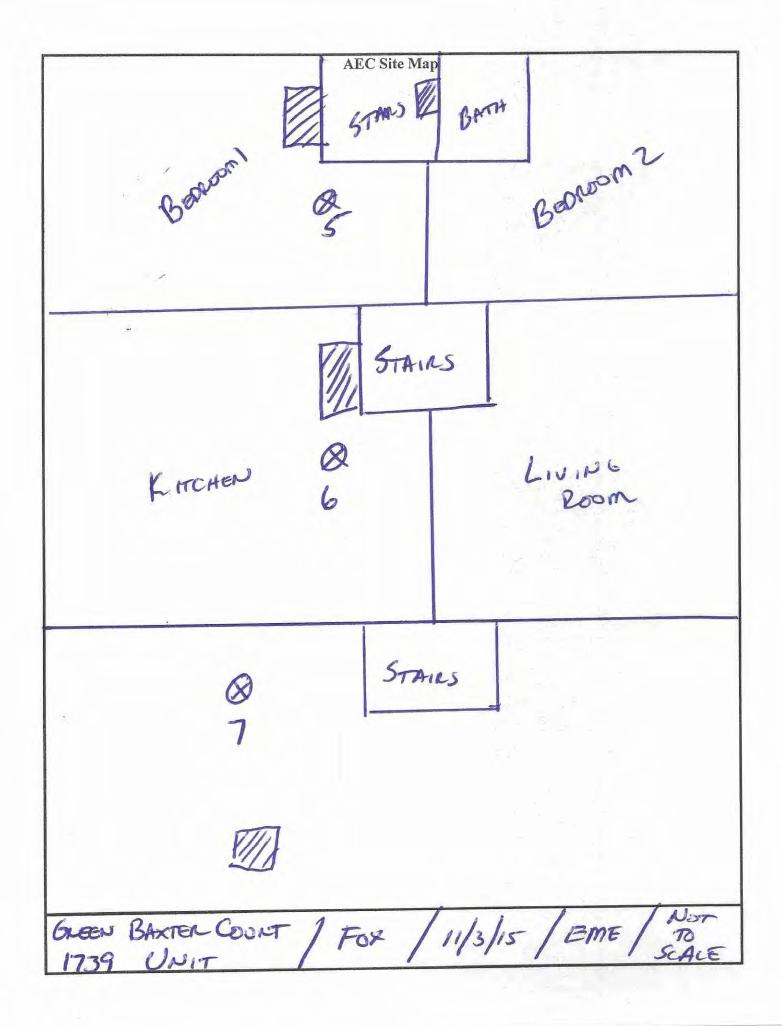
(
D'1 1	
Did work area pass applicable clearance sta	ndards: No
Applicable Standard	
EPA PCM Clearance C	Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
EPA TEM Clearance (Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
A	Solver State Card Transport
HNDREW YTAK	A25587
MA	111100
MANUATO DIEWAY	1743 491
VEN WAY AND	A-26.616
CEP MONEY	1126610
	
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	<u> </u>
	
	/
	·

Onsite visit of government officials

N/A	
Name of Perso	n(s):
Employer/Dep	artment:
Time on and o	ff site:
Stated reason f	or visit:
Please use the followin	g section to note any comments or additional information not described in this report.
/	
All information contained	ed in this report is complete and accurate to the best of my knowledge:
	JEF FOX
Submitted By:	Printed Name
	Signature
This section is reserved	for any additional comments by the reviewer:
Cechnical Review By:	JEF FOX
ecillical Review By.	Printed Name
	Signature
	16.116
	Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

Site Na	me: G	LEEN BAX	TEPL C	OUNT CO	ntractor:	EME
all aba	tement act	ivities and deem roper fiber lock-d	ed the are lown proce	a(s) acceptal dures by the	ole for Final abatement c	ollowing area(s) after Clearance sampling ontractor, performed teria checked below:
X	reoccupan using NIO	nmends an averag cy following asbes SH 7400 (A Count has been require	itos abaten ting Rules)	ient activities . This requir	. Analysis by rement is for s	PCM
	airborne fi abatement	Department of Co ber level of 0.05 F activities. Analys rement is for non- ons.	c/cc or less sis by PCM	for reoccupate NIOSH 7400	ncy following 0 (A Counting	asbestos g Rules).
	the abaten using 40 C	res an average nu ient areas be no g FR 763 Subpart F has been require	reater than Appendix	70 S/mm ² . TA protocol.	The analysis b This is for lar	y TEM
	0.004	Average F/cc (PCM)		Average	S/mm ² (TEM)
AREA!	s: 739					
_ Industi	rial Hygien			Date /	3/15	1700 Time



AMERICAN ENVIRONMENTAL CONSULTANTS, LLO DAILY PROJECT LOG

Date: 12/2/15 Start Time: 08:00	AEC Representative: Lance Hassell
Site Name: Green Baxter	
Site's Full Address: 1701 Ann A	Irbor, MI
Work Areas (Be Specific): 1701 1703)
Contaminant(s) of Concern: Asbestos	
Abatement/Remediation Contractor: EME	
Abatement/Remediation Contractor Foreman/Supe	ervisor: A. Ptak
The following narrative provides a daily account Note: Please check all boxes that apply and include Scope of work Full abatement Patch and repair	
No work performed Work area Work area setup activities performed ☐ Work area ☐ No set up activities required Set up or abatement was previously completed are all contro	Setup/previously completed ☐ Abatement complete ✓ Abatement currently taking place
If no, please explain	is mast and property working.
✓ Yes No N/A Set up of poly wa ✓ Yes No N/A Set up of floor and ✓ Yes No N/A Set up of signs and ✓ Yes No N/A Isolation of HVAO ✓ Yes No N/A All points of poter ✓ Yes No N/A Water available ✓ Yes No N/A Negative pressure ✓ Yes No N/A Set up of decontant ✓ Yes No N/A Set up of decontant	d drop cloths d barrier tape labeled with appropriate contaminant C system and shutdown ntial fiber release sealed (doors, windows, etc.) d with no breaches established

Containment: N/A	그런 이 점점 그리고 그리고 하는 사람이 어떻게 되었다면서 하다.
Yes No N/A	Sealed poly walls and ceilings
☑Yes □No □N/A	Sealed floor and drop cloths
Yes No N/A	Signs and barrier tape labeled with appropriate contaminant
Xes No N/A	HVAC system shutdown and isolated
Yes No NA	All points of potential fiber release sealed (doors, windows, etc.)
✓Yes No N/A	Water available in containment
Yes No NA	Containment sealed with no breaches
✓Yes No N/A	Negative pressure established
	Decontamination unit
	Remote or Attached to containment
F 1	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
☐Yes ☐No ☑N/A	Other:
Glovebags: N/A	그 그 그 그 그 그 그는 그는 것이 얼마를 받게 하는 게 그는
	Drop cloths
Yes No N/A	Signs and barrier tape labeled with appropriate contaminant
∐Yes ∐No ∏N/A	HVAC system shutdown and isolated
☐Yes ☐No ☐N/A	Glovebags sealed with amended water and negative air
☐Yes ☐No ☐N/A	Other:
The state of the s	
Clean up: N/A	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Yes No N/A	HEPA vacuums utilized
	Wet methods utilized
Yes No N/A	Work area demarcated and isolated from general traffic.
Yes No WIA	Other:
Please describe any other work area condition	That are a same and the distance of the same and the same
Trease describe any other work area condition	DISTRAL EXIST HOL OUTINED ADOVE:
2 7 7 7	
Abatement/remediation activitie	ss.
Abatement/remediation activities	conducted No abatement/remediation activities conducted
[4]) Together to the digital of activities	Conducted Invo abatement/entention activities conducted
Please list the contaminant removed, the loca	tion from which it was removed and the quantity removed from each area
and the time communication to an une reco	tion from which is was followed and the quantity followed from caon and
Contaminant: Location:	Quantity:
join & Compound 17014	
y	
ere wet methods utilized for the removal of	the contaminant: ☐Yes ☐No
If no, please explain	
Table Yall Landson	

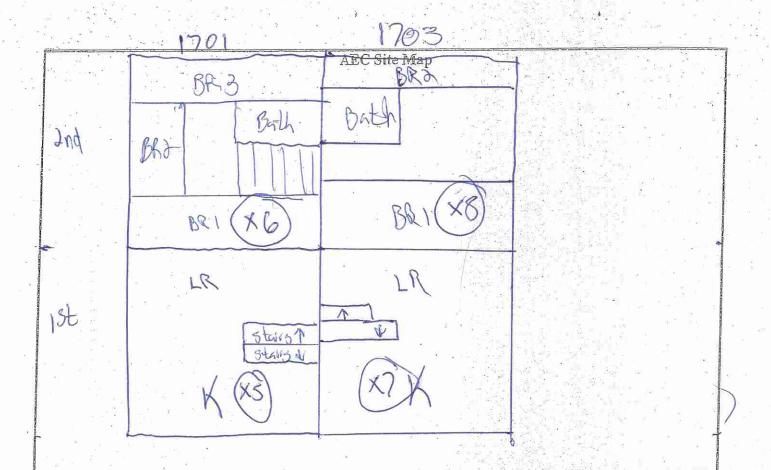
Please provide an explanation of an	y special circumstances concerning abatement or remediation activities:
	y operation activities:
A COMP	
1	
Elean up/close out activitie	
Yes No N/A	Abatement/remediation being conducted
Yes No N/A	Gross clean up and material bagging Bag out activities
Yes INO IN/A	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 NA	Final lockdown
Yes No N/A	Project teardown (after all clearances and inspections pass applicable
Yes No N/A	standards) Other:
	Other.
aste handling and disposa	2
No waste generated	
mber of bags, drums, or dumpsters	utilized during shift:
Lined dumpster on site	
Disposal by contractor off site	
Designated storage area on site (oth	
Anterial double bagged, fiber drum: Anterial labeled with appropriate la	
Material wetted	DGIS
Vaste generated was disposed of on	site as general construction debris
Other:	
sonal protective equipme	nt
workers performing activities in wh	nich personal protective equipment is required: Yes No
If no, please explain	non personal processive equipment is reclaired
N S	
iratory protection (check all that ap	ply):
if attory protection toncon an that an	
Half face negative pressure a Full face negative pressure a	air purifying respirator

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Hard hats
Safety glasses Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): Asbestes Joint Con pound
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:
ere there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the wor ea or adjacent areas that could affect the sample results (be specific):
rsonal 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 I worker samples-Represents worst case scenario 1 or more workers sampled- Represents worst case scenario
Were workers below the OSHA TWA for the contaminant(s) sampled: ☐Yes ☐No ☐Fno, please explain

Clearance sampling	3/01571
Before clearance sampling the following criter All surfaces HEPA vacuumed	na Miosi de mer.
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: TYes . No
If no, please explain	inco of any contaminate decision and the cont
1 a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Did work area pass applicable clearance standa	ards: ☑Yes □No
Applicable Standard	
MEPA PCM Clearance Guid	deline of 0.01 f/cc, utilizing NIOSH 7400 protocol deline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendia
LIEPA TEM Clearance Guid A protocol	germe of 70 S/mm, diffizing 40 Ctd. 703 Subpart & Appendix
Other:	
Abatement Personnel Roster	
Maria College	
Name:	SSN or State Card Number:
A. Ptak	
M. Stewart	
D Castalha	
D. Cal 1910	
3	
*	
	- 1. <u>- 1 1 1 1 1 1 1.</u>

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 addition:	al information not described in this renor-
rease day the ronowing section to note any comments of addition.	ar mormanor and described in this repor

All information contained in this report is complete and accurate to the	best of my knowledge:
Submitted By: Lance Hasse Printed Name	
A Adams	
Signature	
Signadire	
his section is reserved for any additional comments by the reviewer:	
chnical Review By:	
Printed Name	
J	
Signature	
1/21/16	<u> </u>
Date	TTO THE SECTION OF THE PARTY.



(X-pumps)

EME

Green Basker 1700 Green AAMI Not to Scale
12/9/13
Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLO DAILY PROJECT LOG

Date: 12/3/15 Start	Time: 08:00	AEC Representative:	ance Hassell
Site Name: Great	en Baxter		
Site's Full Address: 170	1 Green Bad	xber	
Work Areas (Be Specific):	711,173	7	
Contaminant(s) of Concern:_	Asbestas		
Abatement/Remediation Con	tractor: EME	00	
Abatement/Remediation Con	tractor Foreman/Sup	pervisor: A. Ptak	
The following narrative pro	ovides a daily accoun	t of the activities performed le any additional information in t	
Scope of work			
Full abatement	Patch and repair	Clean up	☐Set up
Work area			
☐Work area setup activities per ☐No set up acti If set up or abatement was previous! If no, please explain	ivities required	ea setup previously completed Abatement currently taking. Tols intact and properly working.	
N/A	Set up of poly we Set up of floor a Set up of signs a Isolation of HV. All points of poly Water available Containment sea Negative pressure Set up of decont Remote	and drop cloths and barrier tape labeled with app AC system and shutdown tential fiber release sealed (doors aled with no breaches re established	s, windows, etc.)

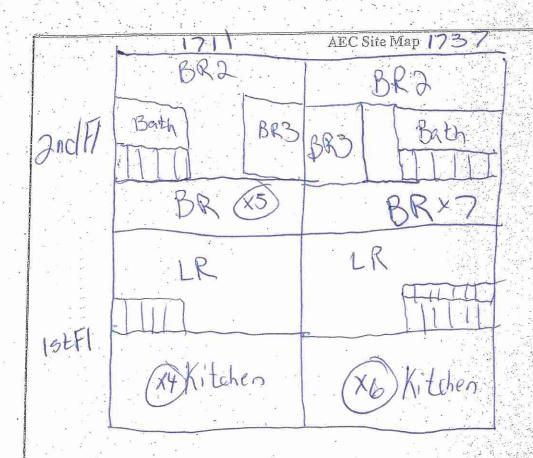
Containment: N/A	Α.			
✓Yes □No	□N/A	Sealed poly walls and ce	eilings	
	□N/A	Sealed floor and drop cl	oths	
Yes No		Signs and barrier tape la	beled with appropriate contaminant	
✓Yes No	□N/A	HVAC system shutdown	n and isolated	
Yes No	□N/A		ber release sealed (doors, windows, etc.)	
Yes No	□N/A	Water available in conta	inment	
✓ Yes No	□N/A	Containment sealed with		
✓ X es □No	□N/A	Negative pressure establ	ished	
✓ Yes No	□N/A	Decontamination unit		
	1	Remote or	Attached to containment	
			n, 3 chambers w/shower, negative air, signs)	
☐Yes ☐No	LAN/A	Other:		
Glovebags: FN/A				
		5 1 1		
∐Yes ∐No □Yes □No	∐N/A	Drop cloths	Lateria College Colleg	
☐Yes ☐No☐Yes ☐No	□N/A □N/A		peled with appropriate contaminant	
Yes No	IN/A	HVAC system shutdown		
Tyes TNo	IN/A	Other:	mended water and negative air	
□ 1 c3 □ 1,10	LILWAS.	Other.		-
Clean up: N/A				
Yes No	N/A	HEPA vacuums utilized		
Yes No	N/A	Wet methods utilized		
Yes No	ΠN/A		d isolated from general traffic	
Yes No	N/A	Other:		
Please describe any other	work area conditi	ons that exist not outlined a	bove:	
				-
				_
	,			
A T				
Abatement/remedia	ation activiti	25		
/				
Abatement/rem	ediation activities	s conducted No ab	atement/remediation activities conducted	
Please list the contaminant	removed, the loc	ation from which it was ren	noved and the quantity removed from each a	rea:
Contaminant:	Location	11	Quantity:	
Joint Compound				_
	-		-	-
	-		-	
Vere wet methods utilized t	for the removel o	f the contaminant	Yes No	
If no, please explai		i are committee	LINY	
and brouse expire				

Please provide an explanation of any s	pecial circumstances concerning abatement or remediation activities:
/	
Clean up/close out activities	
Yes	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:
aste handling and disposal	
No waste generated imber of bags, drums, or dumpsters ur Lined dumpster on site Disposal by contractor off site Designated storage area on site (other Material double bagged, fiber drums Material labeled with appropriate lab Material wetted Waste generated was disposed of on a Other:	r than dumpster); describe:els
rsonal protective equipmen	<u>nt</u>
	ich personal protective equipment is required: Yes No
piratory protection (check all that app Half face negative pressure a Full face negative pressure a	ir purifying respirator

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	MBoots Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or ot	her safety precautions taken:
Consultant activities	
Contaminant(s): Joint Company	
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 Please attach copy of cha	chain of custody:
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminan	nt identified in the sampling:
If yes, please explain:	pplicable standards:
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section b Other:	n below)
Were there any other construction activities, carpeting, high traces or adjacent areas that could affect the sample results (be s	
ersonal sampling Note: OSHA requires that at least 25% of the work fo Criteria for worker selection: Only worker performing task Workers performing same tasks are worker samples-Represents worst case s 2 or more workers sampled-Represents w	scenario
Were workers below the OSHA TWA for the contami	

