

LETTER OF RELIANCE

February 29, 2016

PRIVILEGED AND CONFIDENTIAL

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

RE: Asbestos Abatement Closeout Report:

Maple Tower- S. Maple Meadows, Report N100-0009, Report Date 02/29/2016

Dear Mr. Lince:

Please find enclosed the Asbestos Abatement Closeout Report for the subject property dated 02/29/2016 to the Michigan State Housing Development Authority.

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

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

Sincerely,

Environmental Consulting Solutions, LLC

lul T. 704

Andrew J. Foerg, CPG President



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

February 29, 2016

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

Re: Revised Asbestos Abatement Closeout Report – S. Maple Meadows 800-890 S. Maple, Ann Arbor, Michigan ECS Project N100-0009

Dear Ms. Harris:

Environmental Consulting Solutions, LLC (ECS) is pleased to submit this revised Asbestos Abatement Closeout Report for S. Maple Meadows in Ann Arbor, Michigan. The asbestos abatement work took place from June 29, 2015 through January 11, 2016.

Previous NESHAP asbestos surveys identified the following asbestos containing materials (ACMs):

- Drywall joint compound
- Heat shields
- Roofing
- Floor tile and mastic were assumed to be ACMs

The project plans/specifications called for abatement of all ACMs that would be disturbed during renovation activities. This was accomplished by having the abatement contractor and independent air monitoring subcontractor on-site during activities expected to disturb ACMs.

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

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

ECS reviewed the documents and concludes that all identified ACMs were abated in accordance with project plans/specifications and applicable regulations. AEC concluded "All clearance samples were below the applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy". Please refer to Attachment 3 for a table summarizing the remaining ACMs. Attachment 4 presents the Ann Arbor Housing Commission Asbestos Operations and Management Plan, which documents the procedures to maintain and manage the remaining ACMs.

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

Andrew J. Foerg, CPG President

July T. 704

Enclosures

ATTACHMENT 1

AEC AIR MONITORING REPORT

AIR MONITORING REPORT

FOR

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

AT

SOUTH MAPLE MEADOWS 800 S. MAPLE ANN ARBOR, MI 48103

PREPARED BY:

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

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

PROJECT NUMBER 1478-15006



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Introduction

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at South Maple Meadows located at 800 S. Maple, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from June 29, 2015 through January 11, 2016.

AEC representatives Matt Rodgers, Lance Hassell, Ron Fraley and Jef Fox 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

South Maple Meadows Ann Arbor, MI 48103 June 29, 2015-January 11, 2016 Project Number: 1478-15006

Appendix A Air Sampling Sheets

Client Name:		Envirome	Environmental Consulting	Project Name:		South Ma	South Maple Meadows	ows	Project Number:	umber:		147	1478-15006	Sa	Sample Date:	ate:	6/28	6/29/2015
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Lance Hassell	D	Signature
Ü		Project Manager
PCM Analyst:		

		Sample Types		Activity	
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Ь	-	Personal	ಕ	Ħ	Clearance
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HEPFX	ij	HEPA Exhaust	GB CB	n	Glovebag
FB	п	Field Blank	8/0	Ħ	Bag Out
NA-PF	Ħ	Not Analyzed / Pump Failure	AMB	U	Ambient
FLO.A.	И	Not Analyzed / Overloaded Filter	PREP	11	Work Site Prep
A-WDF	B	Not Analyzed / Water Damaged Filter	CO	и	Clean Up

Client Name:		Envirom	Environmental Consulting	Project Name:	S	outh Maj	South Maple Meadows		Project Number:	ımber:		147	1478-15006		Sample Date:	Date:	1/9//	7/6/2015
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:		8008	800 S. Maple		City / State / Zip:	e/Zip:		Ann	Ann Arbor, MI		Collected By:	d By:	Lance	Lance Hassell
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	act:		An	Andy Foerg		Contractor:	tor:	E	EME
Lab Sample #	Field Sample #	Type	Lz	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	nin)	Time (2	Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
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	5	OSWA	East Side of N	East Side of North East Building	REM	12	100	12	15.3	10.00	10.00	10.00	0802	1132	210	2100.00	0.0023	0.0028
	9	OSWA	South Side of 7	South Side of North East Building	REM	11	100	11	14.0	10.00	10.00	10.00	0804	1134	210	2100.00	0.0023	0.0026
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	∞	IWA	Roof of No	Roof of North East Building	7	25	100	10	12.7	10.00	10.00	10.00	1142	1342	120	1200.00	0.0041	< 0.0041
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8	8		< <enter here<="" number="" sample="" td=""><td></td><td></td><td>4</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>			4	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041
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Lance Hassell	naper Signature
	Project Ma
PCM Analyst:	

		Samulo Tynos		Activity	
OCUVA	11	Outside Work Area	BKGD	н	Background
2		T. I.I. Went, Assessment	REM	п	Removal
IWA	n	Inside work Area	į	¥	Clearance
α.	u	Personal	3		- Contraction
CTET	H	Short Term Exposure Limit	PA	11	Post Abatemen
The state of the s)	LICE A Exhanet	GB	11	Glovebag
HEPEA	1	ILLI A LAudusi	0/0	þ	Rose Out
пВ	II	Field Blank	2/0		- Table
N. A. DC	t	Net Analyzed / Pump Failure	AMB	ij	Ambient
TAUATA		Not Analyzed / Overloaded Filter	PREP	В	Work Site Prep
NA-OLF	1	NOT WHEN SECT OF CHOCK I THE	115	ı	Class IIn
NA-WOF	п	Not Analyzed / Water Damaged Filter	200	i	Citali Op

Client Name:		Envirome	Environmental Consulting	Project Name:	S	outh Map	South Maple Meadows		Project Number:	ımber:		1478	1478-15006	Sar	Sample Date:		7/8/2015	015
City / State / Zip:	Zip:	Royal C	Royal Oak, MI 48073	Project Location:		8 008	800 S. Maple		City / State / Zip:	e / Zip:		Ann /	Ann Arbor, MI		Collected By:		Lance Hassell	lassell
Filter ECA:	385	385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pro	Project Contact:	act:		And	Andy Foerg	ပိ	Contractor:		EME	E
Lab Sample #	Field Sample #	Type	Le	Location	Activity	Fibers	Fields Ac	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	(ii)	Time (24 Hour Clock)	Hour Cloc		Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start St	Stop To	Total			
	-	FB				0	100											FB AVE
	2	EB				0	100											0.0000
	m	Ь	Jasc	Jason Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0800 12	1200 2	240 480	480.00	0.0102	< 0.0102
	4	Ь	Kev	Kevin Diehl	REM	2.5	100	10	12.7	2.00	2.00	2.00	0800 12	1200 2	240 480	480.00	0.0102	< 0.0102
	5	OSWA	West Sid	West Side of Building	REM	13	100	13	16.6	10.00	10.00	10.00	0802 12	1205 2	243 243	2430.00	0.0020	0.0026
	9	OSWA	East Sid	East Side of Building	REM	14	100	14	17.8	10.00	10.00	10.00	0805 12	1205 2	240 240	2400.00	0.0020	0.0029
	7	IWA		Roof	cf	5	100	10	12.7	10.00	10.00	10.00	1210 14	1410 1	120 120	1200.00	0.0041	< 0.0041
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		1																
OSWA	11	Sample Types Outside Work Area	иа. Х	BKGD	Activity	Background			PC	PCM Analyst:	St.				Lance Hassell	lassell		
IWA P STEL HEPEX IB		Inside Work Are Personal Short Term Expo HEPA Exhaust Field Blank	Inside Work Area Personal Short Term Exposure Limit HEPA Exhaust Field Blank	CENT CENT PA PA AMB	1 W W D W D	Clearance Post Abatement Glovebag Bag Out	nent						J		P			
NA-OLF NA-WDF		Not Analyzed / (Not Analyzed / V	Joseph Street Sales Sales Street Sales Street Sales	PREP	u v	Work Site I	rep						Project iv	lanaper	говет мапарет экпаппе			