Clearance sampling	
Before clearance sampling the followin	g criteria MUST be met:
All surfaces HEPA vacuum	ed
All surfaces wet cleaned	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	
work area locked down	
Was moute and learnested and found alar	on and free of any conteminated debuiet TVes TNo
was work area inspected and round crea	an and free of any contaminated debris: Yes No
If no, please explain	
	/
Did work area pass applicable clearance	standards: Yes No
Applicable Standard	
REPA PCM Clearan	ce Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
TEPA TEM Clearan	ce Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol ce Guideline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
A Road and a Thomas and Thomas	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
0 01	
A. Ptak	
m all and	
M. Steval C	
D. Carvalha	
Coor recipie	
	7
The second secon	

Onsite visit of g	overnment officials
-/	
₽N/A	
	son(s):
	epartment:
	off site:
Stated reason	of for visit:
-	
Please use the follow	ing section to note any comments or additional information not described in this repor
a reads that the religion	ng seedon to hote any comments or admitted intermedial not described in the repor
All information contain	Lance Hasse M
	Printed Name August August Signature
This section is reserved	for any additional comments by the reviewer:
echnical Review By:	Printed Name
	Signature
	1/20/16
	Date



(X-pumps)

Rand Environmental
S. Siebigterath

HOI POINTE DE East China, MI Not to Scale
17/3/15
Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date:_	1/11/16	Start Time	: 01230	AEC Re	epresentative:	M. RODGERS
Site Na	ame:	maple	GREE	N BA	xter	
Site's l	Full Address:	0 1	737 6	REEN	Ann Ar	box, mit
Work A	Areas (Be Spe	ecific):	iving AR	GA,	2nd KL X	bath
Contan	minant(s) of C	Concern: A	SBESTOS			
Abaten	ment/Remedia	ition Contract	tor: EME			
Abaten	nent/Remedia	tion Contract	tor Foreman/Sup	pervisor:	Inprew 1	PHAIC
	following nar	rative provide	es a daily accoun	t of the activ	vities performed	during the work shift the spaces provided
Scope	of work					
		nent [] ork performed	Patch and repair	Other:	Clean up	Set up
Work	area				3	
X W		ctivities perform set up activitie			iously completed ement currently taki	Abatement complete
	or abatement wa If no, please exp		mpleted are all com	trols intact an	d properly working	:: ⊅Yes □No
Set up:	□N/A					
Jenny	Yes	N/A	Isolation of HV All points of po Water available Containment se Negative press Set up of decor Remote (Airlocks, wate	walls and drop clot and barrier ta /AC system a otential fiber re e ealed with no ure establishe ntamination un or	hs upe labeled with apped abeled with apped abeled with apped and shutdown breaches d Attached to conta	
	☐Yes ☐No	□N/A	Other:			

Containment:	
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
Yes No N/A	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
☐Yes ☐No ☐N/A	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:
Glovebags: N/A Yes	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	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe any other work area of	onditions that exist not outlined above:
1	
Abatement/remediation act	ivities
Abatement/remediation ac	ivities conducted No abatement/remediation activities conducted
Please list the contaminant removed, t	ne location from which it was removed and the quantity removed from each area
Contaminant: Lo	Drywall Systems Quantity:
Were wet methods utilized for the rem If no, please explain	oval of the contaminant: Yes ' No

	NA
×	
Please provide an explanation of any	special circumstances concerning abatement or remediation activities:
	NA
E - 18	7-11
70	
Elean up/close out activities	S.
	A1 - 4
Yes No N/A	Abatement/remediation being conducted Gross clean up and material bagging
Yes No N/A	Bag out activities
Yes No N/A	All surfaces wet cleaned and/or HEPA vacuumed
Yes No NA	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 applicab
☐Yes ☐No ☐N/A	standards) Other:
LI 163 LIVO LIVA	Other
aste handling and disposa	a

No waste generated	
inber of bags, drums, or dumpsters u	utilized during shift:
Lined dumps ter on site	
Disposal by contractor off site	3 F 3 A 3 C 3 A 3 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C
Designated storage area on site (other	er than dumpster); describe:
Material double bagged, fiber drums Material labeled with appropriate lab	
Material labeled with appropriate fat	pels
	site as general construction debris
Material wetted	A Section 22.6 Marc 22.0 to the distriction of the section of the
Material wetted Waste generated was disposed of on	
Material wetted Waste generated was disposed of on	
Material wetted Waste generated was disposed of on Other:	· · · · · · · · · · · · · · · · · · ·
Material wetted Waste generated was disposed of on Other:	nt
Material wetted Waste generated was disposed of on Other: rsonal protective equipme	hich personal protective equipment is required:
Material wetted Waste generated was disposed of on Other: rsonal protective equipmen	
Material wetted Waste generated was disposed of on Other: rsonal protective equipment workers performing activities in wh	
Material wetted Waste generated was disposed of on Other: rsonal protective equipment workers performing activities in wh	
Material wetted Waste generated was disposed of on Other: rsonal protective equipment workers performing activities in wh If no, please explain	hich personal protective equipment is required: Yes No
Material wetted Waste generated was disposed of on Other: rsonal protective equipment workers performing activities in whe If no, please explain piratory protection (check all that applications of the processure and the processure and the processure are processure and the pro	hich personal protective equipment is required: Yes No pply): air purifying respirator
Material wetted Waste generated was disposed of on Other: rsonal protective equipment workers performing activities in wh If no, please explain piratory protection (check all that approximation)	hich personal protective equipment is required: Yes No pply): air purifying respirator air purifying respirator

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing	Boots Gloves
☐Hoods ☐Safety glasses ☐Other:	☐Hard hats ☐Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or of	ther safety precautions taken: NA
Consultant activities	
Contaminant(s): ASBESTOS	
Were the air monitoring samples analyzed: on site	to laboratory , or office
If taken to the laboratory, Name of Laboratory:	
Time and date dropped off:	
Turn around time indicated on the Please attach copy of cha	chain of custody:in of custody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminar	it identified in the sampling:
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for ap	
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section b	
Were there any other construction activities, carpeting, high transparent areas that could affect the sample results (be s	
¥.	* * * * * * * * * * * * * * * * * * * *
ersonal sampling Note: OSHA requires that at least 25% of the work fo Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case s 2 or more workers sampled-Represents w	cenario
Were workers below the OSHA TWA for the contami If no, please explain	nant(s) sampled: Yes No

	Clearance sampling	
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 0.61 f/cc, utilizing NIOSH 7400 protocol EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Append A protocol Other: Abatement Personnel Roster SSN or State Card Number:	Before clearance sampling the following crit	eria MUST be met:
Visual inspection conducted No dust/debris observed Work area locked down Was work area inspected and found clean and free of any contaminated debris: If no, please explain Did work area pass applicable clearance standards: Per No Applicable Standard EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Append A protocol Other: Abatement Personnel Roster Name: SSN or State Card Number:		
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Onsite visit of government officials

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Stated reason for vis	it:			
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AEC Site Map - ARATED-15t ALOOR HALL K:tchun IN FLOOR BALh HALL 1/11/16 GREEN BAXLER NOT 1737

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS



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

January 6, 2016

Environmental Consulting Solutions 523 West Sunnybrook Royal Oak, MI 48073

RF:

AAHC-River Run Project - Green Baxter Court

Asbestos Abatement Closeout Documents

EME Job #: 14-554B

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

Website: www.teamEME.com

- State of Michigan Asbestos Notifications
- Daily Construction Reports
- Employee Paperwork
- Waste Manifests

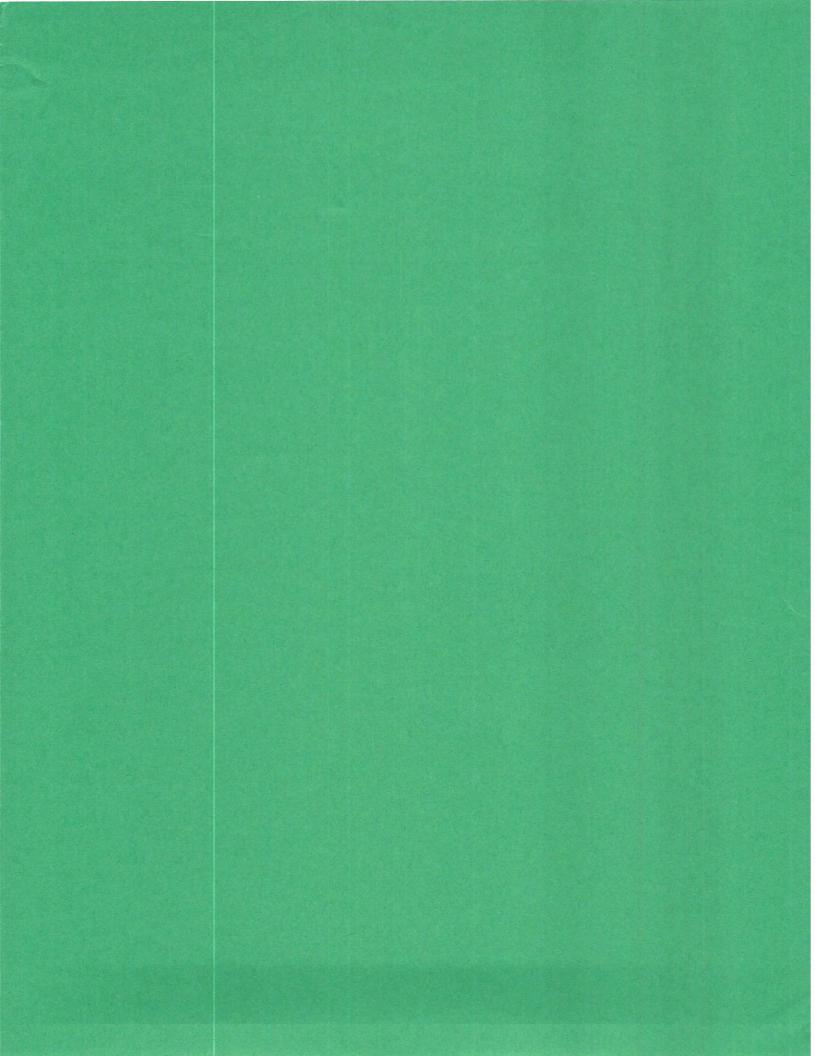
EME is looking forward to working with you in the future. If you have any questions or if I can be of further assistance please do not hesitate to call me at 313.791.2600.

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures



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

Contractor Number

Expiration Date

C2684

State of Michigan

12/08/2016

Department of Licensing and Regulatory Affairs

Environmental Maintenance Engineers, Inc. has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a

LICENSED ASBESTOS ABATEMENT CONTRACTOR

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

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

119093

2053

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.

7/1/m



CERTIFICATE OF LIABILITY INSURANCE

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).

COVERACES		CERTIFICATE NUMBER:15-16	Liab REVISION NUMBER:	
Inkster	MI	48141	INSURER F:	
			INSURER E :	-
25851 Trowbridge	Э		INSURER D:	-
Environmental Ma	aintenance	Engineers, Inc.	INSURER C:Liberty Mutual Insurance	0077
INSURED			INSURER B: Travelers Indemnity Company of CT	25682
Farmington Hill:	s MI	48333-2999	INSURER A: Westchester Surplus Lines Insurance	
Suite 150			INSURER(S) AFFORDING COVERAGE	NAIC #
37000 Grand Rive	er Ave.		E-MAIL ADDRESS: cbelcher@gswins.com	1
Griffin Smalley	& Wilkers	on	PHONE (A/C, No, Ext): (248) 471-0970 FAX (A/C, No): (248)	471-0641
PRODUCER			CONTACT Carolyn Belcher	

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.

ISR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
IK	X COMMERCIAL GENERAL LIABILITY	INSD WYD	TODG THOMES.			EACH OCCURRENCE	\$	2,000,000
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
-	CEANVIS-IVIADE & OCCUR		G27138470003	10/1/2015	10/1/2016	MED EXP (Any one person)	\$	5,000
			424.0476	1.77	1	PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				1	GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Employee Benefits	\$	1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	5	
3	ALL OWNED SCHEDULED		BA0135C519	10/1/2015	10/1/2016	BODILY INJURY (Per accident)	\$	
	X LUGED AUTOS X NON-OWNED		D1102330023	256.86	544044100	PROPERTY DAMAGE (Per accident)	\$	
	X HIRED AUTOS X AUTOS					Uninsured motorist combined	\$	1,000,000
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	3,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	3,000,000
A	DED RETENTIONS		G27140476003	10/1/2015	10/1/2016		\$	
-	WORKERS COMPENSATION					X PER OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	200				E.L. EACH ACCIDENT	5	1,000,000
C	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WC534S542329	10/1/2015	10/1/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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	CANCELLATION
Environmental Resources Group LLC 28003 Center Oaks Court	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Suite 106 Wixom, MI 48393	AUTHORIZED REPRESENTATIVE
	Patrick Williams/CTB Cathern Walhams

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) AIR QUALITY DIVISION

MICHIGAN DEPARTMENT OF LICENSING AND MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM, 25 OF 1086 AS AMENDED Section 220 (1-4) or (8)

NESI	HAP, 40 CFR Part 61, Sub	spart in		
OTIFICATION:			4. DEMOLITION CON	ITRACTOR: Internal Project #:
Date of Notification:	09/15/2015 Docu	ment #: 0000001507	Name:	
Date of Original:	08/14/2015 Origin	nal Document #: 0000000136	Mailing Address:	
Notification Type:		evised Canceled	City/State/Zip:	
	oxes: (both DEQ and LAF	RA may apply):	E-mail:	Phone:
	0 In. ft./160 sg. ft. or more		Contact:	Phone:
	vation - 10 working days r		5. FACILITY OWNER	R: Internal Project #:
		ionoc		
☐ Emergency Re	molition - 10 <u>working</u> days	notice	Divor Pun	n Ann Arbor Limited Divd Housing Assoc. LP
			Mailing Address:	
	n - 10 working days notice		Ivialing Address.	Ann Arbor, MI 48103
☐ Ordered Demo		sisientianel		Ann cases, the
LARA (MIOSHA) [V	Will not accept annual not	t.) 10 <u>calendar</u> days notice	E-mail: Contact: Robert	Nickoloff Phone: 313-749-7692
	enovation/Encapsulation	.) .0	Contact: Nobert	
	pestos Project Fee:(1% Pr	roject Fee)	erial 6. FACILITY DESCRI	
Total Project Cost:	\$0	x 0.01 = \$0.00	Facility Name: (Green Baxter Court
Type of Contractor:	Type II	License No: C2684	Location Address	s: 1737 Green Rd.
	MIOSHA			Ann Arbor, MI 48105
Licensing Authority:			County: Washte	
PROJECT SCHEDU	LE:	and the state of t	No. of Floors: 2	
		t, attach a schedule showing the star		ad: Plymouth Rd. 3400 Floor No.: 1
date of each pha	START DATE	END DATE	Size: (sq. ft.) 38	Housing Apartments
Renovation:			Prior Use: Sam	
+ Asb. Removal:	09/21/2015	09/24/2015	Specific Location	n(s) in Facility: Interior Units
			900000000000000000000000000000000000000	
+ Demolition:			1	
Encapsulation:				
Encapsulation:	oulid enclosure, asbestos remo	oval, demobilizing, etc.	7. DISPOSAL SITE:	
Encapsulation: * includes setup, b +include only thos	se dates you are conducting as	sbestos removal/demo.	Name: Carleto	on Farms Landfill
Encapsulation: * Includes setup, b +Include only thos Work Schedule:	se dates you are conducting as Please indicate the antici	sbestos removal/demo. cipated days of the week and work ho	Name: Carleto Location Address	on Farms Landfill ss: 28800 Clark Rd
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NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