	1 7 7 1	AMBINITA							D. Cot Number	por.		1478-15006	5006	Samı	Sample Date:	7/10	7/10/2015
Client Name:	72	Envirome	Enviromental Consulting Solutions	Project Name:	S	outh Map	South Maple Meadows		nalection				į			T HOM	Mott Dodgers
i i		S Royal C	Royal Oak MI 48073	Project Location:		800 S.	800 S. Maple	J	City / State / Zip:	/Zip:		Ann Ar	Ann Arbor, MI	Colle	Collected By:	Matt	Suggers
City / State / Zip		in fox					0.00785	mm2 Pro	Project Contact:	ict:		Andy	Andy Foerg	Comt	Contractor:	E	EME
Filter ECA:	385	385 mm2	Microscope Field Area:	Area:			* *	15	Fibers per	1		-	17 / 27	(doct)	Vol (1)	(co)(f/cc)	Fibers /cc
Lab Sample #	Field Samule #	Type	1	Location	Activity	Fibers	Fields Aq	Justed Fiber Count	mm ²	Flow F	E -	+	me (24 F	2 -		(m) > 01	
	adimpo									Start	Stop	Ave. St	Start St	Stop Total			
	70	8				0	100										FB AVE
	-1	I'D				0	100										0.0000
	2	FB					00	01	12.7	2 00	2.00	2.00	0800	1140 220	0 440.00	0.0111	< 0.0111
	3	Ъ	Ke	Kevin Dichl	KEM	4	001	2		-	+-	-	_	0800	00.09	0.0817	< 0.0817
	4	STEL	Jas	Jason Diehl	REM	-	100	10	12.7	7.00				_	+	+	10000
	v	OSWA	Ž	North End	REM	11	100	11	14.0	10.00	10.00	10.00	0745 1	1130 225	-		0.0024
		OSWA	Š	South End	REM	12	100	12	15.3	10.00	10.00	10.00	0745 1	1130 225	5 2250.00	0.0022	0.0026
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	7	IWA	5	Mooi South	5	9	100	10	12.7	10.00	10.00	10.00	1150 1	1350 120	0 1200.00	0.0041	< 0.0041
	∞	IWA	Co	On Koor North	3 1		1001	10	12.7	2.00	2.00	10.00	0800	1130 21	210 2100.00	0.0023	< 0.0023
	6	Ь	Ja	Jason Diehl	KEM	0	001	2	i			_					
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Matt Rodgers

PCM Analyst:

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Sannie Tvnes

Outside Work Area
Inside Work Area
Inside Work Area
Short Term Exposure Limit
HEPA Exhaust
Field Blank
Not Analyzed (Overloaded Filter
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Not Analyzed (Water Damased Filter

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Client Name:		Environ	Environmental Consulting	Project Name:		outh Ma	South Maple Meadows	lows	Project Number:	ımber:		147	1478-15006		Sample Date:	ate:	7/17/	7/17/2015
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple		City / State / Zip:	e/Zip:		Ann,	Ann Arbor, MI		Collected By:	By:	Matt Rodgers	odgers
Filter FCA:		385 mm2	Microscope Field Area:	Area:			0,00785	mm2	Project Contact:	act:		Anc	Andy Foerg		Contractor:	::0	EN	EME
Lab Sample #	Field Semile #	Type	Z	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	(nir	Time (2	Time (24 Hour Clock)	— т	Vol. (L)	LOQ (f/cc)	Fibers /cc
	ognipic #									Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	EB				0	100											0.0000
	3	STEL	Chris	Chris Treglown	REM	6	100	10	12.7	2.00	2.00	2.00	1140	1210	30	00.09	0.0817	< 0.0817
	4	ы	Chris	Chris Treglown	REM	8	100	10	12.7	2.00	2.00	2.00	1210	1350	100	200.00	0.0245	< 0.0245
	5	OSWA	882-2n	882-2nd Floor Hall	REM	4	100	10	12.7	10.00	10.00	10.00	1130	1350	140	1400.00	0.0035	< 0.0035
	9	OSWA	882	882-Kitchen	REM	9	100	10	12.7	10.00	10.00	10.00	1130	1350	140	1400.00	0.0035	< 0.0035
	7	IWA	88	882-Bed 2	CL	10	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	∞	IWA	882-2n	882-2nd Floor Stairs	C	9	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	6	IWA	88%	882-Kitchen	D C	7	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
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Samples 9	9		< <enter here<="" number="" sample="" td=""><td></td><td></td><td>9</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>140</td><td>1400.00</td><td>0.0035</td><td>< 0.0035</td></enter>			9	100	10	12.7			10.00			140	1400.00	0.0035	< 0.0035
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Matt Rodgers	Signature
/	Profest of angore
CM Analyst:	

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	Salutus Lvins	Chicken	1	Dackmound	
1	Outgide Work Area	BNGD	î i	Dacagionia	
ř		DEM	ii	Ramoval	
11	Inside Work Area	NEW			
	Descent	3	ĺÚ.	Crearance	
11	Fersonai	V C	Ĥ	Post Abatement	
Ħ	Short Term Exposure Limit	C.D.			
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ì	Hold Blond	2/9	į.	Dati Out	
į	Light Digits	AMB	n	Ambient	
ij	Not Analyzed / Pump Failure	di de	1	Work City Draw	
	VI. A. Line J. O. colondad Eilter	DREP	11	WOLK SHE LIED	
11	NOI ARBIVZEU / OVELIORUEU I IIICI		1	Clash In	
1	Not Analyzed / Water Damaged Filter	0.0		Citizan Co.	
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OSWA IWA P STEL HEPEX FB NA-PF NA-PF NA-OLF NA-WDF

V	A H	ICAL	AMERICAN ENVINOUMENT											-		000	2100
		Environe	Environental Consulting	Decised Name	S	uth Map	South Maple Meadows		Project Number:	nber:		1478-15006	2006	Sami	Sample Date:	07//	//20/2013
Client Name:		S	Solutions	rroject ivanie:		5 008	son S Manle		City / State / Zip:	/Zip:		Ann Ar	Ann Arbor, MI	Colle	Collected By:	Matt	Matt Rodgers
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:				ď	Duoiset Contact:	ot:		Andy	Andy Foerg	Cont	Contractor:	Ш	EME
Filter ECA:	385 1	385 mm2	Microscope Field Area:	Area:			0.00.085	Timile II i	Fibers per			-	H 40) em	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted riber Count	mm ²	Flow	튁	-	me (24 m	Total I	T.		
										Start	Stop	Ave. St	Start Stop	-+			
						0	100										FB AVE
	1	FB					9										0.0000
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	,,	STEL	Chri	Chris Treglown	REM	6	100	10	12.7	2.00	7.00	-	-	_	+	+	
	0	77.0	t	Treatown	REM	9	100	10	12.7	2.00	2.00	2.00 0	0800	1130 210	0 420.00	0.0117	< 0.0117
	4	d		15 11cgrown			100	01	12.7	2.00	2.00	2.00	1230 14	1400 90	180.00	0.0272	< 0.0272
	S	ы	Chr	Chris Treglown	KEM	0	100	2.7			_	_	1 0770	1170 220	0 2200.00	0 0.0022	< 0.0022
		OCW/A	884-1	884-1st Floor Hall	REM	7	100	10	12.7	10.00	10.00	00.01	-	-	+	+	+
	٥	V M GO			Made	-	100	10	12.7	10.00	10.00	10.00	0740	1120 22	220 2200.00	0.0022	< 0.0022
	۲	OSWA	H. C.Y.	884-2nd Floor Bedroom 1	KEW	t	201			10001	10.00	10 00	1240 1	1400 8	80 800.00	0.0061	< 0.0061
	00	OSWA		886-1st Floor Hall	REM	9	100	10	17.7	10.00			-	+	+	+	-
	•			and Elect Hell	REM	∞	100	10	12.7	10.00	10.00	10.00	1240 1	1400 8	80 800.00	0.0061	< 0.0001
	6	OSWA		880-2110 F 1001 F 1411	To a second	-	90,	5	12.7	10.00	10.00	10.00	1130	1330 1	120 1200.00	0.0041	< 0.0041
	10	IWA	788	884-Bedroom 2	CF	10	100	AT .					-	1220	1200 00	0.0041	< 0.0041
	1	IWA	884	884-Living Room	CF	10	100	10	12.7	10.00	10.00	10.00	ne II	-	+	+	+
				984. Kitchen	5	7	100	10	12.7	10.00	10.00	10.00	1130	1330 1	120 1200.00	00 0.0041	< 0.0041
	12	IWA	9	204-1211211					5	10.00	10.00	10.00	1400	1600	120 1200.00	00 0.0041	< 0.0041
	13	IWA	88	886-Bedroom 2	C	6	100	10	1.7.7	10.01			-				
Total										Г				L	-	0000	00000
Samples	Recount					4	100	10	12.7			10.00			220 7700.00	-	\neg
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PCM Analyst:

Matt Rodgers

BKGD CL CL CL GB B/O AMB PREP CU

Sample Tynes
Ousied Work Area
Luside Work Area
Personal
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Field Blank
Field Blank
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		Fuvirone	Environmental Consulting		Ĭ.	mith Map	South Maple Meadows		Project Number:	ımber:		1478	1478-15006	San	Sample Date:	7/2	7/20/2015	_
Client Name:		Š	Solutions	Project Name:	1				100	Zin.		Ann A	Ann Arbor. MI		Collected By:	Matt	Matt Rodgers	
City / State / Zip:	Zip:	Royal O	Royal Oak, MI 48073	Project Location:		8008	800 S. Maple		City / State / Zip:	e / 21p:							EME	_
, fars			Mioroscone Field Area:	Area:			0,00785	mm2 Pr	Project Contact:	act:		And	Andy Foerg	<u>ق</u>	Contractor:		TAILE	-
Filter ECA:	2000	7	national party	2	Activity	Fibers	Fields	Adjusted Fiber Fibers per	Fibers per	Flow	Flow Rate (L/min)	in)	Time (24 Hour Clock)	Hour Cloc	(k) Vol. (L)	(fice)	Fibers /cc	
Lab Sample #	Sample #	Type	<u> </u>	Location	Wally III			Count	ш	Start	Stop	Ave.	Start	Stop Te	Total			— T
						c	100										FB AVE	[7]
		FB					000										0.0000	
		FB				0	001				-4-		1,400	1,600	120 1200.00	0.0041	< 0.0041	
	14	IWA	Т-988	886-Living Room	CL	7	100	10	12.7	10.00			_		+	-		
	15	IWA	988	886-Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1400	1600	120 1200.00	+		
														-		-		
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															A Cast De	0.00		
		Sample Types	sac	BKGD	Activit	J	puni		<u></u>	PCM Analyst:	lyst:			-	Мац Коодегя	igers		
OSWA IWA P STEL HEPEX FB NA-PF		Cutside Work A Inside Work A Personal Short Term Ex HEPA Exhaus Field Blank Not Analyzed	Outside Work Area Inside Work Area Personal Parsonal Exposure Limit HEPA Exhaust Februare Field Blank Not Analyzed / Dento Fuller Not Analyzed (Overloadel Filter	REM C.C. C.C. PA A GB BNO AMB AMB	пппипи		Removal Clearance Post Abatement Glovebae Bar Out Ambient Work Site Prep						Proiec	Manage	Project Manager Stonafure	0		N.
NA-WDF		Not Analyzed	/ Water Damaged Filler	7.7														

A	1 K K I	CAN	AMERICAN ENVINORMENT											-		0.1	2016
		Fuvirome	Environmental Consulting	D Morrow	5	uth Mapl	South Maple Meadows		Project Number:	nber:		1478-15006	9009	Sampl	Sample Date:	0107/17//	5107
Client Name:		Š	Solutions	Project name:	5	3 000	ooo c Manle		City / State / Zip:	/Zip:		Ann Arbor, MI	or, MI	Collec	Collected By:	Matt Rodgers	odgers
City / State / Zip:	Zip:	Royal C	Royal Oak, MI 48073	Project Location:		SUU S.		7				Andv Foerg	oero	Contractor:	actor:	EN	EME
. D. A.	385 mm2	Cmn	Microscope Field Area:	Area:			0.00785	mm2 Pro	Project Contact:	ct:		- Cramer	a				100
Filter ECA:	300	7				-		Adjusted Fiber	Fibers per	Flow R	Flow Rate (L/min)	-	ne (24 H	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
Lab Sample #	Field Sample #	Type	-i	Location	Activity	Fibers	Fields	Count	"mm	Start	Stop	Ave. Start	Stop	p Total			
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	2	FB				0	100				1	+	_		000	0.000	0.0817
		III	Tim	Tim Hiohland	REM	6	100	10	12.7	2.00	2.00	2.00 07	0735 08	0805 30	90.00	0.0017	100.0
	3	SIEL		0	PEM	4	001	10	12.7	2.00	2.00	2.00 08	0805	1130 205	410.00	0.0120	< 0.0120
	4	Ь	TT I	Tim Highland	KEM		201	Ç.	1.07	2 00	2.00	2.00 12	1220 14	1430 130	260.00	0.0188	< 0.0188
	'n	Ь	Tin	Tim Highland	REM	4	001	OI	12:1		-	_	-	0.00	1500 00	0.0033	< 0.0033
	9	A TANDO	I-888	888-I iving Room	REM	9	100	10	12.7	10.00	10.00	10.00	0730	10001	+	+	
	9	OSWA	0000	THE TOTAL		,	100	10	12.7	10.00	10.00	10.00 0′	0220	1000 150	1500.00	0.0033	< 0.0033
	7	OSWA	888	888-Bedroom 1	KEM	0	201	2	ţ	9	10.00	10 00	1000	1240 160	0 1600.00	0.0031	< 0.0031
	8	OSWA		890-Hall 1st Floor	REM	2	100	10	17.7	10.00	_	_	+	_	+	+	1000
	0			Tiring Doom	REM	4	100	10	12.7	10.00	10.00	10.00	1000	1240 160	0 1600.00	0.0031	< 0.0031
	6	OSWA		890-Living room		,	100	5	12.7	10.00	10.00	10.00	1130 1	1305 95	950.00	0.0052	< 0.0052
	10	OSWA		800-Hall 2nd Floor	REM	٥	100	2				_	120	1305 05	050 00	0.0052	< 0.0052
	=	OSWA		800-Living Room	REM	S	100	10	12.7	10.00	10.00	10.01	-	-	+	+	╁
				000 Kitchen	Ü	7	100	10	12.7	10.00	10.00	10.00	1000	1200 12	120 1200.00	0 0.0041	+
	12	IWA	0	00-Michell	}			5	1, 7,	10.00	10 00	10.00	1000	1200 13	120 1200.00	0 0.0041	< 0.0041
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Total	Blind									Г				L	-	\vdash	/ 0.0033
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PCM Analyst:

BKGD CL CL PA GB BNO AMB PREP CU

Matt Rodgers

									1.0			1478-	1478-15006	San	Sample Date:	:e:	7/21/2015	015
Client Name:		Envirom	Enviromental Consulting	Project Name:	Sc	uth Map	South Maple Meadows		Froject Manager.								Most Dodgers	dane
Chemicann		ο .	Solutions	Deciont Location.		800 S	800 S. Maple		City / State / Zip:	/Zip:		Ann A	Ann Arbor, MI	<u>ව</u>	Collected By:	.y.:	Matt	ougot s
City / State / Zip:	Zip:	Royal (Royal Oak, MI 480/3	Project Location:				-	Cont) .		Andy	Andy Foerg	ပိ	Contractor:		EME	H
Filter ECA:	385 mm2	nm2	Microscope Field Area:	Area:			0,00785	mm2 kr	Froject Contact			-	Cloop man I acc	- 2	-	Vol (L)	LOO (f/cc)	Fibers /cc
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and man april	Sample #									Start	Stop	Ave.	Start	Stop	Total			
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	2	IWA	[-888	888-Bedroom 2	C	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	1400'0	
	+ 1	TWA	T-068	890-Living Room	ਹੋ	5	100	10	12.7	10.00	10.00	10.00	1245 1	1445	120 1	1200.00	0.0041	< 0.0041
	2	TWT	100	OOO Vitchen	5	9	100	10	12.7	10.00	10.00	10.00	1245 1	1445	120 1	1200.00	0.0041	< 0.0041
	16	IWA	060	TOTAL STATE OF		0	5	01	12.7	10.00	10.00	10.00	1245	1445	120 1	1200.00	0.0041	< 0.0041
	17	IWA	-068	890-Bedroom 2	ਹੋ	٧	100	2			9	90	1305	1505	120	1200.00	0.0041	< 0.0041
	18	IWA	1-008	800-Living Room	CL	6	100	10	12.7	10.00	10.00	10.00	-		+	1200 00	0.0041	< 0.0041
	101	IWA	80	800-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1305	1505	120	1200.00	1000	
	13	17.1.7	000	900 Bedraam 2	5	∞	100	10	12.7	10.00	10.00	10.00	1305	1505	120	1200.00	0.0041	< 0.0041
	20	IWA	000	- Decimonal														
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Total	Blind									Ī				-				
Samples	Recount													-				
20		< <enter< td=""><td><<enter here<="" number="" sample="" td=""><td>5</td><td></td><td></td><td></td><td></td><td></td><td>7</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>5</td><td></td><td></td><td></td><td></td><td></td><td>7</td><td></td><td></td><td>_</td><td>-</td><td></td><td></td><td></td><td></td></enter>	5						7			_	-				
		1																
		Samule Ty	vnes	UDAG	Activit	Background	pun		Ъ.	PCM Analyst:	vst:				Mat	Matt Kodgers		
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AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

SAMPLINGLOG

Figure 12 Figure 12 Figure 12 Figure 14 Figu	Client Name:	ie:	Envirom S	Environmental Consulting Solutions	Project Name:		South Ma	South Maple Meadows	lows	Project Number:	umber:		14	1478-15006		Sample Date:	Date:	7/22	7/22/2015
Fig.	City / State	/Zip:	Royal (Oak, MI 48073	Project Location:		800	S. Maple		City / Sta	te / Zip		Anr	ı Arbor,	2016	Collecto	ed By:	Matt 1	Rodgers
Field Type Location Activity Fields Acquisate Fried From Fields Acquisate Fried From Fields Fields Acquisate Fried From Acquisate Fried Fr	Filter ECA		mm2	Microscope Field	Area:			0.00785	mm2	oject Con	tact:		A	ndy Foe		Contra	ctor:	H	ME
The control of the	Lab Sample #		Type	য	ocation	Activity	Fibers		Adjusted Fiber Count	Fibers per mm ²		/Rate (L/	min)	Time (24 Hour C	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
1 FB FB FB FB FB FB FB											Start	Stop	Ave.	Start	Stop	Total			
2 FB Time Highland REM 10 100 1127 2.00 2.00 0.730 0800 30 0.00 0.0136 5 4 P P Time Highland REM 10 100 10.7 2.00 2.00 2.00 9.00 30 60.00 0.0136 5 5 OSWA Bod-Akitchen REM 4 100 10.7 10.00 10.00 0.740 1100 10.0 0.04 10.0 0.00		-	FB				0	100											FB AVE
3 STEL Tim Highland REM 10 100 10 127 2.00 2.00 6.		2	EB				0	100											0.0000
4 P P Fig. Fi		3	STEL	Tim	Highland	REM	10	100	10	12.7	2.00	2.00	2.00	0730	0800	30	00.09	0.0817	< 0.0817
5 OSWA 804-Kitchen REM 4 100 10 10.00 10.00 10.00 0740 1100 200 200.00 0.0025 6 OSWA 804-2nd Floor Hall REM 4 100 10 10.00 10.00 10.00 10.00 0740 1100 200 0.0020 0.0025 3 8 1VA 804-Living Room CL 7 100 10.0 10.00 10.00 10.0 10.00		4	Ь	Tim	Highland	REM	7	100	10	12.7	2.00	2.00	2.00	0080	1100	180	360.00	0.0136	< 0.0136
6 OSWA 804-2nd Floor Hall REM 4 100 10 10.00 10		5	OSWA	804	-Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
Table Tabl		9	OSWA	804-2n	d Floor Hall	REM	4	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000:00	0.0025	< 0.0025
8 IWA 804-Bedroom I CL 7 100 10.0 10.00 </td <td></td> <td>7</td> <td>IWA</td> <td>804-Li</td> <td>iving Room</td> <td>CL</td> <td>∞</td> <td>100</td> <td>10</td> <td>12.7</td> <td>10.00</td> <td>10.00</td> <td>10.00</td> <td>1100</td> <td>1300</td> <td>120</td> <td>1200.00</td> <td>0.0041</td> <td>< 0.0041</td>		7	IWA	804-Li	iving Room	CL	∞	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
9 IWA 804-2nd Floor Hall CL 7 100 10 10.00 110.00 110.00 110.0 1300 1200.00 0.0041 0.0041 10 P Kevin Diehl REM 4 100 10 12.7 2.00		∞	IWA	804-E	3edroom 1	C	7	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
10 P Empty Tames Dichl REM 4 100 10 12.7 2.00 2.00 0.740 1200 260 520.00 0.0094 1.00		6	IWA	804-2n	d Floor Hall	CT	7	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
11 P P James Diehl REM 3 100 10 10.7 2.00 2.00 2.00 740 1200 260 250.00 0.0094 12 OSWA North End-East Building REM 6 100 10 10.0 10.0 10.00 10.00 0741 1200 259 2590.00 0.0019 13 OSWA South End-East Building REM 6 100 10 10.0 10.0 10.00 10.00 0741 1200 259 2590.00 0.0019 Blind Recount Recount Recount Recount Rem 13 100 10 10 10 12.7 10.0 10.0 10.0 0741 1200 259 2590.00 0.0019 Rem 10 10 10.0 10.0 10.0 10.0 10.0 10.0 10		10	Ъ	Kev	in Dichl	REM	4	100	10	12.7	2.00	2.00	2.00	0740	1200	260	520.00	0.0094	< 0.0094
12 OSWA North End-East Building REM 6 100 10 10 10.0 10.00 10.00 1741 1200 259 2590.00 0.0019 13 OSWA South End-East Building REM 6 100 10 10 10.0 10.0 10.00 10.00 10.00 259 2590.00 0.0019 Blind Recount Recount Recount Recount Recount Recount Rem 13 100 100 10 10.0 10.0 10.0 10.0 10.0		Ξ	Ь	Jam	les Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0740	1200	260	520.00	0.0094	< 0.0094
13 OSWA South End-East Building REM 6 100 10 12.7 10.00 10.00 0.741 1200 259 2590.00 0.0019 <		12	OSWA	North End	l-East Building	REM	9	100	10	12.7	10.00	10.00	10.00	0741	1200	259	2590.00	0.0019	< 0.0019
Blind Recount 3 100 10 12.7 2.00 400.00 0.0123		13	OSWA	South End	I-East Building	REM	9	100	10	12.7			10.00	0741	1200	259	2590.00	0.0019	< 0.0019
11 < <enter 0.0123<="" 10="" 100="" 12.7="" 2.00="" 200="" 3="" 400.00="" here="" number="" sample="" td=""><td>Total Samples</td><td>Blind Recount</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><td></td><td></td><td></td></enter>	Total Samples	Blind Recount																	
	15	11	< <enter san<="" td=""><td>nple Number Here</td><td></td><td></td><td>33</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>2.00</td><td></td><td></td><td>200</td><td>400.00</td><td>0.0123</td><td>< 0.0123</td></enter>	nple Number Here			33	100	10	12.7			2.00			200	400.00	0.0123	< 0.0123

PCM Analyst:

BKGD REM PA AMB PREP CU

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



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Client Name:	:e:	Environ {	Enviromental Consulting Solutions	Project Name:		South Ma	South Maple Meadows	lows	Project Number:	umber:		147	1478-15006	Sar	Sample Date:	7/2	7/22/2015
City / State / Zip:	/ Zip:	Royal	Royal Oak, MI 48073	Project Location:		800	800 S. Maple		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	Matt	Matt Rodgers
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2	Project Contact:	tact:		An	Andy Foerg	ű	Contractor:		FMF
Lab Sample #	Field Sample #	Type	A	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)		Time (24 Hour Clock)	Iour Clock	O Vol. (L)	20/J) ŎOT	Fibers /cc
										Start	Stop	Ave.	Start	Stop Total	al		
		FB				0	100										FB AVE
		FB				0	100										0.0000
	14	IWA	North E	North End-On Roof	CL	4	100	10	12.7	10.00	10.00	10.00	1200 14	1400 120	0 1200.00	0.0041	< 0.0041
	15	IWA	South E	South End-On Roof	CL	4	100	10	12.7	10.00	10.00	10.00	1200 14	1400 120	0 1200.00	0.0041	< 0.0041
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Total Samples	Blind Recount											1		_			
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OSWA		Sample Types Outside Work Area		40/4q	è												
IWA		Inside Work Area		BKGD	11	Background			PCM	PCM Analyst:			í	*	M. D. T.		