1. PROJECT DESCRIPTION: Complete A) for Renovation (asb.	estos removal/encapsulation	n) and/or B) for Demolition: psulation (for LARA): Mark s	surfaces/types to be	e encapsulated:
A) RENOVATION: Mark all surfaces/types of RACM to be re		Piping Fittings	☐ Boiler(s)	☐ Tanks(s)
L riping L riungs L 2	Ceiling Tile(s)	Beam(s) Duct(s) Other (describe):	☐ Tunnel(s)	☐ Ceiling Tile(s)
Method of removal: Describe how the asbestos will be re	emoved:			
☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut	into sections and remove	☐ Hand Scraping		
☐ Dry Removal (please provide attachment with a desc Mini Enclosures for cutting out drywall for plugs, vent fan:	ription and explanation	Other (describe):		
B) DEMOLITION: Indicate if complete or partial demolition:				
☐ Complete or ☐ Partial (describe part of facility to be	be demolished):			
Method of Demolition: Describe the method of demoliti ☐ Excavator or other heavy equipment ☐ Dis	ion of facility, bridge, etc.: sassembly by hand	☐ Explosives ☐ Ot	her (describe):	
2. ENGINEERING CONTROLS: Describe work practices and e	naineering controls used to	prevent visible emissions befo	ore, during, and afte	er removal, and until proper disposal:
The second of th		uately wet material	Other (describe):	
✓ Water spray to control dust ✓ Place in leak tig	gni containere E 71254	,		
		L DACM is found on	proviously non-friah	ale ashestos becomes friable
33. UNEXPECTED ASBESTOS: Describe the steps you intend	to follow in the event that un	nexpected RACM is found of t	previously non-man	ne aspestos becomes man-
(crumbled, pulverized, reduced to powder, etc.) and therei	fore regulated. Contact DEQ and abatement	contractor D F	Revise notification	Other (describe):
☑ Stop Work ☑ Wet material ☑ C	Onlact DEG and abatement			
A) Indicate how you determined whether or not asbestos or absence of asbestos must be made prior to submitti All suspect materials sampled and analyzed using F	is in the facility. If analytical ing a renovation/demolition Polarized Light Microscopy (PLM)	r (describe):	
 A) Indicate how you determined whether or not asbestos or absence of asbestos must be made prior to submittivity. All suspect materials sampled and analyzed using F B) Name, address, and phone number of company performation. C) Name, accreditation number of inspector, and date of 	is in the facility. If analytical ing a renovation/demolition of colorized Light Microscopy (rming asbestos survey: Am inspection: Jef Fox, A3464 ergency:	PLM)	r (describe): tants, LLC, 313-491	
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A) Indicate how you determined whether or not asbestos or absence of asbestos must be made prior to submitting. All suspect materials sampled and analyzed using F. B) Name, address, and phone number of company performed betroit, MI, 48227 C) Name, accreditation number of inspector, and date of the sudden, accreditation number of inspector, and date of the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or with the sudden and/or during an ordered demolition. Evidence site. Michael Kelly Signature of Owner or Abatement/Demolition Contractors. 17. Signature Requirements for Projects with Negative Presection 221(1)(2) of P.A. 135 of 1986, as amended, feet or more of friable material which is performed with responsibility under Act 135 to have clearance air mone.	is in the facility. If analytical ing a renovation/demolition of colorized Light Microscopy (forming asbestos survey: Aminispection: Jef Fox, A3464 ergency: Would cause equipment daministration of the colorized Light Microscopy (forming asbestos survey: Aminispection: Jef Fox, A3464 ergency: Would cause equipment daministration of the colorized person has complete that this person has complete clearance air monitoring is so in a negative pressure enditoring performed on this part of the colorized performed pe	PLM) Other of the period of th	inancial burden: on and during demote available for inspect or lessee) have be Abatement Contest	oblition involving RACM above the section at the renovation or demolition involving 10 linear feet/15 square een advised by the contractor of many 109/15/20
A) Indicate how you determined whether or not asbestos or absence of asbestos must be made prior to submitti ☑ All suspect materials sampled and analyzed using F B) Name, address, and phone number of company performed betroit, MI, 48227 C) Name, accreditation number of inspector, and date of the sudden, unexpected event: Describe the sudden, unexpected event: Explain how the event caused unsafe conditions, and/or with the sudden and/or during an ordered demolition. Evidence site. Michael Kelly Signature of Owner or Abatement/Demolition Contractor 17. Signature Requirements for Projects with Negative Preset or more of friable material which is performed with responsibility under Act 135 to have clearance air months. Signature of Building Owner or Lessee NOTE: It is not mandatory that a signed copy be sent to LARA For affected projects, this section of the notification form must be	is in the facility. If analytical ing a renovation/demolition of colorized Light Microscopy (forming asbestos survey: Aminispection: Jef Fox, A3464 ergency: Would cause equipment daministration of the colorized Light Microscopy (forming asbestos survey: Aminispection: Jef Fox, A3464 ergency: Would cause equipment daministration of the colorized person has complete that this person has complete clearance air monitoring is so in a negative pressure enditoring performed on this part of the colorized performed pe	PLM) Other of the period of th	inancial burden: on and during demote available for inspect or lessee) have be Abatement Contest	oblition involving RACM above the section at the renovation or demolition involving 10 linear feet/15 square een advised by the contractor of many 109/15/20
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NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

DEG

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)

				PERSONAL PROPERTY AND ADDRESS OF THE PARTY AND				
DEQ/LARA US	E ONLY			3. ABATEMENT	CONTRACTOR: CONMENTAL MAINTE		Project #: 14-	
		Date	1 1 1	Mailing Addre	ss: 25851 TROWBRII	DGE ST		
Postmark Date		No		City/State/Zip	INKSTER	, MI	, 48141-246	65
					on@teameme.com			
□ OK □ Send				Contact: Mil		_ Phone: _((313)791 - 2	2600
	Spok	e w/			CONTRACTOR:		Project #:	
-					ess:			
				City/State/Zip	i			
Notification No.	Tran	s No	/	E-mail:		Dhana		_
Ilculate LARA Asbe	etas Project Fee	(1)	% Project Fee)					
Inculate LAKA Aspe	x 0.01 =x			5. FACILITY O	WNER: ("Facility" inc Run Ann Arbor Limi	ludes Bridges,) Ising Assoc	IP
ne of Contractor:	License N	lo.:			ess: 2702 Hikone	ited Diva Floa	ionig / locos.	
					Ann Arbor	. N	AI , 4810	3
NOTIFICATION:				E-mail:				
Date of Notification:	- 06/15/2015				bert Nickoloff	Phone:	(313)749.	7692
Date of Revision(s)				6. FACILITY DI				
Notification Type	Original X Revised	Canceled	Annual	Facility Name	e: Green Baxter Co	ourt		
	boxes: (both DEQ and LAR			Location Add	Iress/Description: 17	37 Green Rd		
	60 In. ft./160 sq. ft. or more					If Apt. # of ur	nits: 32	
Planned Renova	ation – 10 <u>working</u> days not	ice		City/Twp. An	n Arbor	State: MI	Zip Co	ode: 48105
Emergency Ren	novation nolition – 10 <u>working</u> days n	otice		County: WA	SHTENAW Neare	est Crossroad:	Plymouth	
Intentional Burn	1 – 10 working days notice	otroc		Size: (sq. ft.)	38400 No. o	f Floors: 2	Floor	No.: 1
Ordered Demoli	ition	:finations]		Age: <u>51</u>	Present Use: Ho	busing Apartments	Prior Us	se: Same
LARA (MIOSHA) [Will not accept annual not ncap. (>10 ln. ft./15 sq. ft.) 1	nicationsj n calandar	days notice	Specific Loc	ation(s) in Facility: In	terior Units		
		O Calcinati	uays nouce		TO 4 104 100 11 11 11 11 11 11 11 11 11 11 11 11			
☐ Emergency Rer	novation/Encapsulation	o <u>calendar</u>	uays notice					
☐ Emergency Rer	novation/Encapsulation	O <u>calendar</u>	uays notice	7. DISPOSAL	SITE:			
☐ Emergency Rer	novation/Encapsulation		DATE	Name: Car	SITE: leton Farms Landi	fill		
☐ Emergency Rer	novation/Encapsulation OULE:		C. 3.1	Name: Cari	SITE: leton Farms Landi dress: 28800 Clark	fill c Rd.		10101
☐ Emergency Rer	novation/Encapsulation OULE:	END	DATE	Name: Cari	SITE: leton Farms Landi	fill c Rd.	,	48164
□ Emergency Rer PROJECT SCHED * Renovation +Asb. Removal	OULE: START DATE	END	DATE	Name: Car Location Ad City/State/Zi	SITE: leton Farms Landi dress: 28800 Clark	fill Rd. MI		4 5 5 4 5
* Renovation +Asb. Removal +Demolition:	OULE: START DATE	END	DATE	Name: Car Location Ad City/State/Zi	SITE: leton Farms Landi dress: 28800 Clark p: New Boston	fill Rd. MI WAST	TE TRANSP Services - V	ORTER 2:
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule:	OULE: START DATE 06/29/2015 Please indicate the anticip	07/07/2015	DATE 5 f the week and	Name: Car Location Ad City/State/Zi	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers	fill Rd. MI	TE TRANSP Services - V	ORTER 2: Vayne
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule:	ovation/Encapsulation DULE: START DATE 06/29/2015	07/07/2015	DATE 5 f the week and	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental M	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers	Republic 5400 Cog Wayne	TE TRANSP Services - V swell , MI	ORTER 2:
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule:	novation/Encapsulation DULE: START DATE 06/29/2015 Please indicate the anticip purpose of scheduling a cor Days of the Week	07/07/2015 07/07/2015 ated days of impliance ins	f the week and spection.	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental M 25851 Trowbr Inkster	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141	Fill Rd. MI WAST Republic 5400 Cog Wayne (734)216-	TE TRANSP Services - V swell , MI	ORTER 2: Vayne , 48184
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule:	novation/Encapsulation DULE: START DATE 06/29/2015 Please indicate the anticip purpose of scheduling a cor	END 07/07/2015 ated days of	f the week and spection.	Name: Car Location Add City/State/Zi 8. WASTE TR. Environmental M 25851 Trowbi Inkster	site: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141	MI WAST Republic 5400 Cog Wayne (734)216-	TE TRANSP Services - V swell , MI .824	ORTER 2: Vayne , 48184 definition of
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the	novation/Encapsulation DULE: START DATE 06/29/2015 Please indicate the anticip purpose of scheduling a cor Days of the Week	07/07/2015 07/07/2015 ated days of impliance ins	f the week and spection.	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental N 25851 Trowbr Inkster 9. ORDERED I "Ordered De	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141	MI WAST Republic 5400 Cog Wayne (734)216-	TE TRANSP Services - V swell , MI .824	ORTER 2: Vayne , 48184 definition of
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the Asb. Removal: Demolition:	Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR	ated days of npliance ins	f the week and pection.	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental N 25851 Trowbr Inkster 9. ORDERED I "Ordered De notification.	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141 DEMOLITIONS: (See molition.") A copy of	MI WAST Republic 5400 Cog Wayne (734)216- ENESHAP reg	Services - V swell MI -824 gulations for der must acc	ORTER 2: Vayne , 48184 definition of company this
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the Asb. Removal: Demolition: Encapsulation: * Includes setup, be-Include only those	Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR puild enclosure, asbestos rerise dates you are conducting	ated days of mpliance ins Wor 8a-4:30p	f the week and expection. ck Hours billizing, etc. emoval/demo.	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental M 25851 Trowbr Inkster 9. ORDERED I "Ordered De notification. Gov't Agence	site: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141	Rd. MI WAST Republic 5400 Cog Wayne (734)216- ENESHAP reg the official Ord	TE TRANSP Services - V swell , MI -824 gulations for der must acc	ORTER 2: Vayne , 48184 definition of company this
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* Renovation * Renovation * Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the Asb. Removal: Demolition: Encapsulation: * Includes setup, b +Include only thos Check here if the start/end da	Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR se dates you are conducting his is a multi-phased project, ate of each phase. RESENT? START DATE 06/29/2015 Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR pullid enclosure, asbestos rerese dates you are conducting his is a multi-phased project, ate of each phase.	ated days of inpliance ins Wor 8a-4:30p moval, demo asbestos re attach a sch	f the week and pection. At Hours Dillizing, etc. Emoval/demo. hedule showing To be remove RACM to be	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental N 25851 Trowbr Inkster 9. ORDERED I "Ordered De notification. Gov't Agenc Name/Title of Date of Ord d prior to demolitic	site: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141 DEMOLITIONS: (See molition.") A copy of y Ordering Demo: — of Person Signing Order: Demonstriable AC removed prior to	MI WAST Republic 5400 Cog Wayne (734)216- E NESHAP reg the official Ord der: Date On	TE TRANSP Services - V swell MI -824 gulations for der must acc	ORTER 2: Vayne
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the Asb. Removal: Demolition: Encapsulation: * Includes setup, b +Include only thos Check here if the start/end da 10. IS ASBESTOS PF Estimate the among (Regulated Aspension)	Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR Duild enclosure, asbestos rerise dates you are conducting his is a multi-phased project, ate of each phase. RESENT? Yes Sount of asbestos: Include Research and Also include the stream of the project of the phase of the pha	ated days of mpliance ins Wor 8a-4:30p	f the week and expection. The billizing, etc. Semoval/demo. To be remove	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental M 25851 Trowbr Inkster 9. ORDERED I "Ordered De notification. Gov't Agenc Name/Title of Date of Ord d prior to demoliting	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141 DEMOLITIONS: (See molition.") A copy of by Ordering Demo: — of Person Signing Order: Non-friable AC removed prior to	M not odder:	TE TRANSP Services - V swell MI .824 gulations for der must acc dered to Beg Units of N	ORTER 2: Vayne , 48184 definition of company this
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the Asb. Removal: Demolition: Encapsulation: * Includes setup, be- +Include only thos Check here if the start/end da 10. IS ASBESTOS PF Estimate the amount (Regulated Asbest removed, encapsulation type (floor tile)	Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR ouild enclosure, asbestos rerise dates you are conducting his is a multi-phased project, ate of each phase. RESENT? X Yes	ated days of mpliance ins Wor 8a-4:30p	f the week and pection. Ak Hours Dibilizing, etc. Emoval/demo. To be remove RACM to be Removed	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental N 25851 Trowbr Inkster 9. ORDERED I "Ordered De notification. Gov't Agenc Name/Title of Date of Ord d prior to demolitic	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141 DEMOLITIONS: (See molition.") A copy of by Ordering Demo: — of Person Signing Order: Non-friable AC removed prior to	M not odder:	TE TRANSP Services - V swell , MI .824 gulations for der must according to Beg	ORTER 2: Vayne , 48184 definition of company this
* Renovation +Asb. Removal +Demolition: Encapsulation: Work Schedule: work hours for the Asb. Removal: Demolition: Encapsulation: * Includes setup, be- +Include only thos Check here if the start/end da 10. IS ASBESTOS PF Estimate the amount (Regulated Asbester included Asbester) and type (floor tile land/or Category	Please indicate the anticip purpose of scheduling a cor Days of the Week MO, TU, WE, TH, FR Duild enclosure, asbestos rerise dates you are conducting his is a multi-phased project, ate of each phase. RESENT? Yes Sount of asbestos: Include Research and Also include the stream of the project of the phase of the pha	ated days of mpliance ins Wor 8a-4:30p	f the week and pection. Ak Hours Dibilizing, etc. Emoval/demo. hedule showing To be remove RACM to be	Name: Car Location Add City/State/Zi 8. WASTE TR Environmental N 25851 Trowbr Inkster 9. ORDERED I "Ordered De notification. Gov't Agenc Name/Title of Date of Ord d prior to demolitic	SITE: leton Farms Landi dress: 28800 Clark p: New Boston ANSPORTER 1: Maintenance Engineers ridge MI 48141 DEMOLITIONS: (See molition.") A copy of by Ordering Demo: — of Person Signing Order: Non-friable AC removed prior to	MI WAST Republic 5400 Cog Wayne (734)216- E NESHAP reg the official Ord der: Date Ord M not official ord ategory II	TE TRANSP Services - V swell MI .824 gulations for der must acc dered to Beg Units of N	ORTER 2: Vayne , 48184 definition of company this

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

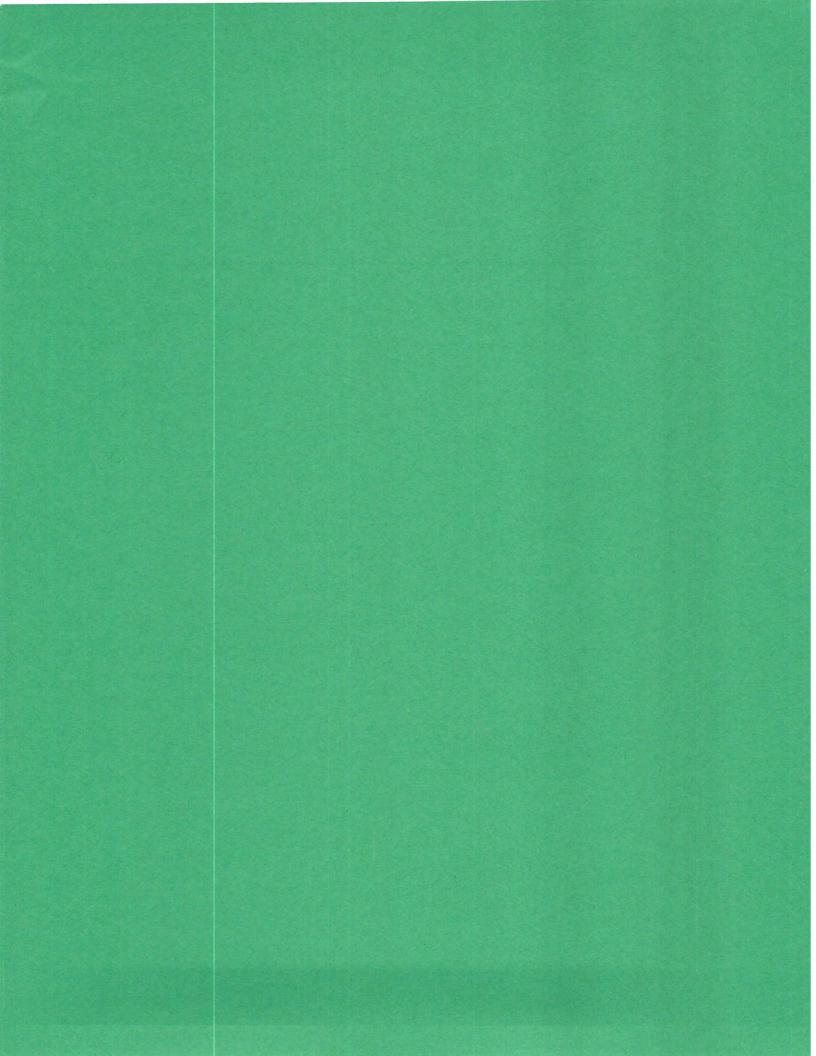
	NOTIFICATION OF II	VIENT TO REM	IOVATE/DEMOLISTI (continue		
t pr	ROJECT DESCRIPTION: Complete A) for Renovation	(asbestos removal)	encapsulation) and/or B) for Demoliti	on:	
	RENOVATION: Mark all surfaces/types of RACM to b	e removed: ks(s) ling Tile(s)	Encapsulation (for LARA): Ma Piping Fittings Beam(s) Duct(s) Other (describe)	rk surfaces/types to Boiler(s) Tunnel(s)	Ceiling Tile(s)
	Method of removal: Describe how the asbestos will be carefully lower, etc.): Cut into sections and fans & plumbing tie-ir	removed, MI	e surface (example: glove bag, scrape ni enclosures for cutting c	out drywall for	plugs, vent
) DEMOLITION: Describe the method of demolition of bridge, etc., will be demolished:				
2. E	ingineering controls: Describe work practices a ntil proper disposal: Water spray used to co Adequately wet materia	Illi Oi uust, Tit	ntrols used to prevent visible emission ace in leak tight container:	s before, during, an s until proper	d after removal, and disposal,
- 19					Salar Salar
t	UNEXPECTED ASBESTOS: Describe the steps you in Describe the Describe the steps you in Describe the	ication	0 109018101		
3	PROCEDURE(S) USED TO DETECT THE PRESENCE analytical sampling was used, describe method of analytical sampling was used, describe method of analytical sampling was used. All suspect materials are novation/demolition notification.): Point Counting	iterials sampled	and analyzed using Polarize	d Light Microso	opy(PLM),
	B) Name, address, and phone number of company performance	ing achastas su	NAV. American Environmental Consultants, LL	.C. (313)491-2600, 1283	8 Gavel, Detroit, MI, 4822
1	Name, address, and phone number of company periodName, accreditation number of inspector, and date o	fining aspestos su	ox A34641, 05/13/2013		
1	C) Name, accreditation number of inspector, and date of EMERGENCY RENOVATIONS: Date/time of emergen	r inspection: oci i	Ox, 7, to . o ,	evpected event:	
	Explain how the event caused unsafe conditions, and/or certify that an individual trained in the provisions of RACM above the threshold and/or during an ordered inspection at the renovation or demolition site.				
	Michael Kelly: kellym1991 07/07/	2015			Date
	Signature of Owner or Abatement Contractor Date		Signature of Owner or Demolition Co	ontractor	Date
	Signature Requirements for Projects with Per Section 221(1)(2) of P.A. 135 of 1986, as amen linear feet/15 square feet or more of friable materia have been advised by the contractor of my responsional Signature of Building Owner or Lessee Date NOTE: It is not mandatory that a signed copy be sent to and made part of your records before the project beg	Il which is perforn ibility under Act 1.	ned within a negative pressure end 35 to have clearance air monitoring	performed on this	ative Date
18.	I certify that the above information is cor	rect:	Michael Kelly : kellym1991	mlea	07/07/2015
	Michael Kelly 07/07/2		Signature of Owner/Operator	17/	Date
_	Printed Name of Owner operator			are applicable to vo	our project.)
For (1-4 http	Public Act 135 of 1986, as amended, Section 2 or (8), mail to address below. For more info visit: 1//www.michigan.gov/asbestos	Por NESHA notifications info visit http All Countie NESHAP A	AP Demolitions/Renovations, 40 to the appropriate address below (:://www.michigan.gov/deg click on A to (except Wayne County) sbestos Program	by county of subjection in the Asbestos N Wayne County NESHAP Asbes Detroit Field Off	ct facility): For mo ESHAP Program. Only tos Program ice, DEQ, AQD
LAF P.C	RA, CSHD). Box 30671 Ising, MI 48909-8171	DEQ, AQD	0260 48909-7760	Cadillac Place, \$3058 West Grar Detroit, MI 4820	Suite 2-300 id Boulevard
1	.322.1320 (office), 517.322.1713 (fax)	517.373.70	64 (Revision Line)	4201M	IA-CSH 142 (rev. 04

EQP5661 (rev. 04/11)
One Stop ID: 355563

Previous Doc#: 276858

Doc #: 279675

MIOSHA-CSH 142 (rev. 04/11)





Today's Date/Day: S/M) T W T F S 6274-16	Job#: 14554B
Week Ending Date:	Job Name:
Truck #/Driver:	ACM / Mold / Lead / Other

	The second secon			
Daily	Const	ruction	Repo	ort

General Work Description:	T	he type of ab	atemen	t condu	icted:	Set	-up pro	cedures	s conducted:		
YN	n/a		-	Υ	N n/a					YN	n/a
ACM Pipe/Fitting			Remo	oval					Signs/Banner Tape		
ACM Boiler/Tanks/Breeching		E	ncapsula	tion					Criticals Set-up		
ACM Acoustical Ceiling	- S		Patch/Re	pair					Full/Mini Enclosure		
ACM Ceiling Tiles/Glue Pods		Glove-I	bag Remo	oval				Ply	wood 2"x4" Structures		
VAT Mastic Carpet			Enclos	sure					AFD's Set-up Vented		
Transite Siding/ Han Skyll		Removal/	Replacem	nent					ation of HVAC system	/	
Insulation/Vermiculite	31.7	LBP Remo	val Chem	nical					oly Walls Floors Drops	_	
Lead Based Paint		LBP HEPA		-					e/Full Decon Chamber	-	
Mold Remediation		Dr	y Ice Blas	ting	1-1				Water System Set-up		
Industrial/Universal Waste		Aggressive H							c GFCI's/Temp. Panel	11	
Other Devices		Selectiv	e Demoli	ition /				Scaffol	d/Bakers/5'x7'/Manlift		
Personal protective equipment:	(Clean-up activ	ities:			Ins	pection	s:			
	n/a	•		Y	N n/a		/ # of	Neg. Air	Machines	YN	n/a
Respiratory protection		Gross/F	inal Clear	n-up				Barr	riers Intact And Sound	-	
Half-Face/Full-Face/PAPR's		Load	Out Activ	ities				DEC	ON/Shower Inspection		
Disposable Suits		Surfact	ants/Ledi	zolv					Employee PPE Used		
Steel Toe/Rubber Boots		Vet Methods IAC	Shockw	ave				Ele	ectrical Safety In Place	الفنر	EE 17 11 1
Gloves Rubber/Cotton		HEPA Vacuu	m Seque	ence				OSHA I	nspection Site Review		
Safety Glasses/Full Face		All Equip./T	ools Clea	ned _				Cons	ultant/EME Monitoring	/	
Hard hats/Hearing Protection		Fir	al Lockd	own				Consul	tant/Supervisor Visual	, de la	
Fall Protection		Work Ar	ea Teard	own =				Perso	onnel Decontaminated	1	
Scaffold Safety Rails/Manlift		Final Works						Work A	Area Inspected/Secure	-	
						Visual	Testing	:			
	2	AFF						Number	r.		
Representative Name:	-	1146				HOOICO	TLUETOT!	i cumbo.			
Comments:		10.				No. 1	1 90	1 7 - 4 - 1	1		
			Class	Time	Time	Time	Time	Total	Employee S	innetur	
Employee Name	Ac	cred.#	S/W	In	Out	In	Out	Hrs	Employee	ignatui	E
Project Manager:											-0.1
		and the second									
Supervisor:	110	A		-30	100	1100	100	10	m h	1	quality and
1. Pts11	1423	55%		1 1/2	11	16	13	10	MAN WELL	100	1
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Work Area:



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 (-30 -15	Job#: 14-554 B
Week Ending Date:	Job Name: Google Baxtor
Truck #/Driver:	ACM / Mold / Lead / Other

Daily Construction Report

ACM Bloeffithing ACM Constituted Celling ACM Constituted Celling ACM Constituted Celling ACM Constituted ACM Cons	General Work Description:	The type of al	oatemen	t condu	cted:	Se	t-up pro	cedures	conducted:			
ACM PipelFitting ACM RollsetTransReseching ACM Acoustical Celling ACM Acoustical Celling ACM Celling TiseClube Polity AT Medic Carpet Transic Siding Act Polity Pipel Act Polity P				Y	Contract of the last of the la			- Anna		Υ	N	n/a
ACM Bolistriank Streeching Patch/Repit P	The state of the s		Remo	oval					Signs/Banner Tape	-		
ACM Acquistical Ceiling ACM Ceiling Tiles/Glue Pods VNT Mastic Carpet VNT Mastic Set Up VNT Mastic VNT M									Criticals Set-up			
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Clean-up activities: Inspections: Inspection Inspect								Scaffol	d/Bakers/5'x7'/Manlift			
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Respiratory protoction Half-Face/FulA-PRTRs Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Conto Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Raiis/Manilit Consultant Firm: Employee Name Accred. # Class Time Time Time Time Total Final Works Time Time Time Total Out Hris Employee Signature Employee Signature Comments: Asbestos Waste Dumpster Employee Signature Barriers Intact And Sound Employee PPE Used Employee PPE Used Consultant Firm: Consultant Firm: Employee Name Accred. # Class Time Time Time Time Time Total Out Hris Employee Signature Comments: Asbestos Waste Dumpster Employee Signature Supervisor. Asbestos Waste Dumpster Employee Signature Class Time Time Time Total Out Hris Employee Signature Consultant Firm: Employee Signature Class Time Time Time Time Total Out Hris Employee Signature Comments: Asbestos Waste Dumpster Employee Signature Class Time Time Time Total Out Hris Employee Signature Comments: Supervisor. Asbestos Waste Dumpster Employee Signature Class Time Time Time Total Out Hris Employee Signature Comments: Supervisor. Asbestos Waste Dumpster Employee Signature Comments: Class Time Time Time Total Out Hris Employee Signature Comments: Class Time Time Time Total Out Hris Employee Signature Comments: Supervisor. Asbestos Waste Dumpster Employee Signature Comments: Class Time Time Time Total Out Hris Employee Signature Comments: Class Time Time Total Out Hris Employee Signature Comments: Comments: Class Time Time Time Total Out Hris Employee Signature Comments: Comments: Class Time Time Time Time Time Time Total Out Hris Employee Signature Comments: Comments: Comments: Class Time Time Time Time Time Time Time Time			vities:		N1 -/-	IIII			Machines	V	NI	n/a
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Disposable Suits Stell Toe/Rubber Boots Cloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Safety Glasses/Full Face Hard hats/Hearing Protection Safety Rais/Maniff Consultant Firm: Representative Name: Accred. # SM In Out In Out Hrs Employee Signature Employee Name Accred. # SM In Out In Out Hrs Employee Signature Class Time Time Time Time Total Hrs Employee Signature Comments:		the same of the sa									\dashv	-
Steel ToerRubber Boots HerPA Vacuum Sequence Class Rubber/Cotton Cloves Rubber/Cotton Cloves Rubber/Cotton Cloves Rubber/Cotton Consultant/EME Monitoring Consultant/EME Monitoring Consultant/EME Monitoring Consultant/Supervisor Visual Personnel Decontaminated Work Area Inspected/Secure Consultant Firm: Accreditation Number: Consultant Firm: Accreditation Number: Consultant Firm: Accreditation Number: Comments: Class Time Time Time Time Total Employee Signature Consultant Firm: Accreditation Number: Consultant Firm: Consultant Firm:	Half-Face/Full-Face/PAPR's	27900						DEC		1000		-
Selection Size Rubber/Cotton Safety Classes/Full Face HEPA Vacuum Sequence All Equip./Tools Cleaned Final Lockdown Personnel Decontaminated	Disposable Suits											-
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Hard hats/Hearing Protection Fall Protection Final Worksite Walk-Thru Work Area Teardown Final Worksite Walk-Thru Visual/Testing: Accreditation Number: Comments: Employee Name Accred. # S/W In Out In Out Hrs Employee Signature Project Manager: Supervisor: A 25387	Gloves Rubber/Cotton			_							-	\vdash
Fall Protection Scaffold Safety Rails/Manlift Fall Protection Scaffold Safety Rails/Manlift Final Worksite Walk-Thru Visual/Testing: Accreditation Number: Comments: Employee Name Accred. # Class Time Time Time Total Hrs Employee Signature Froject Menager: A 2 5 4 8 7 8 10 0ut In Out Hrs Employee Signature Froject Menager: A 2 5 4 8 7 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Safety Glasses/Full Face			-				2.2000		_	_	-
Scaffold Safety Rails/Manlift Consultant Firm: Representative Name: AFC Mattheway Same Accred. # Saw In Out In Out In Out In Out In September Supervisor. A SABESTON Waste Vaste Vasue Great Status of Job Safety Issues: Asbeston Waste Vaste Status of Job Project On-going - someone to return Drums Drums Drums Drums Note: Bundles Bundles Complete - no one will need to return In Set In Set In Supervisor or other materials left.	Hard hats/Hearing Protection	F	inal Lockd	own						-		\vdash
Consultant Firm: Representative Name: AFC Math Andrews Sale Sale Supervisor. A Asbestos Waste V Dumpster EME Onsite Safety Issues: Asbestos Waste V Dumpster EME Onsite Asbestos Waste V Dumpster EME Onsite Status of Job 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.	Fall Protection	Work A	rea Teard	own				Pers	onnel Decontaminated	-		
Consultant Firm: Representative Name: AFF Matth Long 5 Accreditation Number: Comments: Employee Name Accred. # S/W In Out In Out Hrs Employee Signature Project Manager: Supervisor: A 2587 230 120 1230 400 8 Math State Chars Iregian A36314 30 120 1230 400 8 Math State Chars Iregian A36314 30 120 1230 400 8 Math State Chars Iregian A36314 30 120 1230 400 8 Math State Safety Issues: Asbestow Waste Dumpster EME Onsite Friable	Scaffold Safety Rails/Manlift	Final Works	site Walk-T	Thru _				Work A	Area Inspected/Secure	-		
Representative Name: Aff Address Accreditation Number: Comments: Employee Name			,			Visual	/Testino	1:				
Employee Name Accred. # S/W In Out Time	1117	Matt Rod	9005	31					r:			
Employee Name Accred. # S/W In Out In Out Hrs Employee Signature Project Manager: Supervisor: A 25387	Comments:		Tai			- PP	1 7:	Takal	T			
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Safety Issues: Asbestos Waste Asbestos Waste Friable	M. Stewart	A45997		730	12	1230	400	8	Mospe	get,	10	~
Safety Issues: Asbestos Waste Dumpster EME Onsite Friable	Churs Tresloun	A36314		30	110	1230	400	9	a y	1		2
Safety Issues: Asbestos Waste Dumpster EME Onsite Friable Non-Friable Status of Job Drums Drums Drums Drums Drums Drums Note: Bundles 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.	Macan	A4-70,7		030	1200	1730	400	6	190	1	/	
Status of Job Project On-going - someone to return	HIR JUBY	TI W FI &			16	7			1	1		
Status of Job Project On-going - someone to return							-					
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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.	Safety Issues:			Asb	estos V	Vaste	1	Dum	pster EME		Ons	site
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	I certify area has been visually Signature:	inspected, all equip	ment is	off site	and the	ere is r	no debri	is or oth	ner materials left.			

Work Area:



Today's Date/Day: S(M) T W T F S 4.21-15	Job#: 14-55413
Week Ending Date:	Job Name: Green Bexter
Truck #/Driver:	ACM / Mold / Lead / Other
35/ Ch/15 Work Area: 300	Aoin) moid / Edad / Oil

Daily	Construction	Report
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Daily Constru	ction Report							
General Work Description:	The type of al	batemen	t cond	ucted:	Se	t-up pro	cedure	s conducted:
ACM Pipe/Fitting ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Universal Waste Other	Glove- Removal LBP Remo LBP HEPA Dr Aggressive H Selecti Clean-up acti	Remonstrate Remonstrate Remonstrate Remonstrate Remonstrate Replacem Replacem Replacem Report Replacem Remonstrate	Y y oval / ition pair poval v oval /	N n/a	Ins	spection	Ply Isol Portable Electri Scaffo IS: f Neg. Air Bar DECC Ele OSHA I	Signs/Banner Tape Criticals Set-up Full/Mini Enclosure wood 2"x4" Structures AFD's Set-up Vented altion of HVAC system by Walls Floors Drops e/Full Decon Chamber Water System Set-up c GFCl's/Temp. Panel ld/Bakers/5'x7'/Manlift Machines Y N n/a riers Intact And Sound DN/Shower Inspection Employee PPE Used ectrical Safety In Place inspection Site Review ultant/EME Monitoring
Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm: Representative Name:	Fi	nal Lockdo rea Teardo	own /	î		/Testing	Consul Perso Work A	tant/Supervisor Visual / onnel Decontaminated / onea Inspected/Secure /
Comments:		I Olasa I	41	Time	1 99	1 Time	Takal	
Employee Name Project Manager:	Accred.#	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Supervisor: A. Ptala MAHIN Stephant Chris Tresland	A 25587 AUSY97 A 3C314		730	1200	1230	430	5.5 5.5 5.5	Unless Ptake
Safety Issues:		22	Asbeiable Bags Drums Bundles	estos V	- Non-Fri Baç Dru	js	Note:	Status of Job ject On-going - someone to return
l certify area has been visually in Signature:	spected, all equipm	nent is o	ff site a	and the	ere is no	o debris	s or oth	er materials left.