Matt Rodgers	0
PCM Analyst:	

utside Work Area		BKGD	ij	Backoround
side Work Area		PEM	1	Dame
rsonal			1 1	Влошам
ort Term Exposure	Limit	DA.	1 1	Clearance
EPA Exhaust		£	1: 1	Clember
eld Blank		0,8	ı	Day Out
ot Analyzed / Pump	Failure	AMB	FR	Ambion.
ot Analyzed / Overlo	aded Filter	PREP	П	Work Sita Bran
of Analyzed / Water	Damaged Filter	B		Clean IIn

City / State / Zip: Filter ECA: 385 mm2 Lab Sample # Field T	Solutions		2000	PROTECTION OF THE PROPERTY OF												
385 mm2										9					Most D	dean
385 mm, Field Sample #	Royal Oak, MI 48073	Project Location:		800 S.	800 S. Maple	J	City / State / Zip:	:/Zip:		Ann	Ann Arbor, MI		Collected By:	By:	Matt Kodgers	odgers
Field Sample #	Microscope Field Area:	ield Area:			0.00785	mm2 Pro	Project Contact:	act:		And	Andy Foerg	ŭ	Contractor:	Ľ	EME	E
	Type	Location	Activity	Fibers	Fields Ad	Adjusted Fiber Fibers per	Fibers per mm ²	Flow	Flow Rate (L/min)	(iii)	Time (24 Hour Clock)	Hour Cle	— т	Vol. (L)	LOQ (f/cc)	Fibers /cc
								Start	Stop	Ave.	Start	Stop	Total			
	FB			0	100											FB AVE
2	FB			0	100											0.0000
3	STEL CI	Chris Treglown	REM	7	100	10	12.7	2.00	2.00	2.00	0220	0800	30	00.09	0.0817	< 0.0817
4	D C	Chris Treglown	REM	4	100	10	12.7	2.00	2.00	2.00	0080	1230	270	540.00	0.0091	< 0.0091
\$	OSWA Un	Unit 820 Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0735	1000	145	1450.00	0.0034	< 0.0034
9	OSWA Unit 8:	Unit 820 2nd Floor Stairs	REM	5.5	100	10	12.7	10.00	10.00	10.00	0735	1000	145	1450.00	0.0034	< 0.0034
7	IWA	Unit 820 Bedroom 1	7	6	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
8	IWA	Unit 820 Living Room	8	∞	001	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
6	IWA	Unit 820 Kitchen	ਹੋ	∞	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
0 01	OSWA	Unit 830 Base Stairs	REM	9	100	10	12.7	10.00	10.00	10.00	1005	1230	145	1450.00	0.0034	< 0.0034
0	OSWA	Unit 830 2nd Stairs	REM	5.5	100	10	12.7	10.00	10.00	10.00	1005	1230	145	1450.00	0.0034	< 0.0034
12 1	IWA	Unit 830 Bedroom 1	CF	8.5	100	10	12.7	10.00	10.00	10.00	1230	1430	120	1200.00	0.0041	< 0.0041
13	IWA Unit	Unit 830 Living Room	CT	6	100	10	12.7	10.00	10.00	10.00	1230	1430	120	1200.00	0.0041	< 0.0041
Total Blind																
	< <enter here<="" number="" sample="" td=""><td>ere</td><td></td><td>∞</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>	ere		∞	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041
						3		7				J.:				

PCM Analyst: Matt Rodgers

BKGD CC CC CA BYO AMB PREP CU

Client Name:	ä	Environ	Environmental Consulting Solutions	Project Name:	Š	outh Mag	South Maple Meadows		Project Number:	umber:		147	1478-15006	Sa	Sample Date:	ate:	7/23/	7/23/2015
City / State / Zip:	/Zip:	Royal (Royal Oak, MI 48073	Project Location:		8008	800 S. Maple		City / State / Zip:	te / 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:	tact:		Anc	Andy Foerg		Contractor:	or:	E	ЕМЕ
Lab Sample #	Field Sample #	Type		Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per	Fibers per	Flow	Flow Rate (L/min)	uin)	Time (24	Time (24 Hour Clock)		Vol. (L.)	LOQ (f/cc)	Fibers /cc
	•									Start	Stop	Ave.	Start	Stop T	Total			
		FB				0	100											FB AVE
		FB				0	100											0.0000
	47	IWA	Unit 8	Unit 830 Kitchen	급	6	100	10	12.7	10.00	10.00	10.00	1230	1430	120	1200.00	0.0041	< 0.0041
	15	STEL	Ker	Kevin Diehl	REM	-	100	10	12.7	2.00	2.00	2.00	0815 (0845	30	00.09	0.0817	< 0.0817
	16	Ь	Ker	Kevin Diehl	REM	т	100	10	12.7	2.00	2.00	2.00	0845	1100	135	270.00	0.0181	< 0.0181
ı	17	А	Jas	Jason Diehl	REM	2	100	10	12.7	2.00	2.00	2.00	0820	1100	160	320.00	0.0153	< 0.0153
	18	OSWA	East End o	East End of North Building	REM	9	100	10	12.7	10.00	10.00	10.00	0080	1105	185	1850.00	0.0026	< 0.0026
	61	OSWA	West End o	West End of North Building	REM	3	100	10	12.7	10.00	10.00	10.00	0800	1105	185	1850.00	0.0026	< 0.0026
	20	IWA	On Roof o	On Roof of North Building	CL	60	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	21	IWA	On Roof o	On Roof of North Building	7	3	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
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21		<>Enter Sa	<>Enter Sample Number Here															
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OSWA	11	Sample Types Outside Work Area Inside Work Area	ta.	BKGD	Activity = =	Background	41		PC	PCM Analyst:	yst:				Mat	Matt Rodgers		
P STEL HEPEX FB NA-PF	H H H H H	Personal Short Term Expo HEPA Exhausi Field Blank Not Analyzed / P	Personal Short Term Exposure Limit HEDA Exhaust Field Blank Not Analyzed / Pump Failure	AMB AMB		Clearance Post Abatement Glovebag Bag Out Ambient	ment						Profes	Profess Manader Sionature	T. Signal	IIIre		
NA-OLF NA-WDF		Not Analyzed / C Not Analyzed / V	Overloaded Filter Vater Damaged Filter	PREP	II T	Work Site Clean Up	Preb									į		