Today's Date/Day: S M T) W T F S 9-22-15	Job#: 14554B
Week Ending Date: 9-27-15	Job Name: Green Bayter
Truck #/Driver: 354 (hu.5	ACM Mold / Lead / Other

1707

Daily	Const	truction	Report
Lauv	CUIS		MEDUIL

General Work Description:		The type of a	bateme	nt cond		Se	t-up pro	ocedure	s conducted:
	l n/a			Y	N n/a				Y N n/a
ACM Pipe/Fitting	-		Rem Encapsul	noval					Signs/Banner Tape Criticals Set-up
ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling	-		Patch/R	-					Full/Mini Enclosure
	-	Clava	-bag Rem					Dh	wood 2"x4" Structures
ACM Ceiling Tiles/Glue Pods	+	Glove	Enclo		-			riy	AFD's Set-up Vented
VAT Mastic Carpet	+	Removal			-			leo	lation of HVAC system
Insulation/Vermiculite	-	LBP Rem			-				oly Walls Floors Drops
Lead Based Paint	+	LBP HEPA							e/Full Decon Chamber
Mold Remediation	+		ry Ice Bla		-			i ortabi	Water System Set-up
Industrial/Universal Waste	+	Aggressive H						Flectr	ic GFCl's/Temp. Panel
Other Drywall	+-		ve Demo						old/Bakers/5'x7'/Manlift
ersonal protective equipment:		Clean-up acti		00316400		Inc	pection		
Y N		Olean-up acu	vides.	Y	N n/a	1110		The second second	Machines Y N n/a
Respiratory protection	11/4	Gross/F	inal Clea		11,11,10				riers Intact And Sound
Half-Face/Full-Face/PAPR's	+		Out Activ						ON/Shower Inspection
Disposable Suits	+	2014	tants/Led					220	Employee PPE Used -
Steel Toe/Rubber Boots	+	Wet Methods IA						Ele	ectrical Safety In Place
Gloves Rubber/Cotton	+	HEPA Vacu			15 20				Inspection Site Review
Safety Glasses/Full Face		All Equip./7							sultant/EME Monitoring
Hard hats/Hearing Protection	+		nal Locko						Itant/Supervisor Visual
Fall Protection	11		rea Teard						onnel Decontaminated
Scaffold Safety Rails/Manlift	+	Final Works							Area Inspected/Secure
consultant Firm:		1 mar vorks	/ rrain-	/		Viensl	Testing		
epresentative Name: AF	1	19.4	1 d	1000	5		litation		
Comments:		1411	Full	ge		Acciec	TLACTO!!	11011100	
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Employee Name		Accred. #	Class S/W	Time	Time	Time	Time	Total Hrs	Employee Signature
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Work Area:



Today's Date/Day: SMTWTFS Q-13-15	Job#: 14 554B
Week Ending Date:	Job Name: Green Baxter
Truck #/Driver: 35/ (h/15 (ACM Mold / Lead / Other

Daily Construction Report

General Work Description:	T	he type of al	oatemen	t condu	cted:	Se	et-up pro	cedure	s conducted:
the state of the s	n/a			Y	N n/a		W =		Y N n/a
ACM Pipe/Fitting			Rem	oval					Signs/Banner Tape
ACM Boiler/Tanks/Breeching			Encapsula	-					Criticals Set-up
ACM Acoustical Ceiling			Patch/Re						Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods		Glove-	bag Rem		-	1 1		Ply	wood 2"x4" Structures
VAT Mastic Carpet			Enclos			- 1		i i i	AFD's Set-up Vented
Transite Siding/		Removal/							ation of HVAC system
Insulation/Vermiculite		LBP Remo			-	- 1			bly Walls Floors Drops e/Full Decon Chamber
Lead Based Paint Mold Remediation	-		y Ice Blas		-	- 1		FOILADIE	Water System Set-up
Industrial/Universal Waste		Aggressive H				1		Electri	c GFCI's/Temp. Panel
Other Direction	-1		ve Demol						ld/Bakers/5'x7'/Manlift
Personal protective equipment:	C	lean-up acti	-			In	spection	16.	
	n/a	reall-up acc	vides.	Y	N n/a			tide or an arrangement	Machines Y N n/a
Respiratory protection	II/a	Gross/F	inal Clear		11/2	i			riers Intact And Sound
Half-Face/Full-Face/PAPR's			Out Activ			1			ON/Shower Inspection
Disposable Suits			tants/Ledi						Employee PPE Used
Steel Toe/Rubber Boots		et Methods IA	Q Shockw	vave				Ele	ectrical Safety In Place
Gloves Rubber/Cotton		HEPA Vacuu	um Seque	ence /				OSHA I	nspection Site Review
Safety Glasses/Full Face		All Equip./T	ools Clea	aned	1_1			Cons	ultant/EME Monitoring
Hard hats/Hearing Protection		Fi	nal Lockd	own] [Consul	tant/Supervisor Visual
Fall Protection		Work Ar	rea Teard	own /				Perso	onnel Decontaminated
Scaffold Safety Rails/Manlift		Final Works	ite Walk-7	Thru /				Work A	Area Inspected/Secure
Consultant Firm:	1	//	/			Visua	I/Testing	j:	
Representative Name: AEC	66	ace H	955C1	1		Accre	ditation	Number	r:
Comments:			0-1						
			Class	Time	Time	Time	Time	Total	
Employee Name	Ac	cred.#	S/W	In	Out	In	Out	Hrs	Employee Signature
Project Manager:					1, 1				
Supervisor:	112	1107		,30		/	30	I	11 1 N/B
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Safety Issues:					estos V		/	Dump	
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			10	Bags		Ba	ags	- Pro	ject On-going - someone to return
				Drums		Dr	rums	Note:	
				Bundles			undles		mplete - no one will need to return
I certify area has been visually i	nspecte	d all equipp	nent is r		and the			s or oth	er materials left
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Signature: / Jan A Jan	V Ank	2							



Today's Date/Day:	Job#: 14-554 B
Week Ending Date:	Job Name: Green Baxfet
Truck #/Driver:	ACM Mold / Lead / Other

		1
Daily Construction	Report	1721 1

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Encapsula Patch/Re Glove-bag Remo Enclos moval/Replacem P Removal Chem P HEPA Power To Dry Ice Blas seive Hand Clear Selective Demoli p activities: Gross/Final Clear Load Out Activ Surfactants/Ledi ods IAQ Shockw Vacuum Seque quip./Tools Clea Final Lockd Vork Area Teard Worksite Walk-T
195501
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Work Area:



Today's Date/Day: S M T W T 序 S iひ-3つもり	Job#: 14-554B
Week Ending Date:	Job Name:
Truck #/Driver:	ACM// Mold / Lead / Other

Daily	Construction	Panort
Dally	Construction	Kehoir

General Work Description:	The type of ab	The type of abatement conducted:			5	Set-up procedures conducted:						
Y N n/a			Y	N n/a		1000	***		N	n/a		
ACM Pipe/Fitting		Rem	oval					Signs/Banner Tape				
ACM Boiler/Tanks/Breeching	E	ncapsula	tion					Criticals Set-up				
ACM Acoustical Ceiling	- 0	Patch/Re	pair			Full/Mini Enclosure						
ACM Ceiling Tiles/Glue Pods	Glove-t	ag Rem	oval				Ply	wood 2"x4" Structures		\square		
VAT Mastic Carpet		Enclosure /						AFD's Set-up Vented				
Transite Siding/ Dix wall	Removal/F	Removal/Replacement						ation of HVAC system	1			
Insulation/Vermiculite	LBP Remo							oly Walls Floors Drops -	1			
Lead Based Paint	LBP HEPA	2 2 2 2 2 2 2 2			1			e/Full Decon Chamber				
Mold Remediation	1 1	/ Ice Blas			1 1			Water System Set-up	+	\vdash		
Industrial/Universal Waste	Aggressive Ha				1 1			c GFCl's/Temp. Panel	+	\vdash		
Other Heat Sheeld /	Selectiv	e Demol	ition			-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112-1112		ld/Bakers/5'x7'/Manlift				
Personal protective equipment:	Clean-up activ	rities:				nspection	The second second second					
Y N n/a			Y	N n/a		2 # of			YN	n/a		
Respiratory protection	Gross/Fi	nal Clea	n-up /				15000	riers Intact And Sound				
Half-Face/Full-Face/PAPR's		Out Activ			1 1		DEC	ON/Shower Inspection				
Disposable Suits /		ants/Led		1	1 1			Employee PPE Used	-			
Steel Toe/Rubber Boots	Wet Methods IAC				4 1			ectrical Safety In Place				
Gloves Rubber/Cotton	HEPA Vacuu				4 1			nspection Site Review	-			
Safety Glasses/Full Face	All Equip./T				4 1			ultant/EME Monitoring	-			
Hard hats/Hearing Protection		al Lockd		53 =	11			Itant/Supervisor Visual	-	1		
Fall Protection	Work Ar	ea Teard	lown					onnel Decontaminated		\vdash		
Scaffold Safety Rails/Manlift	Final Worksi	te Walk-	Thru /	Fi			State -	Area Inspected/Secure =				
Consultant Firm:	TODE				Visu	al/Testing	:					
Representative Name: AFC	Jeff Fo	4			Acci	reditation	Numbe	r:				
Comments:	*											
COMMETTES.		Class	Time	Time	Tim	e Time	Total					
Employee Name	Accred.#	S/W	In	Out	In	100,000	Hrs	Employee Sig	natu	re		
Project Manager:	7100100111	0/11					-					
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Supervisor:			30	0	2) 24	12.00		11	1		
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		23	Bags			Bags	Pro	oject On-going - someor	ne to re	eturn		
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			Bundles	_				VACUUM BARRANTE				
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Signature: Only 15th	¥											



Today's Date/Day: S M T W T F S /1-2-/	5 Job #: 14-554B
Week Ending Date:	Job Name: Green Baxter
Truck #/Driver:	ACM Mold / Lead / Other
Work Area:	ACM Mold / Lead / Oth

Daily Construction Report

General Work Description:		The type of ab	atemen	t condu	cted:	Se	t-up pro	cedures	conducted:
and the second s	n/a			Y	N n/a		Miles de la company		Y N n/a
ACM Pipe/Fitting	1-1		Rem	oval		1			Signs/Banner Tape
ACM Boiler/Tanks/Breeching		E	ncapsula	ition	- 11				Criticals Set-up
ACM Acoustical Ceiling		- 4	Patch/Re	pair					Full/Mini Enclosure /
ACM Ceiling Tiles/Glue Pods		Glove-t	ag Rem	oval				Ply	wood 2"x4" Structures
VAT Mastic Carpet			Enclos	sure -					AFD's Set-up Vented
Transite Siding/ 1) 14461		Removal/F	Replacen	nent	100			Isol	ation of HVAC system /
Insulation/Vermiculite	51	LBP Remo	val Chem	nical	1			Po	ly Walls Floors Drops /
Lead Based Paint		LBP HEPA	Power T	ools					e/Full Decon Chamber
Mold Remediation			Ice Blas						Water System Set-up
Industrial/Universal Waste		Aggressive Ha] [c GFCI's/Temp. Panel
Other Teatshald -		Selectiv	e Demol	ition _				Scaffol	d/Bakers/5'x7'/Manlift
Personal protective equipment:		Clean-up activ	rities:			Ins	pection		
	n/a			Y	N n/a	1	# of		Machines Y N n/a
Respiratory protection		Gross/Fi	nal Clear	n-up				Barr	riers Intact And Sound
Half-Face/Full-Face/PAPR's		Load	Out Activ	ities /				DEC	ON/Shower Inspection
Disposable Suits		Surfact	ants/Ledi	izolv					Employee PPE Used /
Steel Toe/Rubber Boots		Wet Methods IAC	Shockw	vave		7		Ele	ctrical Safety In Place 🗸
Gloves Rubber/Cotton	-	HEPA Vacuu	m Seque	ence				OSHA I	nspection Site Review
Safety Glasses/Full Face		All Equip./To	ools Clea	aned		7		Cons	ultant/EME Monitoring -
Hard hats/Hearing Protection -		Fin	al Lockd	own	GHE.	7		Consul	tant/Supervisor Visual /
Fall Protection		Work An	ea Teard	own ~	15	7		Perso	onnel Decontaminated -
Scaffold Safety Rails/Manlift		Final Worksi	te Walk-	Thru				Work A	rea Inspected/Secure
		200				Visual	/Testing	:	
Representative Name: AEC	./	ff Fox					ditation		4
	6	11 108				7.00.0			
Comments:							1 800	1	
			Class	Time	Time	Time	Time	Total	Employee Signature
Employee Name		Accred.#	S/W	ln	Out	In	Out	Hrs	Employee Signature
Project Manager:									
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Supervisor:				1					
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Safety Issues:				Asb	estos	Vaste	1	Dump	oster EME Onsite
Dalety Issues.			~~!	riable~~	-	-~ Non-F	riable~~		Status of Job
					_			(Pres	ject On-going - someone to return
			11 -	Bags		Ba	gs	Pro	ject On-going - someone to return
				Drums		Dr	ums	Note:	w
				Bundles		Bu	ndles	Co	mplete - no one will need to return
I certify area has been visually	inspec	ted all equipm	ent is	off site	and th	ere is r	o debri	s or oth	er materials left.
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Signature: //while	1th	A							



Today's Date/Day: S M(T) W T F S //-3-/5	Job #:
Week Ending Date:	Job Na

Job Name:

Work Area:

Selection Sele	Daily Constr	uction Re	port									
ACM Pipei-Fitting ACM Boller/Tanks/Breeching ACM Accident and the production of the	General Work Description:			t condu	icted:	Set	-up pro	cedures	condu	cted:	ar and	
ACM BoilerTanksBreaching			······································	Y			,					n/a
ACM doubteal celling ACM Consultant Celling ACM Colling Tiles(Clue Pode VAT Mastic Carpet VAT Mastic Carpet VAT Mastic Carpet VAT Mastic Carpet Lead Based Paint Insultant/Vermiculite ILBP HEPA Power Tools Dry (se Bissing Aggressive Hand Cleaning Insultant/Vermiculite Respiratory protection Insultant/Vermiculite Respiratory protection Half-Face/PAFR S Disposable Suits VN n/a Gross/Final Clean-up Load Out Activities Vermiculity Stell Toe/Rubber Boots Clean-up Activities Used Vermiculity Insultant/Vermiculity Used Vermiculity Stell Toe/Rubber Boots Clean-up Activities Used Vermiculity Insultant/Vermiculity Insultant/Vermi	ACM Pipe/Fitting											\perp
ACM Acesilary Tiles/Clue Pods ACM Ceiling Tiles/Clue Pods Frankte Siding J. 4 4 1	ACM Boiler/Tanks/Breeching											-
Safety Issues: Asbestos Waste Dumpster Employee Signate Safety Issues: Asbestos Waste Dumpster Employee Signate Safety Issues: Computer Name	ACM Acoustical Ceiling		and the second s		7 1 2			DI			_	+
Removal/Replacement LBR Removal Chemical		1780						,				+
Lead Based Paint Lead Based Ba											-	+
Lead Based Paint Lead Cleaning Regressive Hand Cleaning Regressive Hand Cleaning Respiratory protection Lead Out Activities	Fransite Siding/ Diy Wall	1 1									-	-
Lead Base and and a continue of the continue												+
Aggressive Hand Cleaning Scaffold/Bakers/5x7/Manift		LE LE									-	+
Selective Demolition												+
Personal protective equipment: Clean-up activities: Inspections: Y N n/a Respiratory protection Y N n/a Gross/Final Clean-up Doad Out Activities Disposable Suits Disposable Suits Surfactants/Ledizolv Disposable Suits Surfactants/Ledizolv Disposable Suits Surfactants/Ledizolv Respiratory protection Safety Glasses/Full Face Disposable Suits Surfactants/Ledizolv Respiratory protection Safety Glasses/Full Face Disposable Suits Surfactants/Ledizolv Respiratory protection Safety Glasses/Full Face Disposable Suits Surfactants/Ledizolv Respiratory personnel Review Safety Glasses/Full Face Disposable Suits Surfactants/Ledizolv Respiratory personnel Review Consultant/Emboratory Disposable Suits Di		Aggi										
Respiratory protection Half-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Full-Face/Ful		Clean			1910	Ins	pection	S:				
Respiratory protection Half-Face/FuPRTs's Dead Out Activities Disposable Suits Size Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face HEPA Vacuum Sequence All Equip./Tools Cleaned Final Lockdown Final Lockdown Final Lockdown Final Lockdown Final Protection Scaffold Safety Rails/Manifit Final Worksite Walk-Thru Visual/Testing: **Representative Name:** **Comments:** **Employee Pre Used Electrical Safety In Place OSHA Inspection Site Review Consultant/EME Monitoring Consultant/Supervisor Visual Personnel Decontaminated Work Area Teardown Final Worksite Walk-Thru Visual/Testing: Accreditation Number: **Comments:** **Employee Name** **Comments:** **Comments:** **Class Time Time Time Time Total Total			up activities.	Y	N n/a	the same of			Machine	S	YN	n/a
Half-Facelf-PAPR's Disposable Suits Surfactants/Ledizolv Berghover Pt Used - Electrical Safety In Place Gloves Rubber/Cotton Gloves Rub		7.70	Gross/Final Clear								-	
Disposable Suits Sieel Toe/Rubber Boots Gloves Rubber/Cottol Safety Glasses/Full Face HEPA Vacuum Sequence All Equip./Tools Cleaned Final Lockdown Work Area Teardown Work Area Teardown Final Worksite Walk-Thru Work Area Teardown Final Worksite Walk-Thru Work Area Teardown Final Worksite Walk-Thru Work Area Teardown Scaffold Safety Rails/Manlift Consultant Firm: Representative Name: Comments: Employee Name Accred. # Class Time Time Time Time Total Froject Manager: Supervisor: A ft.k A 2 5 5 8 7 A ft.k A 3 5 5 8 7 A 4 3 4 4 3 4 4 7 5 5 8 7 A 4 4 3 4 4 7 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8 7 A 5 5 8		 									_	
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Consultant Firm: Representative Name: Comments: Employee Name Accred. # S/W In Out In Out Hrs Employee Signate Project Manager: Supervisor: A ftak A25587 A32 1230 A45947 A45947 A45947 Abbestos Waste Dumpster EME Complete - no one will need to good to goo			Work Area Teard	own /								
Consultant Firm: Representative Name: Comments: Employee Name Accred. # S/W In Out In Out In Out Hrs Employee Signate Project Manager: Supervisor: A ftak A25587 A32 1230 A54 5 5 8 A55 5 8 A55 5 8 A55 5 A65	Scaffold Safety Rails/Manlift	Fin	al Worksite Walk-1	hru /				Work A	rea Inspe	ected/Secure	-	
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I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left. Signature: ###################################	- 4	11	Company of the Asia									