Project Location Project Loc	Client Name:	::	Environ	Environmental Consulting Solutions	Project Name:	Š	South Maple Meadows	le Meado		Project Number:	ımber:		147	1478-15006		Sample Date:	ate:	7/24,	7/24/2015
Field Type Microscope Field Area: Activity Fields Activity Activity Fields Activity Activity Activity Activity Fields Activity	City / State	/ Zip:	Royal	Oak, MI 48073	Project Location:		800 S.	Maple		City / Stat	e/Zip:		Ann,	Arbor, A		ollected	By:	Matt F	odgers
Type	Filter ECA:		mm2	Microscope Field	Area:			0.00785		oject Cont	act:		Anc	ly Foerg		ontract	or:	E	ИЕ
FB FB FB FB FB FB FB FB	Lab Sample #		Type		ocation	Activity	Fibers		Adjusted Fiber Count	Fibers per mm ²	Flow	Rate (L/n	(ni	Time (24	Hour Cl	ock)	Vol. (L)	LOQ (ficc)	Fibers /cc
FB FB FB FB FB FB FB FB											Start	Stop	Ave.	Start		Total			
2 FB TIME Highland REM 6 100 12.7 2.00 2.00 0.03 08.5 30 60.00 0.0817 4 4 P TIME Highland REM 4 100 10.7 2.00 2.00 2.00 130 130 0.0100 0.0100 5 P TIME Highland REM 4 100 10 12.7 2.00 2.00 120 130 80.5 11.00 0.0100 0.010 0.00 10.00 10.00 10.00 0.00 <td></td> <td>1</td> <td>FB</td> <td></td> <td></td> <td></td> <td>0</td> <td>100</td> <td></td> <td>FB AVE</td>		1	FB				0	100											FB AVE
Signature Sign		2	FB				0	100											0.0000
S P P Tim Highland REM A 100 10 12.7 2.00 2.00 13.5 1400 8.5 11.00 0.0120 0.0288 1.00 0.0120 0.0288 1.00 0.014 1.00 0.0288 1.00		3	STEL	Tim	Highland	REM	9	100	10	12.7	2.00	2.00	2.00		5080	30	00.09	0.0817	< 0.0817
6 P Tim Highland REM 4 100 10.7 2.00 2.00 1235 1400 85 170.00 0.0288 6 OSWA Unit 880 Znd Floor Hall REM 8 100 10.7 10.00		4	Ь	Tim	Highland	REM	4	100	10	12.7	2.00	2.00	2.00	5080	1130	205	410.00	0.0120	< 0.0120
Coswa Coswa Unit 880 Ediction Hall REM		5	Ь	Tim	Highland	REM	4	100	10	12.7	2.00	2.00	2.00	1235	1400	85	170.00	0.0288	< 0.0288
8 TWA Unit 880 Living Room CL 11 100 11 10.00 1		9	OSWA	Unit 880	2nd Floor Hall	REM	00	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
Nat Time T		7	OSWA	Unit	880 Kitchen	REM	7	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
9 IWA Unit 880 2nd Floor Bedroom 1 CL 10 10 12.7 10.00 10.00 1100 1300 120.00 100.00 100.00 10.00		∞	IWA	Unit 88(Uriving Room	r c	=	100	11	14.0	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0045
10 IWA Unit 880 Kitchen CL 9 100 10 12.7 10.00 10.00 10.00 1305 1400 55 550.00 0.0041 1.		6	IWA	Unit 880 2n	d Floor Bedroom 1	CT	10	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
11 OSWA Unit 828 2nd FloorHall REM 7 100 10 10 10.0 10.00 10.00 1305 1400 55 550.00 0.0089 12 OSWA Unit 828 Living Room CL 9 100 100 10 10.0 10.00 10.00 13.05 1400 55 550.00 0.0089 13 IWA Unit 828 Living Room CL 9 100 10 10 10 10.0 10.00 10.00 1405 1605 120 1200.00 0.0041 Blind Recount Recount Rem Rem		10	IWA	Unit	880 Kitchen	CL	6	100	10	12.7	10.00		10.00	1100	1300	120	1200.00	0.0041	< 0.0041
12 OSWA		Ξ	OSWA	Unit 828	2nd Floor Hall	REM	7	100	10	12.7	10.00		10.00	1305	1400	55	550.00	0.0089	< 0.0089
13 IWA Unit 828 Living Room CL 9 100 10 12.7 10.00 10.00 14.05 16.05 1200 1200.00 0.0041 Blind Recount Recount 7 100 10 12.7 10.00 10.00 10.00 2000.00 0.0025 C C C C C C C C C		12	OSWA		828 Kitchen	REM	10	100	10	12.7	10.00		10.00	1305	1400	55	550.00	0.0089	< 0.0089
Blind Recount Recount 7 100 10 12.7 10.00 2000.00 0.0025		13	IWA	Unit 82	8 Living Room	CL	6	100	10	12.7	10.00		10.00	1405	1605	120	1200.00	0.0041	< 0.0041
7 <=Enter Sample Number Here 7 100 10 12.7 10.00 2000.00 2000.00 0.0025	Total	Blind																	
	15	7	1	ample Number Here			7	100	10	12.7			10.00			200	2000.00	0.0025	< 0.0025

Matt Rodgers	1	fanaper Signature
/		Project
PCM Analyst:		

BKGD REM CL PA BYO AMB PREP CU

Sample Tvues
Outside Work Area
Personal
Short Term Exosure Limit
Flefa Blank
Not Analyzed / Pump Failure
Not Analyzed / Pump Failure
Not Analyzed / Water Damaged

7/24/2015	Matt Rodgers	EME	Fibers /cc		FB AVE	0.0000	< 0.0041	< 0.0041											
7/24	Matt B	E	LOQ (f/cc)				0.0041	0.0041											
Date:	d By:	tor:	Vol. (L)				1200.00	1200.00									-	Mail Rougers	
Sample Date:	Collected By:	Contractor:	Clock)	Total			120	120										Proiets Manager Signature	
	, MI	arg	Time (24 Hour Clock)	Stop			1605	1605									i i	- Paris	
1478-15006	Ann Arbor, MI	Andy Foerg	Time	Start			1405	1405								7		Proies	
	Ar	1	L/min)	Ave.			0 10.00	00.01											
er:	;di;		Flow Rate (L/min)	r Stop			00 10.00	00 10.00	-		-						olyset.		
Project Number:	City / State / Zip:	ontact:		Start			10.00	10.00								7	DCM Analyet		
Projec	City / §	Project Contact:	Fibers I				12.7	12.7											
ows		mm2 P	Adjusted Fiber Fibers per				10	10		1									
ole Mead	800 S. Maple	0.00785	Fields		100	100	100	100										tua:	
South Maple Meadows	800 S		Fibers		0	0	∞	8.5									Doological	Removal Clearance Post Abatement Grovebag Bay Out Ambient Work Site Prep	
Š			Activity				G	C									2		
Project Name:	Project Location:	Area:	Location				Unit 828 Bedroom 1	Unit 828 Kitchen									up zu	REWALD FOR THE MANAGE M	
Environmental Consulting Solutions	Royal Oak, MI 48073	Microscope Field Area:	, Tr				Unit 828	Unit 8.							< <enter here<="" number="" sample="" td=""><td></td><td></td><td>Outside Work Area Persons Work Area Persons Short Term Exposure Limit HEPA Exhaust Field Blank Not Analvzed / Pump Failure Not Analvzed / Water Dannaged Filter Not Analvzed / Water Dannaged Filter</td><td></td></enter>			Outside Work Area Persons Work Area Persons Short Term Exposure Limit HEPA Exhaust Field Blank Not Analvzed / Pump Failure Not Analvzed / Water Dannaged Filter Not Analvzed / Water Dannaged Filter	
Environe	Royal C	385 mm2	Type		FB	FB	IWA	IWA									Sample Types	Outside Work Area Inside Work Area Personal Short Term Exposu HEPA Exhaust Feld Blank Not Analyzed / Pun Not Analyzed / Pun Not Analyzed / Wa	
	Zip:	385 1	Field Sample #				14	15						Blind	Veconiii				
Client Name:	City / State / Zip:	Filter ECA:	Lab Sample #											Total	Samples 15			OSWA NA P P P STEL HEBEX FB FB NA-PE NA-PE NA-WDF	