Today's Date/Day: SMTWTFS 12-2-14	Job#: 14 554B
Week Ending Date:	Job Name: Creen Beyter
Truck #/Driver: 34/Danny Ho	ACM Mold / Lead / Other
Work Area: 170)	1703

Set-up procedures conducted:

Daily	Construction	Report
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General Work Description:		The type of ab	atemen	t condu	cted:	Set	-up pro	cedures	condu	cted:		
YNr	n/a			Y	N n/a							n/a
ACM Pipe/Fitting			Remo						17	Banner Tape	-	
ACM Boiler/Tanks/Breeching			ncapsula	_						ticals Set-up	-	
ACM Acoustical Ceiling			Patch/Re			V		DI:-		ini Enclosure	-	+
ACM Ceiling Tiles/Glue Pods		Glove-	oag Rem		1 45					4" Structures	1	+
VAT Mastic Carpet		1 5 - 5	Enclos							et-up Vented	_	+
Transite Siding/ Drywall		Removal/								VAC system	1	+
Insulation/Vermiculite		LBP Remo								Floors Drops on Chamber	4	-
Lead Based Paint		LBP HEPA								stem Set-up		+
Mold Remediation			y Ice Blas	-					Section 1	Temp. Panel	-	
Industrial/Universal Waste		Aggressive H								/5'x7'/Manlift	-	-
Other Heat Shield			e Demol	ILION /					u/Dakci3	O X1 / Notarillite		
Personal protective equipment:		Clean-up activ	rities:			ins	pection		Marking		V N	2/0
YN	n/a			Y	N n/a		# 01	Neg. Air		s ct And Sound	YN	n/a
Respiratory protection			inal Clear								-	+
Half-Face/Full-Face/PAPR's			Out Activ					DECC		er Inspection	-	+
Disposable Suits		100000000000000000000000000000000000000	ants/Ledi		_			Ei-		e PPE Used afety In Place	-	-
Steel Toe/Rubber Boots		Wet Methods IAC								Site Review	-	+-
Gloves Rubber/Cotton /	_	HEPA Vacuu							Street Street Street	IE Monitoring		+
Safety Glasses/Full Face	-	All Equip./T	oois Clea nal Lockd							ervisor Visual		
Hard hats/Hearing Protection	-	1								contaminated		
Fall Protection		The second secon	ea Teard	-						ected/Secure	-	++
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Consultant Firm:	1		/	11			Testing					
Representative Name: AEC	1	ance A	9550	11		Accred	ditation	Number	:			
Comments:												
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Signature: Mylla	110	te 1/										

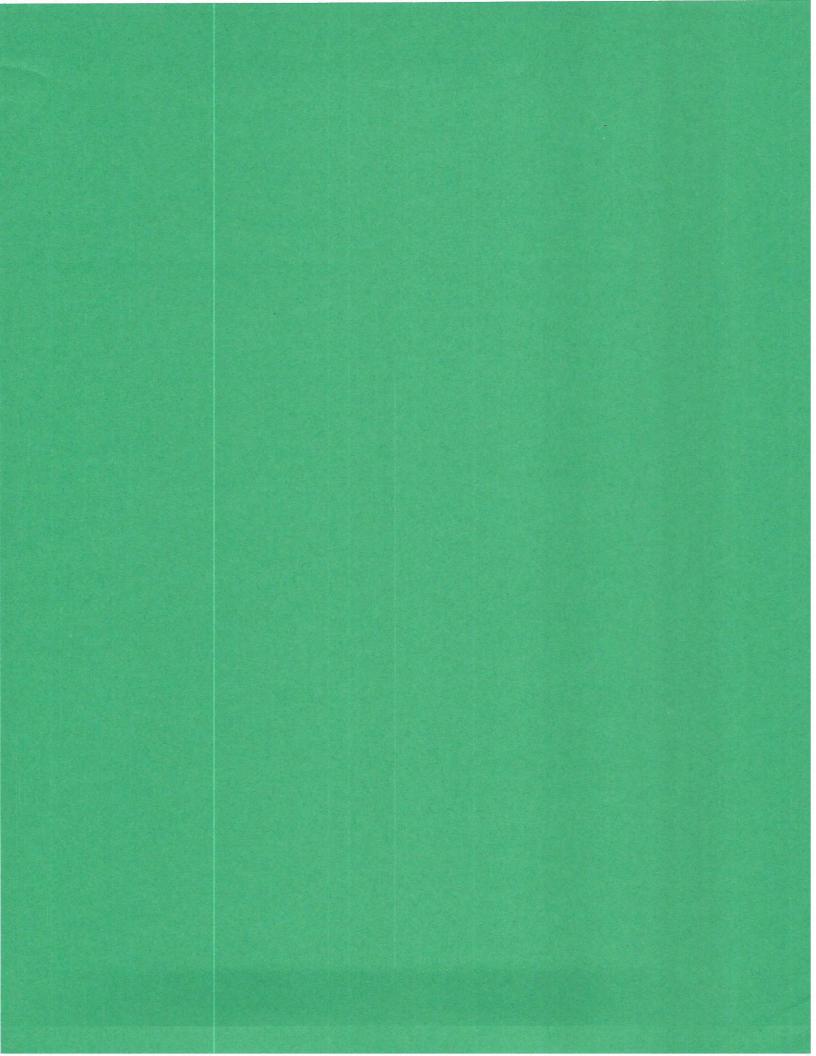
The type of abatement conducted:



Today's Date/Day: S M T W J F S 12-3-15	Job#:14 554B
Week Ending Date:	Job Name: Creen Bayter
Truck #/Driver:	ACM Mold / Lead / Other

Daily Construction Repor	Daily	Const	ruction	Repo	rt
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1W-1 B	TE WE	The type of at	atement	condu	cted:	Set-	up proc	edures	conducted:			
General Work Description:	n/a	THE GIPE OF GE		Y	N n/a					Υ	N	n/a
	n/a		Remo	val		- 1			Signs/Banner Tape			
ACM Pipe/Fitting	+		ncapsula	-		1			Criticals Set-up	-		
ACM Boiler/Tanks/Breeching	-		Patch/Re						Full/Mini Enclosure	/		
ACM Acoustical Ceiling	-		bag Remo			- 1		Plyw	ood 2"x4" Structures		1	
ACM Ceiling Tiles/Glue Pods	+	0.0.0	Enclos	_					AFD's Set-up Vented	-		
VAT Mastic Carpet	+	Removal	Replacem						tion of HVAC system			
Fransite Siding/ Drywell Insulation/Vermiculite	+	LBP Remo		-					y Walls Floors Drops			
Lead Based Paint	+	LBP HEPA						Portable	Full Decon Chambe			
Mold Remediation	-		y Ice Blas						Water System Set-up	_		
Industrial/Universal Waste	-	Aggressive H							GFCI's/Temp. Pane			
Other Heat Shield	+-		ve Demoli					Scaffold	d/Bakers/5'x7'/Manlift			
		Clean-up acti	vities:			Insi	pections	31				
Personal protective equipment:		Glean-up acti	video.	Y	N n/a	12	# of	Neg. Air	Machines	Y	N	n/a
- Y N	l n/a	Gross/F	inal Clear	_		-		Barr	iers Intact And Sound	- t		
Respiratory protection	-		Out Activ						N/Shower Inspection			
Half-Face/Full-Face/PAPR's	+-		tants/Ledi		20				Employee PPE Used			
Disposable Suits / Steel Toe/Rubber Boots /	-	Wet Methods IA						Ele	ctrical Safety In Place			-
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Safety Glasses/Full Face	+	All Equip./						Const	ultant/EME Monitoring	9	1	
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Signature: //w///	V Ans	1										



Certification No. 6021 08.08.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION

40 Hours, 5-Days Asbestos Contractor/Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Roger Ted Allen III

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: August 21, 2015 Friday

SCORE GREATER THAN: 70%

COURSE DATES: August 17-21, 2015 Monday-Friday

EXPIRATION DATE: August 21, 2016

EPA REG. V #515 Sponsor/Instructor

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

Asbestos Contractor/Supervisor

Roger T. Allen, III

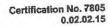
Expiration Date 109/15/2016

DOB:

Accreditation Number A47932

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

Accreditation card is not valid if attered



JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION 8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Danny Carvalho

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 Pax: (313) 870-9041 Alt. Phone# (313) 673-8256

Examination Date: February 20, 2015 Friday

SCORE GREATER THAN: 70%

COURSE DATES: February 20, 2015 Friday EXPIRATION DATE: February 20, 2016

EPA REG. V #515 Sponsor / Inst

State of Michigan

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

Asbestos Contractor/Supervisor

LEBOR

Danny Carvalho

Accreditation Number

A39856

Expiration Date 04/05/2016

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.

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

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

Asbestos Contract

Andrew A. Ptak

Accreditation Number A25587

Expiration Date

DOB:

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

Accreditation card is not valid if altered

Certification No. 2572 0.03.03.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION 8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

ERTIFICATE OF CO.

THIS CERTIFIES

Martin Stewart

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 39 #23 M.A.P. & STATE OF MI. Regulations as amended

I.OCATION: 2868E. Grand Blvd. Detrolt, MI 48202 Phone: (313) 870-9079 Pax: (313) 870-9041 Alt. Phone# (313) 673-8256

Examination Date: March 23, 2015 Monday

SCORE GREATER THAN: 70%

COURSE DATES: March 23, 2015 Monday

EXPIRATION DATE: March 23, 2016

EPA REG. V #515 Sponsor / Instr

State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Martin P. Stewart

Accreditation Number

A45497

Expiration Date

DOB:

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

Accreditation card is not valid if altered.

Certification No. 1399 04.04.15

JMS Asbestos Training Center & Environmental Service

Training Division

1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Alexander William Sweet

SS:

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 TIRE 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: April 28, 2015, Tuesday

Score: > 70%

Course Date:

April 28, 2015, Tuesday

Expiration Date:

April 28, 2016

Marsha Saino

E D A Pag V #515 Spansor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Alexander W. Sweet

Accreditation Number A45792

Expiration Date

3

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

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

0

E.P.A. Res. V. #515 Sponsor / Instructor

State of Michigan Department of Licensing and Regulatory Affairs

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker

Christopher D. Treglown

Accreditation Number A36314 Expiration Date



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.

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

CC+

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

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

TUEBOR

Kenneth D. Wayland

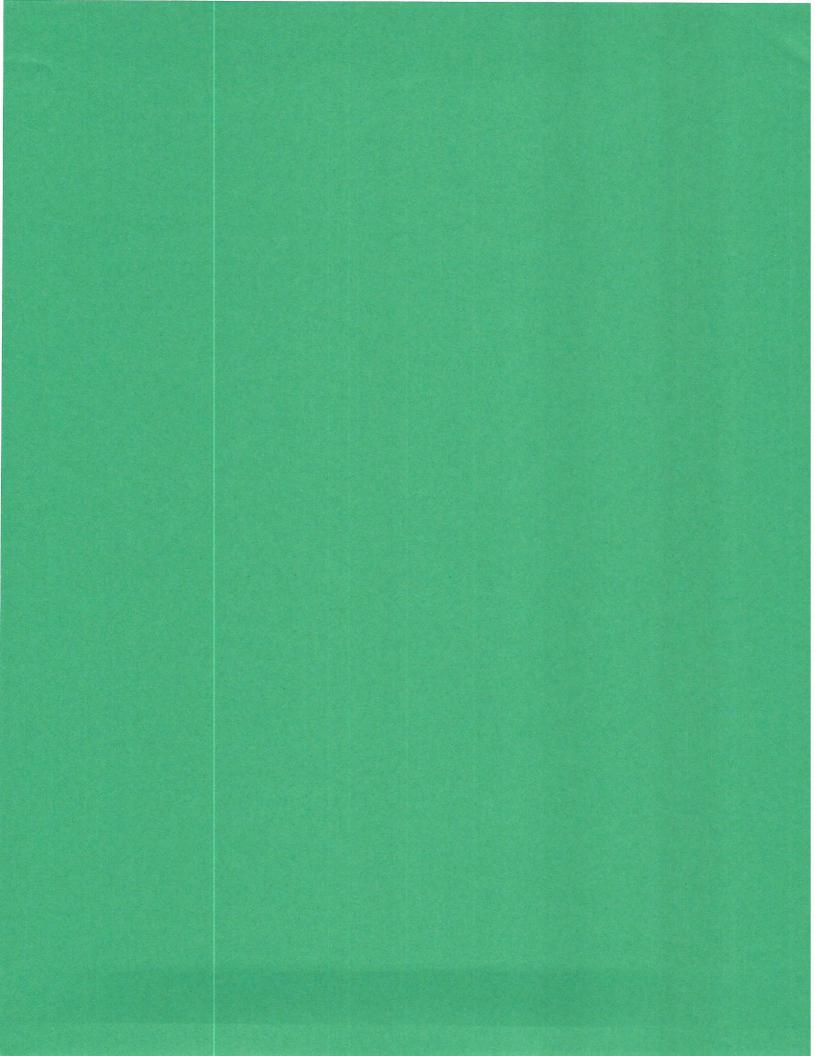
Expiration Date 02/23/2016

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 Number A26616

Accreditation card is not valid if altered



Check here if	dumpster is located	Air Quality Divisio	Internal Job #: 14-554 A
on a jobsite (not at the office)		Landfill Approval #: 3069131444
	ASBESTOS	S WASTE SHIPMENT	
Worksite name		Owner's Name:	Contact Name
Green Baxter		River Run Ann Arbor Limit	ed Divd Housing A Robert Nickoloff
1737 Green Ro	ad	2702 Hikone	Contact Telephone #
Ann Arbor, MI 4	8103	Ann Arbor, MI 48103	(313) 749-7692
Operator's Na	ne:	Operator's Address:	Operator's Telephone #:
Environmental	Maintenance Engineers, Ind	25851 Trowbridge	(313) 791-2600
Liviloninentari	wantenance Engineers, inc	Inkster, MI 48141	
Waste Disposa	al Site (WDS) Name:	Waste Disposal Mailing	Address: Disposal Site Telephone #:
Carleton Farms	Landfill	28800 Clark Rd.	(734) 654-0001
Caneton Famils	Lanunii	New Boston, MI 48164	
Responsible A	gency:		
Air Quality Divis	ion, Michigan Department	of Natural Resources	
P.O. Box 30028			
Lansing, MI 48	909		
Description of	Materials:		
Hazard Class:	9 Identification Num	ber: NA2212 Packing	Group: III
Additional Des	cription:		
Containers:			
	# of Containers: T	ype of Containers (drums, b	ags, etc) Total Qty. (cu ft., cu yds., lbs., tons):
Friable Asbesto		B695	
Non-Friable Ast	pestos		
Other:			
Special Handlin	ng Instructions and Addit	ional Information:	
	rdance with all EPA, NESH		
			fully and accurately described above by proper
shipping name and	are classified, packed, marked, a	nd labeled, and are in all respects in p	proper condition for transport by highway
		able international and government rec	
	Name: Jeff Cheney		Title: Project Manager
Signature:			Date: 7-1-15
	cknowledgement of Rece		
	vironmental Maintenance I		[m. 1 (010) 701 0000
	851 Trowbridge, Inkster, M	1 48141	Phone Number: (313) 791-2600
Printed/Typed	Name: 14 174 516		Title: Supervisor
-	when from		Date: 7-1-15
	Acknowledgement of Rec	ceipt of Materials):	
	public Services - Wayne		
	00 Cogswell, Wayne, MI 4	8184	Phone Number: (734) 216-8240
Printed/Typed I	Name:		Title: Driver

4)

5)

8)

9)

Signature:

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:	Title:	
Signature:	Date:	

Date:

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

Air Quality Division

Internal Job #: 14-554 A

Landfill Approval #: 30691314442

Worksite name & ac	ddress:	Owner's Name:		Contact Name	
Green Baxter		River Run Ann Arbor Limited Div	d Housing A	Robert Nickoloff	
1737 Green Road		2702 Hikone		Contact Telephone #	
Ann Arbor, MI 48103		Ann Arbor, MI 48103		(313) 749-7692	
Operator's Name:		Operator's Address	Operator's Address:		
		25851 Trombridge		Operator's Telephone #: (313) 791-2600	
Environmental Mainte	enance Engineers, Inc.	Inkster, MI 48141	(0,0) / 0 / 2000		
Waste Disposal Site	(WDS) Name:	Waste Disposal Mailing Addre	Disposal Site Telephone #		
		28800 Clark Rd.		(734) 654-0001	
Carleton Farms Land	fill	New Boston, MI 48164		(101) 001 0001	
Responsible Agency	v:	INCW BOSION, IM 40104			
	Michigan Department of	Natural Resources			
P.O. Box 30028	noingan Doparamoni of	Tradition (Coordinate)			
Lansing, MI 48909					
Description of Mater	riale:				
Hazard Class: 9	Identification Numb	per: NA2212 Packing Grou	m. III		
Additional Description		Der. NAZZIZ FACKING GIOL	ip. iii		
Containers:	OII.				
	# of Containers: Tv	pe of Containers (drums, bags, e	etal Total Ot	louft anyde the tone	
Friable Asbestos	4, '	Acas	rotal Gty	. (ca it., ca yas., ibs., tons	
Non-Friable Asbestos					
Other:					
Special Handling Ins	structions and Addition	anal Information:			
		AP, & OSHA Regulations		The Control of the Co	
Operator's Certificat shipping name and are class	ion: I hereby declare that t	the contents of this consignment are fully are ableted, and are in all respects in proper could be international and government regulation	condition for trans	scribed above by proper sport by highway	
condition for transport by hi					
condition for transport by hit Printed/Typed Name				ect Manager	
condition for transport by hi			litle: Proje	ect Manager	
Printed/Typed Name Signature: Transporter (Acknow	: Jeff Cheney		litle: Proje	ect Manager	
Printed/Typed Name Signature: Transporter (Acknow	: Jeff Cheney	ot of Materials):	litle: Proje		
Printed/Typed Name Signature: Transporter (Acknow Name: Environn	yledgement of Receip	of Materials): ngineers, Inc.	litle: Proje	1-15	
Printed/Typed Name Signature: Transporter (Acknow Name: Environn	vledgement of Receipmental Maintenance Errowbridge, Inkster, MI	of Materials): ngineers, Inc. 48141	Title: Proje Date: Phone Number	1-15	
Printed/Typed Name Signature: Transporter (Acknow Name: Environs Address: 25851 T	vledgement of Receipmental Maintenance Errowbridge, Inkster, MI	of Materials): ngineers, Inc. 48141	Title: Projection Projection Projection Number Superinter Superinter Projection Projecti	er: (313) 791-2600 rvisor	
Printed/Typed Name Signature: Transporter (Acknow Name: Environe Address: 25851 T Printed/Typed Name Signature:	vledgement of Receipmental Maintenance Errowbridge, Inkster, MI	of Materials): ngineers, Inc. 48141 F	Title: Projection Projection Projection Number Superinter Superinter Projection Projecti) - / /- er: (313) 791-2600	
Printed/Typed Name Signature: Transporter (Acknown Name: Environer Address: 25851 Terinted/Typed Name Signature: Transporter 2 (Acknown Name: Environer Name)	vledgement of Receipmental Maintenance Errowbridge, Inkster, MI	of Materials): ngineers, Inc. 48141 F	Title: Projection Projection Projection Number Superinter Superinter Projection Projecti	er: (313) 791-2600 rvisor	
Printed/Typed Name Signature: Transporter (Acknown Name: Environmand Printed/Typed Name Address: 25851 T Printed/Typed Name Signature: Transporter 2 (Acknown Name: Republic	viedgement of Receipmental Maintenance Enfrowbridge, Inkster, MI	of Materials): Ingineers, Inc. 48141 Figure of Materials):	Phone Numberitie: Supe	er: (313) 791-2600 rvisor	
Printed/Typed Name Signature: Transporter (Acknown Name: Environmand Printed/Typed Name Address: 25851 T Printed/Typed Name Signature: Transporter 2 (Acknown Name: Republic	viedgement of Receipmental Maintenance Entrowbridge, Inkster, MI wild with the service of the services of the	of Materials): ngineers, Inc. 48141 Final Control of Materials is a sign of Materials is	Phone Numberitle: Supe	er: (313) 791-2600 rvisor er: (734) 216-8240	
Printed/Typed Name Signature: Transporter (Acknown Name: Environmate Address: 25851 The Printed/Typed Name Signature: Transporter 2 (Acknown Name: Republic Address: 5400 Co	viedgement of Receipmental Maintenance Entrowbridge, Inkster, MI wild with the service of the services of the	ingineers, Inc. 48141 Finding in the state of Materials): ingineers, Inc. ingineers, Inc.	Phone Number of Super Phone Number of Super Phone Number of Super	er: (313) 791-2600 rvisor er: (734) 216-8240	
Printed/Typed Name Signature: Transporter (Acknown Name: Environmand Printed/Typed Name Signature: 25851 T Printed/Typed Name Signature: Transporter 2 (Acknown Name: Republic Address: 5400 Co Printed/Typed Name: Signature: Signatur	viedgement of Receipmental Maintenance Entrowbridge, Inkster, MI wild a state of the state of t	ingineers, Inc. 48141 Finding in the state of Materials): ingineers, Inc. ingineers, Inc.	Phone Number itle: Drive Date: Drive Date: Drive	er: (313) 791-2600 rvisor er: (734) 216-8240	
Printed/Typed Name Signature: Transporter (Acknown Name: Environmand Printed/Typed Name Signature: Printed/Typed Name Signature: Transporter 2 (Acknown Name: Republic Address: 5400 Coprinted/Typed Name: Signature: Waste disposal site of the signature:	viedgement of Receipmental Maintenance Entrowbridge, Inkster, MI wiedgement of Receipment of Receip	pot of Materials): Ingineers, Inc. 48141 Final Property of Materials): 184 Property of Materials of the control of the co	Phone Number itle: Super Phone Number itle: Drive Plate: Date: Drive Plate: Drive P	er: (313) 791-2600 rvisor er: (734) 216-8240	

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

Air Quality Division

Internal Job #: 14-5546

Green Baxter	ddress:	Owner's Name:	10: 111	Contact Name	
1737 Green Road		River Run Ann Arbor Limited	d Divd Housir		
Ann Arbor, MI 48103	ò	2702 Hikone	Contact Telephone #		
7 1111 7 11 501, 1011 40 103		Ann Arbor, MI 48103		(313) 749-7692	
Operator's Name:		Operator's Address:	Operator's Address:		
Environmental Mainte	enance Engineers, Inc.	25851 Trowbridge	Operator's Telephone #: (313) 791-2600		
Waste Disposal Site	(WDS) Name:	Inkster, MI 48141			
			Waste Disposal Mailing Address:		
Carleton Farms Land	fill	28800 Clark Rd. New Boston, MI 48164		(734) 654-0001	
Responsible Agency	y:	INCW DOSION, INIT 40104			
	lichigan Department of	f Natural Resources			
P.O. Box 30028	and a spartment of	r Natural Nesources			
Lansing, MI 48909					
Description of Mater	rials:				
Hazard Class: 9	Identification Numb	per: NA2212 Packing G	Marine III	_	
Additional Description		per: NA2212 Packing G	roup: III	_	
Containers:					
	# of Containers: Tv	me of Containers (drums, has	10 040\T-4-1	0. 1 2	
Friable Asbestos	47	pe of Containers (drums, bag	s, etc) i otal	Qty. (cu ft., cu yds., lbs., ton	
Non-Friable Asbestos	1 5-	Bag 3			
Other:					
Special Handling Ins	tructions and Addition	onal Information:			
Handled in accordance	e with all EPA, NESHA	AP, & OSHA Regulations			
Operator's Certificati	ion: I hereby declare that the	he contents of this same	ly and assumet-t		
shipping name and are clas condition for transport by his	sified, packed, marked, and ghway according to applicat	flabeled, and are in all respects in propose international and government regulations.	per condition for	y described above by proper transport by highway	
D. 1 . 1	Jeff Cheney	and go on mich regule		main at Manager	
Printed/Typed Name:					
Printed/Typed Name: Signature:		With the second	_	roject Manager	
Printed/Typed Name: Signature:	ledgement of Receipt	Tot Materials):	Date:	9-23-15	
Printed/Typed Name: Signature: Transporter (Acknow	rledgement of Receip	for Materials):	_	9-33-15	
Signature: Transporter (Acknow Name: Environm	nental Maintenance En	ngineers, Inc.	Date:	9-23-15	
Signature: Transporter (Acknow Name: Environm	nental Maintenance En rowbridge, Inkster, MI	ngineers, Inc.	Date:	9-23-15 mber: (313) 791-2600	
Signature: Transporter (Acknow Name: Environm Address: 25851 Tr	nental Maintenance En rowbridge, Inkster, MI	ngineers, Inc.	Phone Nut	9-23-15 mber: (313) 791-2600 upervisor	
Signature: Transporter (Acknow Name: Environm Address: 25851 Tr Printed/Typed Name: Signature:	nental Maintenance En rowbridge, Inkster, MI Andrew	ngineers, Inc. 48141 4-g-Jk	Date:	9-23-15 mber: (313) 791-2600	
Signature: Transporter (Acknow Name: Environm Address: 25851 Tr Printed/Typed Name: Signature: Transporter 2 (Acknow Name: Company Name: Comp	nental Maintenance En rowbridge, Inkster, MI Andrew Wledgement of Recei	ngineers, Inc. 48141 4-g-Jk	Phone Nut	9-73-/J mber: (313) 791-2600 upervisor	
Signature: Transporter (Acknow Name: Environm Address: 25851 Tr Printed/Typed Name: Signature: Transporter 2 (Acknow Name: Republic	mental Maintenance En rowbridge, Inkster, MI Andrew Wledgement of Recei Services - Wayne	ipt of Materials):	Phone Num Title: Si Date: 9	9-33-15 mber: (313) 791-2600 upervisor -23-15	
Signature: Transporter (Acknow Name: Environm Address: 25851 Tr Printed/Typed Name: Signature: Transporter 2 (Acknow Name: Republic	mental Maintenance En rowbridge, Inkster, MI Andrew wledgement of Recei Services - Wayne gswell, Wayne, MI 481	ipt of Materials):	Phone Num Title: Si Date: 9	9-23-15 mber: (313) 791-2600 upervisor -23-15 mber: (734) 216-8240	
Signature: Transporter (Acknown Name: Environmen Address: 25851 Transporter 2 (Acknown Name: Transporter 2 (Acknown Name: Republic Address: 5400 Cog Printed/Typed Name: Signature: Signatu	mental Maintenance En rowbridge, Inkster, MI Andrew wledgement of Recei Services - Wayne gswell, Wayne, MI 481	ipt of Materials):	Phone Nur Title: Si Phone Nur Title: Dr	9-23-15 mber: (313) 791-2600 upervisor -23-15 mber: (734) 216-8240 river	
Signature: Transporter (Acknown Name: Environmen Address: 25851 Transporter 2 (Acknown Name: Transporter 2 (Acknown Name: Republic Address: 5400 Cog Printed/Typed Name: Signature: Signatu	mental Maintenance En rowbridge, Inkster, MI Andrew wledgement of Recei Services - Wayne gswell, Wayne, MI 481	ipt of Materials):	Phone Nur Title: Si Phone Nur Title: Dr	9-23-15 mber: (313) 791-2600 upervisor -23-15 mber: (734) 216-8240 river	
Signature: Transporter (Acknow Name: Environm Address: 25851 Tr Printed/Typed Name: Signature: Transporter 2 (Acknow Name: Republic Address: 5400 Cog Printed/Typed Name: Signature: Waste disposal site of the Signature: Waste disposal site of the Signature:	mental Maintenance En rowbridge, Inkster, MI Andrew wledgement of Recei Services - Wayne gswell, Wayne, MI 481	ipt of Materials):	Phone Nur Title: Si Phone Nur Title: Dr	9-23-15 mber: (313) 791-2600 upervisor -23-15 mber: (734) 216-8240 river	

		ir Quality Division		Internal Job #: 14-554 B
	on a jobsite (not at the office)			Landfill Approval #: 3069131444
41	ASBESTOS	WASTE SHIPMENT D	OCU	MENT
1)	Worksite name & address:	Owner's Name:		Contact Name
	Green Baxter	River Run Ann Arbor Limited [Divd Hou	sing A Robert Nickoloff
	1737 Green Road	2702 Hikone		Contact Telephone #
	Ann Arbor, MI 48103	Ann Arbor, MI 48103		(313) 749-7692
2)	Operator's Name:	Operator's Address:		Operator's Telephone #:
	Environmental Maintenance Engineers, Inc.	25851 Trowbridge		(313) 791-2600
3)	Waste Disposal Site (WDS) Name:	Inkster, MI 48141		
0/		Waste Disposal Mailing Add	ress:	Disposal Site Telephone #:
	Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164		(734) 654-0001
4)	Responsible Agency:	INCW DOSION, INI 40104		
	Air Quality Division, Michigan Department of	Natural Resources		
	P.O. Box 30028	100001000		
	Lansing, MI 48909			
5)	Description of Materials:			
	Hazard Class: 9 Identification Number	er: NA2212 Packing Gr	oun: III	
	Additional Description:	T donning of	oup. III	
6)	Containers:			
	# of Containers: Typ	e of Containers (drums, bags	etc) To	tal Qty. (cu ft., cu yds., lbs., tons):
\Rightarrow	Friable Asbestos 47	BGG 5	, 0.0) 10	ter ety. (cu it., cu yus., ibs., tons):
	Non-Friable Asbestos			
\Rightarrow	Other:		-	
7)	Special Handling Instructions and Addition	nal Information:		
	Handled in accordance with all EPA, NESHAI	P, & OSHA Regulations		
8)	Operator's Certification: I hereby declare that the shipping name and are classified, packed, marked, and condition for transport by highway according to applicable.	e contents of this consignment are fully		ately described above by proper for transport by highway
	Printed/Typed Name: Jeff Cheney	5	Title:	Project Manager
	Signature:	>	Date:	9-23-15
9)	Transporter (Acknowledgement of Receipt	of Materials):	1-4101	(-3) /3
	Name: Environmental Maintenance Eng			
	Address: 25851 Trowbridge, Inkster, MI		Phone	Number: (313) 791-2600
	Printed/Typed Name: Andrew of	tall	Title:	Supervisor
	Signature: Chambres		Date:	9-23-15
	Transporter 2 (Acknowledgement of Recei	pt of Materials):		
	Name: Republic Services - Wayne			
	Address: 5400 Cogswell, Wayne, MI 481	84	Phone	Number: (734) 216-8240
	Printed/Typed Name: () har less (DAF)	Allia	Title:	Driver
	Signature:		Date:	10-6-15
	Waste disposal site owner or operator: Cer as noted in item 10.	1.110	materials	covered by this manifest except
	Printed/Typed Name:	3000	Title:	THE SCALE
	Signature:		Date:	10 16

on a jobsite (not at the office)