A	Client Name:		Envirom	Environmental Consulting	Project Name:	S	South Maple Meadows	ole Mead	OWS	Project Number:	ımber:		147	1478-15006		Sample Date:	Date:	11211	7/27/2015
Sample	City / State /	Zip:	Royal (Oak, MI 48073	Project Location:		8008	. Maple		City / Stat	e/Zip:		Ann	Arbor,]		Ollecte	d By:	Matt R	Matt Rodgers
Field Type Activity Fields Fields Fields of Count	Filter ECA:		mm2	Microscope Field	Area:			0.00785	mm2	oject Con	act:		An	dy Foer,		Contrac	tor:	Ē	EME
Fig.	Lab Sample #	Field Sample #	Type	n	ocation	Activity	Fibers		Adjusted Fiber Count	Fibers per mm ²	Flow	Rate (L/r	nin)	Time (2	4 Hour C	lock)	Vol. (L)	TOQ (f/cc)	Fibers /cc
1 FB Tim Highland REM 4 100 127 2.02 2.00 0730 0800 30 60.00 0 3 STEL Tim Highland REM 4 100 10 12.7 2.02 2.00 2.00 0730 080 30 60.00 0 5 P Tim Highland REM 4 100 10 12.7 2.00 2.00 0.70 105 105 0 0 0 0 0 0 10 12.7 2.00 2.00 0.70 0 0 0 0 0 10 10 12.7 2.00 2.00 0 10 10 10 12.7 2.00 2.00 0 10 10 10 10 12.7 2.00 2.00 0 10 10 10 10 10 10 10 10 12.7 10 10 10 10 10 12 10 <td></td> <td>Start</td> <td>Stop</td> <td>Ave.</td> <td>Start</td> <td>Stop</td> <td>Total</td> <td></td> <td></td> <td></td>											Start	Stop	Ave.	Start	Stop	Total			
2 FB Tim Highland REM 4 100 10 12.7 2.00 2.00 0.730 0800 30 60.00 0 4 P Tim Highland REM 6 100 10 12.7 2.00 2.00 0.70 100 10 12.7 2.00 2.00 0.70 100 10 10 12.7 2.00 2.00 0.70 100 10 10 12.7 2.00 2.00 0.70 100 10 10 12.7 2.00 2.00 2.00 100 10 10 12.7 2.00 2.00 2.00 100 10 10 12.7 2.00 2.00 2.00 100 10 10 12.7 10.00 10.00 1		- 	FB				0	100											FB AVE
3 STEL Tim Highland REM 4 100 10 12.7 2.00 2.00 2.00 2.00 2.00 30 6.00 9 4 P Tim Highland REM 6 100 10 12.7 2.00 2.00 2.00 105 1105 185 370.00 370 100		2	FB				0	100											0.0000
4 P Tim Highland REM 6 100 10 12.7 2.00 2.00 0.00 1153 1405 185 370.00 5 P Tim Highland REM 3 100 10 12.7 2.00 2.00 1235 1405 90 180.00 6 OSWA 806-Base Stair REM 11 100 11 14.0 10.00 10.00 10.30 1040 190 10 7 OSWA 806-Living Room CL 9 100 10 10.00 10.00 10.00 10.45 1245 120 10.00 9 IWA 806-Living Room CL 12 100 12.7 10.00 10.00 1045 1245 120 120.00 10 IWA 806-Bedroom I CL 12 10 12.7 10.00 10.00 1045 1245 120 10.00 10.00 10.00 10.00 10.00 10.00 </td <td></td> <td>6</td> <td>STEL</td> <td>Tim</td> <td>Highland</td> <td>REM</td> <td>4</td> <td>100</td> <td>10</td> <td>12.7</td> <td>2.00</td> <td>2.00</td> <td>2.00</td> <td>0220</td> <td>0080</td> <td>30</td> <td>00.09</td> <td>0.0817</td> <td>< 0.0817</td>		6	STEL	Tim	Highland	REM	4	100	10	12.7	2.00	2.00	2.00	0220	0080	30	00.09	0.0817	< 0.0817
5 P Tim Highland REM 3 100 10.7 2.00 2.00 1.25 1405 90 180.00 6 OSWA 806-Base Stair REM 11 100 11 140 10.0		4	P	Tim	Highland	REM	9	100	10	12.7	2.00	2.00	2.00	0080	1105	185	370.00	0.0132	< 0.0132
6 OSWA 806-Base Stair REM 11 100 11 14.0 10.0 10.00 </td <td></td> <td>10</td> <td>Ь</td> <td>Tim</td> <td>Highland</td> <td>REM</td> <td>8</td> <td>100</td> <td>10</td> <td>12.7</td> <td>2.00</td> <td>2.00</td> <td>2.00</td> <td>1235</td> <td>1405</td> <td>06</td> <td>180.00</td> <td>0.0272</td> <td>< 0.0272</td>		10	Ь	Tim	Highland	REM	8	100	10	12.7	2.00	2.00	2.00	1235	1405	06	180.00	0.0272	< 0.0272
7 OSWA 806-2nd Floor Hall REM 8 100 10 10.00 10		9	OSWA	-908	Base Stair	REM	п	100	11	14.0	10.00		10.00	0220	1040	190	1900.00	0.0026	0.0028
8 IWA 806-Kitchen CL 9 100 10.7 10.00 10.00 10.45 1245 120 1200.00 9 IWA 806-Living Room CL 12 100 12 15.3 10.00 10.00 10.45 1245 120 1200.00 10 IWA 806-Bedroom 1 CL 10 100 10 12.7 10.00 10.00 10.45 1245 120 1200.00 11 OSWA 808-Base Stair REM 6 100 10 12.7 10.00 10.00 10.00 1235 1400 85 850.00 12 OSWA 808-Base Stair REM 6 100 10 12.7 10.00 10.00 10.00 12.8 1400 85 850.00 13 IWA 808-Kitchen CL 9 100 10 10.00 10.00 10.00 10.00 10.00 10 10 10.00 10.00		7	OSWA	806-2r	nd Floor Hall	REM	8	100	10	12.7	10.00	10.00	10.00	0220	1040	190	1900.00	0.0026	< 0.0026
9 IWA 806-Living Room CL 12 100 15.3 10.00 10.00 10.45 1245 120 1200.00 10 IWA 806-Bedroom 1 CL 10 100 10.01 10.00		∞	IWA	806	5-Kitchen	g g	6	100	10	12.7	10.00	10.00	10.00	1045	1245	120	1200.00	0.0041	< 0.0041
10 IWA 806-Bedroom 1 CL 10 100 10 12.7 10.00 10.00 1045 1245 120 1200.00 1200.00 11 OSWA 808-Base Stair REM 7 100 10 12.7 10.00 10.00 10.00 1235 1400 85 850.00 13 IWA 808-Kitchen CL 9 100 10 12.7 10.00 10.00 10.00 1405 1505 120 1200.00 1200.00 12.7 10.00 10.00 1405 1505 120 1200.00 1200.		6	IWA	T-908	iving Room	CF	12	100	12	15.3	10.00		10.00	1045	1245	120	1200.00	0.0041	0.0049
11 OSWA 808-Base Stair REM 6 100 10.7 10.00 10.00 1235 1400 85 850.00 12		10	IWA	-908	Bedroom 1	ਹੋ	10	100	10	12.7	10.00		10.00	1045	1245	120	1200.00	0.0041	< 0.0041
12 OSWA 808-2nd FloorHall REM 7 100 10 12.7 10.00 10.00 1235 1400 85 850.00 130 INA 808-Kitchen CL 9 100 10 10 12.7 10.00 10.00 1405 1505 120 1200.00 Recount		Ξ	OSWA	808	-Base Stair	REM	9	100	10	12.7	10.00	Annual Control	10.00	1235	1400	85	850.00	0.0058	< 0.0058
13 IWA 808-Kitchen CL 9 100 10 12.7 10.00 1405 1505 120 1200.00 Blind Recount 11 140 1405 1506 190 1		12	OSWA	808-2	nd Floor Hall	REM	7	100	10	12.7	10.00		10.00	1235	1400	85	850.00	0.0058	< 0.0058
Blind Recount 11 140 1900.00		13	IWA	80	8-Kitchen	D D	6	100	10	12.7	10.00			1405	1605	120	1200.00	0.0041	< 0.0041
Necoulli 14.0 10.00 1900.00 1900.00	Total	Blind									ř			10					
6 < <enter here<="" number="" sample="" td=""><td>Samples 22</td><td>9</td><td></td><td>ımple Number Here</td><td></td><td></td><td>11</td><td>100</td><td>Ξ</td><td>14.0</td><td></td><td></td><td>10.00</td><td></td><td></td><td>190</td><td>1900.00</td><td>0.0026</td><td>0.0028</td></enter>	Samples 22	9		ımple Number Here			11	100	Ξ	14.0			10.00			190	1900.00	0.0026	0.0028