Check here if dumpster is located Air Quality Division

Internal Job #: 14-554B

Landfill Approval #: 30691314442

ASRESTOS WASTE SHIPMENT D

Worksite name & add	dress:	Owner's Name:		Contact Name	
Green Baxter		River Run Ann Arbor Limited D	Divd Housing A	Robert Nickoloff	
1737 Green Road		2702 Hikone		Contact Telephone #	
Ann Arbor, MI 48103		Ann Arbor, MI 48103		(313) 749-7692	
Operator's Name:		0		Operator's Telephone #:	
Operator's Name.		Operator's Address:			
Environmental Mainter	nance Engineers, Ind	C.	25851 Trowbridge		
Waste Disposal Site	(WDS) Name:	Inkster, MI 48141 Waste Disposal Mailing Addr	W. S. C 2.6 Th 5. C 1.0. C. C 7. C		
		28800 Clark Rd.	1635.	Disposal Site Telephone # (734) 654-0001	
Carleton Farms Landfi	Ш	New Boston, MI 48164		(734) 034-0001	
Responsible Agency:		140W B03t011, WII 40104			
Air Quality Division, Mi		of Natural Resources			
P.O. Box 30028					
Lansing, MI 48909					
Description of Materia	als:				
Hazard Class: 9	Identification Num	ber: NA2212 Packing Gro	oun: III		
Additional Description		TO LETE TO GOING OF	sup. III		
Containers:					
	# of Containers: T	ype of Containers (drums, bags,	etc) Total Ot	y lou ff ou udo lha tan	
Friable Asbestos	15	B. 6	, etc) rotal Qt	y. (cu it., cu yus., ibs., tons	
Non-Friable Asbestos		Day)			
Other:					
Special Handling Inst	ructions and Addit	ional Information:			
		IAP, & OSHA Regulations			
Operator's Certification shipping name and are class	on: I hereby declare that	t the contents of this consignment are fully	condition for tran	scribed above by proper sport by highway	
Printed/Typed Name:		able international and government regulation	1	oot Managar	
Signature:	do de		-	ect Manager	
	. 62	m and a second a second and a second a second and a second a second and a second and a second a second a second a second and a second and a second a second a second a second and a second	Data	1 - 110 - 1 1-	
and the same of th	edgement of Recei	int of Materials):	Date: /	6-16-15	
Transporter (Acknowl			Date: /	6-16-17	
Transporter (Acknowl Name: Environm	ental Maintenance E	Ingineers, Inc.			
Transporter (Acknowl Name: Environm Address: 25851 Tra	ental Maintenance E owbridge, Inkster, M	Engineers, Inc.	Phone Numb	er: (313) 791-2600	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name:	ental Maintenance E owbridge, Inkster, M	Engineers, Inc.	Phone Numb	er: (313) 791-2600 ervisor	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature:	ental Maintenance E owbridge, Inkster, M Anilory Phik	Engineers, Inc. I 48141	Phone Numb	er: (313) 791-2600	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature: (Acknowl Transporter 2 (Acknowl	ental Maintenance E owbridge, Inkster, M Andrey Phik Wledgement of Rec	Engineers, Inc. I 48141	Phone Numb	er: (313) 791-2600 ervisor	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature: (Acknowl Transporter 2 (Acknowl Name: Republics)	ental Maintenance E owbridge, Inkster, M Anche Link Medgement of Rec Services - Wayne	Engineers, Inc. I 48141 Engineers inc. I 48141 Engineers inc.	Phone Numb Title: Supe Date: [0-/	er: (313) 791-2600 ervisor -4-75	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature: Julian Transporter 2 (Acknowl Name: Republic S Address: 5400 Cog	ental Maintenance E owbridge, Inkster, M Andrey Phik Wledgement of Rec	Engineers, Inc. I 48141 Engineers inc. I 48141 Engineers inc.	Phone Numb Title: Supe Date: /0-/	er: (313) 791-2600 ervisor 4-75 er: (734) 216-8240	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature: (Acknowl Transporter 2 (Acknowl Name: Republic S Address: 5400 Cog Printed/Typed Name:	ental Maintenance E owbridge, Inkster, M Anche Link Medgement of Rec Services - Wayne	eipt of Materials):	Phone Numb Title: Supe Date: 10-1 Phone Numb Title: Drive	er: (313) 791-2600 ervisor 4-/5 er: (734) 216-8240	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature: (Acknowl Name: Republic S Address: 5400 Cog Printed/Typed Name: Signature:	ental Maintenance E owbridge, Inkster, M Anche Land Medgement of Rec Services - Wayne swell, Wayne, MI 48	eipt of Materials):	Phone Numb Title: Supe Date: 10-1 Phone Numb Title: Drive Date:	er: (313) 791-2600 ervisor -4-15 er: (734) 216-8240	
Transporter (Acknowl Name: Environm Address: 25851 Tro Printed/Typed Name: Signature: (Acknowl Name: Republic Standards: 5400 Cog Printed/Typed Name: Signature: Waste disposal site over the standard of the	ental Maintenance E owbridge, Inkster, M Anche Land Medgement of Rec Services - Wayne swell, Wayne, MI 48	Engineers, Inc. I 48141 Eleipt of Materials): 8184 Certification of receipt of asbestos n	Phone Numb Title: Supe Date: 10-1 Phone Numb Title: Drive Date:	er: (313) 791-2600 ervisor -4-15 er: (734) 216-8240	

	Check here if dumpster is located on a jobsite (not at the office)	ir Quality Division	Internat Job #: 14-554B
			Landfill Approval #: 306913144
1)	Worksite name & address:	WASTE SHIPMENT D	OCUMENT
.,	Green Baxter	Owner's Name:	Contact Name
	1737 Green Road	River Run Ann Arbor Limited	Divd Housing A Robert Nickoloff
	Ann Arbor, MI 48103	2702 Hikone	Contact Telephone #
	All Albor, Wi 48103	Ann Arbor, MI 48103	(313) 749-7692
2)	Operator's Name:	Operator's Address:	
	Environmental Maintenance Engineers, Inc.	25851 Trowbridge	Operator's Telephone #:
		Inkster, MI 48141	(313) 791-2600
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Add	lynes:
	Carleton Farms Landfill	28800 Clark Rd.	The state of the s
	Condition of Arms Carldilli	New Boston, MI 48164	(734) 654-0001
4)	Responsible Agency:		
	Air Quality Division, Michigan Department of	Natural Resources	
	P.O. Box 30028	. Totala Nesources	
	Lansing, MI 48909		Y
	Description of Materials:		
	Hazard Class: 9 Identification Number	NACOLO I	
1	Additional Description:	er: NA2212 Packing Gr	oup: III
-	Containers:		
	2 5 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6		
1	Friable Asbestos 15	e of Containers (drums, bags	s, etc) Total Qty. (cu ft., cu yds., lbs., tons)
	Non-Friable Asbestos	Bags	
1 5	Other:		
1	Special Handling Instructions and Addition	and the same	
	Handled in accordance with all EPA, NESHAR	nai information:	
i	Operator's Certification: I boroby dealers to the	, & OSHA Regulations	
(Operator's Certification: I hereby declare that the shipping name and are classified, packed, marked, and I condition for transport by highway according to applicable	e contents of this consignment are fully abeled, and are in all respects in prope	and accurately described above by proper of condition for transport by highway
	Printed/Typed Name: Jeff Cheney	e international and government regulati	ons.
5	Signature:		Title: Project Manager
1	Transporter (Acknowledgement of Receipt	Date: / (- / (/ /-	
F	Name: Environmental Maintenance Eng	ineers Inc	
1	Address: 25851 Trowbridge, Inkster, MI 4	18141	
)[Printed/Typed Name: Anthe Phik	10141	Phone Number: (313) 791-2600
A 1	Signature: //		Title: Supervisor
_	Transporter 2 (Acknowledgement of Receipt		Date: 10-14-15
1	Name: Republic Services - Wayne	ot of Materials):	
- Inne	Address: 5400 Cogswell, Wayne, MI 4818		
1		ERVING-	Phone Number: (734) 216-8240
	"Inted/Typed Name: 7 - And		
F	Printed/Typed Name: TERRENCE	10000	Title: Driver
F	Signature:	- 6	Date: - FELLE
P S V a	Waste disposal site owner or operator: Certain noted in item 10.	- 6	Date: - TELLE

	Check here if dumpster is located		r Quality	Division	Internal Job #: 14-554B
	on a jobsite (not at the office)				Landfill Approval #: 30691314442
	ASBES	TOS V	VASTE SH	IPMENT DOCUMEN	T
1)	Worksite name & address:		Owner's Name):	Contact Name
	Green Baxter		River Run Ann	Arbor Limited Divd Housing /	Robert Nickoloff
	1737 Green Road		2702 Hikone		Contact Telephone #
	Ann Arbor, MI 48103		Ann Arbor, MI	48103	(313) 749-7692
2)	Operator's Name:		Operator's Ad	dress:	Operator's Telephone #:
•		en Inn	25851 Trowbrid	lge	(313) 791-2600
	Environmental Maintenance Enginee	rs, inc.	Inkster, MI 481	41	
3)	Waste Disposal Site (WDS) Name:		Waste Disposa	al Mailing Address:	Disposal Site Telephone #:
	Carleton Farms Landfill		28800 Clark Ro New Boston, M		(734) 654-0001
4)	Responsible Agency:				
	Air Quality Division, Michigan Depart	ment of N	latural Resource	es	
	P.O. Box 30028				
	Lansing, MI 48909	<u> </u>			
5)	Description of Materials:				
	Hazard Class: 9 Identification	Numbe	r: NA2212	Packing Group: III	
	Additional Description:				
6)	Containers:	ers: Typ	e of Containers	s (drums, bags, etc) Total C	ty. (cu ft., cu yds., lbs., tons):

7)	Special Handling	Instructions and	Additional	Information:

Friable Asbestos
Non-Friable Asbestos

Other:

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/Ty	ped Name: Jeff Cheney	Title: Project	Manager	
	Signature:	4	Date: 11- 7-	-15	
9)	Transporte	er (Acknowledgement of Receipt of Materials):			
	Name:	Environmental Maintenance Engineers, Inc.			
	Addison	OFORA Taraballar Interter MI 40444	Disass Marie	(242) 704 2600	

Name: Environmental Maintenance Engineers, Inc.

Address: 25851 Trowbridge, Inkster, MI 48141 Phone Number: (313) 791-2600

Printed/Typed Name: Andrew Ptak Title: Supervisor

Signature: Andrew Ptak Date: // - 3 -/5

10) Transporter 2 (Acknowledgement of Receipt of Materials):

Name:	Republic Services - Wayne			
Address:	5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240		
Printed/Ty	ped Name:	Title: Driver		
Signature:		Date:		

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:	Title:
Signature:	Date:

Michigan Department of Natural Resources er is located Air Quality Division

Check here if dumpster is located

Internal Job #: 14-554B

on a jobsite (not at t	130 331 331	WASTE SHIPMENT D	OCLIMEN	Landfill Approval #: 30691314
Worksite name & ad	ddress:	Owner's Name:	OCUMEN	
Green Baxter 1737 Green Road Ann Arbor, MI 48103			D. M. I.	Contact Name
		River Run Ann Arbor Limited 2702 Hikone	Diva Housing	
				Contact Telephone #
		Ann Arbor, MI 48103		(313) 749-7692
Operator's Name:		Operator's Address:		Operator's Telephone #:
Environmental Mainte	ononce Engineers I	25851 Trowbridge		(313) 791-2600
	enance Engineers, Inc.	Inkster, MI 48141		(010) 101-2000
Waste Disposal Site	(WDS) Name:	Waste Disposal Mailing Add	ress:	Disposal Site Telephone #
Carleton Farms Land	Ifill	28800 Clark Rd.	-	(734) 654-0001
Poonensible A		New Boston, MI 48164		
Responsible Agenc		No. 3 di salam		
P.O. Box 30028	lichigan Department of	Natural Resources		
Lansing, MI 48909				
Description of Mate	riale		ar American American	
Hazard Class: 9		NACOLO III III		
Additional Descripti	Identification Numb	er: NA2212 Packing G	roup: III	
Containers:	on.			
Containers.	# -5 0 4 - 1 1 1			
Friable Asbestos	# of Containers: Ty	pe of Containers (drums, bags	s, etc) Total C	ty. (cu ft., cu yds., lbs., tons
Non-Friable Asbestos	53	13495		and the second
Other:	5			
	structions and Addition	anal Information		
Handled in accordance	ce with all EPA NESHA	NP, & OSHA Regulations	and the second s	
Operator's Certificat	tion: I hereby declare that t	he contents of this		
		he contents of this consignment are full I labeled, and are in all respects in prop ole international and government regula		described above by proper ansport by highway
Printed/Typed Name	: Jeff Cheney			ect Manager
Signature:	4		Date: //-	-7- 1r
Transporter (Acknow	wledgement of Receip	t of Materials):	L	2. 0.
Name: Environ	mental Maintenance Er		***************************************	All the second s
	rowbridge, Inkster, MI	48141	Phone Num	ber: (313) 791-2600
Printed/Typed Name	: Andiew Ptak		Title: Su	pervisor
Signature: and				3-15
	owledgement of Rece	ipt of Materials):	1	
	c Services - Wayne			
Address: 5400 Co	ogswell, Wayne, MI 48	184	Phone Num	ber: (734) 216-8240
Printed/Typed Name	TERRENCE E.	EVING-	Title: Dri	ver
Signature:	evence Es	vene	Date: //	16-15
Waste disposal site as noted in item 10.	owner or operator: Ce	ertification of receipt of asbestos	materials cov	ered by this manifest except
Printed/Typed Name	: All Comm	Shart	Title:	lous
Signature:	100		Date:	

Michigan Department of Natural Resources er is located Air Quality Division

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

Internal Job #: 14-554 B

Worksite name & address:			Owner's Name:		Contact Name
Green Baxter		River Run Ann	River Run Ann Arbor Limited Divd Housing A		sing A Robert Nickoloff
1737 Green Road		2702 Hikone			Contact Telephone #
Ann Arbor, MI 48103		Ann Arbor, MI	48103		(313) 749-7692
Operator's Name:		Operator's Ac	dress:		Operator's Telephone #:
Environmental Maintenance	Engineers Inc.	25851 Trowbri	dge		(313) 791-2600
		Inkster, MI 48			
Waste Disposal Site (WDS) Name:	Waste Dispos		dress:	Disposal Site Telephone
Carleton Farms Landfill		28800 Clark R	d.		(734) 654-0001
		New Boston, N	11 48164		
Responsible Agency:					
Air Quality Division, Michigan	n Department of	Natural Resource	es		
P.O. Box 30028					_
Lansing, MI 48909					
Description of Materials:					
	ification Numb	er: NA2212	Packing G	roup: III	
Additional Description:					
Containers:					
	Containers: Type	pe of Containers	s (drums, bag	s, etc) Tot	al Qty. (cu ft., cu yds., lbs., ton
Friable Asbestos 3		BGG 3			, 12 , 32 , 130 , 130 , 101 .
Non-Friable Asbestos				1	
Other:					
Special Handling Instruction	ns and Additio	nal Information:			
Handled in accordance with a	all EPA, NESHA	P, & OSHA Regu	lations		
Operator's Certification: The shipping name and are classified, paccondition for transport by highway accondition for transport by highway accondition.					tely described above by proper or transport by highway
Printed/Typed Name: Jeff C	heney		o commont regula	Title:	Project Manager
Signature:	l-)		Date:	12-7-15
Transporter (Acknowledger	ment of Receipt	of Materials)		Date.	18-5-13
Name: Environmental N					
Address: 25851 Trowbrid				Phone N	umber: (313) 791-2600
Printed/Typed Name: //	Ptch			N	
Signature:	0				Supervisor
Transporter 2 (Acknowledge	ement of Recei	nt of Materials):		Date:	12-3-15
Name: Republic Service	es - Wavne	pro materials).			
Address: 5400 Cogswell,		84		D	1 (704) 040 0040
Printed/Typed Name:		04		Phone N	and the second s
Signature:					Driver
Vaste disposal site owner o		1.60	nt of oak and	Date:	11
as noted in item 10.	or operator: Cer	tification of recei	pt of aspestos	materials o	covered by this manifest except
rinted/Typed Name:	or operator: Cer	tification of recei	pt of aspestos	Title:	covered by this manifest except

On a jobsite (not at t	10 - 3 Cu 0	Air Quality Division	1	Internal Job #: 14-554
		WASTE CLUDATE	440.00	Landfill Approval #: 3069131
Worksite name & ac	ddress:	WASTE SHIPMENT	DOCUMEN	IT
Green Baxter	41000.	Owner's Name:		Contact Name
1737 Green Road		River Run Ann Arbor Limited	d Divd Housing	A Robert Nickoloff
Ann Arbor, MI 48103		2/02 Hikone		Contact Telephone #
- WILL AND CO. 1 WILL AND 103		Ann Arbor, MI 48103		(313) 749-7692
Operator's Name:		Operator's Address:		
Environmental Maintenance Engineers, Inc.				Operator's Telephone #:
		Inkster, MI 48141		(313) 791-2600
Waste Disposal Site	(WDS) Name:	Waste Disposal Mailing Ad	droce.	Diamondon -
Carleton Farms Land	fill	28800 Clark Rd.	uress.	Disposal Site Telephone (734) 654-0001
		New Boston, MI 48164		(754) 054-0001
Responsible Agency	:			1
Air Quality Division, M	ichigan Department of	Natural Resources		1
F.O. Box 30028				1
Lansing, MI 48909				
Description of Mater	ials:			J
Hazard Class: 9	Identification Number	er: NA2212 Packing G		1
Additional Description	n;	er: NA2212 Packing G	roup: III	
Containers:				
	# of Containers: Typ			
Friable Asbestos	31	pe of Containers (drums, bag	s, etc) Total Qt	y. (cu ft., cu yds., lbs., ton
Non-Friable Asbestos		Beg i	3-11/2	
Other:				
Special Handling Inst	ructions and Addition			
Handled in accordance	with all EDA MEGUA	nal Information: P, & OSHA Regulations		
Operator's Certification	On Thank de la	P, & OSHA Regulations	MANAGE	
shipping name and are class condition for transport by hig	ified, packed, marked, and I hway according to applicable	e contents of this consignment are full labeled, and are in all respects in prop e international and government regula	y and accurately de er condition for tran	scribed above by proper sport by highway
Printed/Typed Name:	Jeff-Cheney	and government regula	uons.	900
Signature:	Jan-			ect Manager
ransporter (Acknowl	edgement of Receipt	nt Materials):	Date: /)	-7-15
lame: Environm	ental Maintenance Eng	nineers Inc		
Address: 25851 Tro	owbridge, Inkster, MI 4	18141	T	
rinted/Typed Name;	A Ptak	10141		er: (313) 791-2600
ignature:	0.00			rvisor
	vledgement of Receip		Date: /2	- 3-15
lame: Republic	Services - Wayne	of of Materials):		
	swell, Wayne, MI 4818			
rinted/Typed Name:	Party - H 4818		Phone Number	er: (734) 216-8240
ignature: -G	totrack A	NGIST	Title: Drive	
	WE WIN	\	Date:	2-22-15
S noted in item 10	viter or operator: Cert	tification of receipt of asbestos	materials covere	ed by this manifest excent
				- andopt
rinted/Typed Name:				
rinted/Typed Name:	May sh		Title:)(G)	