PCM Analyst:

BKGD CL CL PA GB B/O AMB PREP CU

Matt Rodgers

Project Manager Signafiir

AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

SAMPLINGLOG

City / State / Zip: Royal Oak, MI 48073 Project Location: 8 Filter ECA: 385 mm2 Microscope Field Area: Activity Fiber Lab Sample # Type Location Activity Fiber FB FB Activity Fiber 0 FB FB Activity FB 0 FB FC TO TO TO FB FC TO TO TO FB FB Activity TO TO FB FB Activity <td< th=""><th>1 7</th><th></th><th>Solutions</th><th>Troject Name.</th><th>2</th><th></th><th></th><th></th><th>· rolect rannotis</th><th></th><th></th><th></th><th></th><th></th><th></th><th>Sample Date:</th><th>1</th><th>77777</th></td<>	1 7		Solutions	Troject Name.	2				· rolect rannotis							Sample Date:	1	77777
385 mm2 Microscope Field Area: Field Type Location Activity FB FB CL 14 IWA 808-Living Room CL 15 IWA 808-Bedroom 1 CL 16 STEL Kevin Diehl REM 17 P Kevin Diehl REM 18 P Jason Diehl REM 19 OSWA East End REM 20 OSWA West End CL 21 IWA North-on Roof CL 22 IWA South-on Roof CL	i di	Royal (Oak, MI 48073	Project Location:		8008	800 S. Maple		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	d By:	Matt F	Matt Rodgers
Field Sample # Type Location Activity Sample # Type Location Activity FB FB CL 14 IWA 808-Living Room CL 15 IWA 808-Bedroom 1 CL 16 STEL Kevin Diehl REM 17 P Kevin Diehl REM 18 P Jason Diehl REM 19 OSWA East End REM 20 OSWA West End REM 21 IWA North-on Roof CL 22 IWA South-on Roof CL	L	mm2	Microscope Field	Area:			0.00785	mm2 Pr	Project Contact:	tact:		An	Andy Foerg		Contractor:	tor:	E	EME
FB FB IWA 808-Living Room IWA 808-Bedroom 1 CL CL STEL Kevin Diehl REM P Kevin Diehl REM P Jason Diehl REM OSWA East End REM IWA North-on Roof CL IWA South-on Roof CL		Type	Lo	ocation	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm²	Flow	Flow Rate (L/min)	nin)	Time (5	Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
FB FB IWA 808-Living Room CL IWA 808-Bedroom 1 CL STEL Kevin Diehl REM P Kevin Diehl REM P Jason Diehl REM OSWA Bast End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL										Start	Stop	Ave.	Start	Stop	Total			
FB 808-Living Room CL IWA 808-Bedroom 1 CL STEL Kevin Diehl REM P Kevin Diehl REM P Jason Diehl REM OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL		FB				0	100											FB AVE
IWA 808-Living Room CL IWA 808-Bedroom 1 CL STEL Kevin Diehl REM P Kevin Diehl REM P Jason Diehl REM OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL		FB				0	100											0.0000
IWA 808-Bedroom 1 CL STEL Kevin Diehl REM P Kevin Diehl REM OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL	14	IWA	808-Li	ving Room	CL	10	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041
STEL Kevin Diehl REM P Kevin Diehl REM OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL	15	IWA	808-B	edroom 1	CT	10	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041
P Kevin Diehl REM P Jason Diehl REM OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL	16	STEL	Kevi	in Diehl	REM	I	100	10	12.7	2.00	2.00	2.00	0810	0840	30	00.09	0.0817	< 0.0817
P Jason Diehl REM OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL	17	Ь	Kev	in Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0840	1130	170	340.00	0.0144	< 0.0144
OSWA East End REM OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL	18	d	Jaso	n Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	< 0.0120
OSWA West End REM IWA North-on Roof CL IWA South-on Roof CL	61	OSWA	Ea	st End	REM	0	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
IWA North-on Roof CL IWA South-on Roof CL	20	OSWA	We	est End	REM	-	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
IWA South-on Roof CL	21	IWA	North	1-on Roof	CL	ဇ	100	10	12.7	10.00	10.00	10.00	1140	1340	120	1200.00	0.0041	< 0.0041
	22	IWA	South	1-on Roof	CF	ю	100	10	12.7	10.00	10.00	10.00	1140	1340	120	1200.00	0.0041	< 0.0041
Total Blind Samples Recount																		

PCM Analyst:

Matt Rodgers

BKGD REM CT CT PA BYO AMB PREP CU

Samule Tynes
Outside Work Area
Inside Work Area
Ferson Short Tem Exosure Limit
HEPA Exhust
Field Blank
Nor Analyzed / Pump Failure
Nor Analyzed / Wister Dannased Filter

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

<< Enter Sample Number Here

22

Cliant Name.		Envirome	Environmental Consulting	Project Name:	Š	outh Map	South Maple Meadows		Project Number:	mber:		1478	1478-15006	Sa	Sample Date:	ate:	7/28/2015	2015
		o c	Solutions	- T		5000	Monte		City / State / Zin:	-/Zin:		Ann A	Ann Arbor, MI		Collected By:	By:	Matt Rodgers	odgers
City / State / Zip:	Zip:	Royal C	Royal Oak, MI 48073	Project Location:		800 S	800 S. Maple		City / Stat	e/ Zap.		, miny	1001					
Filter ECA:	385	385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	act:		And	Andy Foerg	ŭ	Contractor:	i.	EME	田
Lab Sample #	Field Sample #	Type	31	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow	Flow Rate (L/min)	(ii)	Time (24 Hour Clock)	Hour Clo		Vol. (L)	(£/cc)	Fibers /cc
										Start	Stop	Ave,	Start S	Stop	Total			
	1	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	т	STEL	Tim	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	0735 0	5080	30	00.09	0.0817	< 0.0817
	4	Ь	Tim	Tim Highland	REM	9	100	10	12.7	2.00	2.00	2.00	0800	1105	185	370.00	0.0132	< 0.0132
	5	а	Tim	Tim Highland	REM	9	100	10	12.7	2.00	2.00	2.00	1205	1410	125	250.00	0.0196	< 0.0196
	9	OSWA	810-	810-Base Stair	REM	10	100	10	12.7	10.00	10.00	10.00	0740	1050	190	1900.00	0.0026	< 0.0026
	7	OSWA	810-2n	810-2nd Floor Hall	REM	п	100	=	14.0	10.00	10.00	10.00	040	1050	190	1900.00	0.0026	0.0028
	∞	IWA	810	810-Kitchen	3	12	100	12	15.3	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0049
	6	IWA	810-F	810-Living Room	C	12	100	12	15.3	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0049
	10	IWA	810-1	810-Bedroom 1	ರ	10	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	=	OSWA	812-	812-Base Stair	REM	6	100	10	12.7	10.00	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
	12	OSWA	812-2r	812-2nd Floor Hall	REM	9.5	100	10	12.7	10.00	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
	13	IWA	812	812-Kitchen	C	10	100	10	12.7	10.00	10.00	10.00	1415	1615	120	1200.00	0.0041	< 0.0041
Total	Blind													L				
22	12	.3	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>9.5</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>			9.5	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041
		7								ı								
		Sample Types		0.0240	Activity	Doubour			DG	PCM Analyst:	18			6	Matt	Matt Rodgers		
OSWA IWA P		Outside Work Area Inside Work Area Personal	t e e	REM CL	t 11 II	Removal Clearance								-		•		
STEL HEPEX EB NA.PF	нкии	Short Term Expo HEPA Exhaust Field Blank Not Analyzed / P	Short Tern Exposure Limit HEPA Exhaust Field Blank Not Analyzed / Pump Failure	PA GB B/O AMB	R R R H	Post Abatement Glovebag Bag Out Ambient	ment						Protect	Jana of	Protect Manager Signature	lire /		
NA-OLF NA-WDF		Not Analyzed / C	Overloaded Filter Vater Damaged Filter	PREP	11 .15	Work Site Clean Up	Prep								-			

A: 385 mm2 A: 385 mm2 A: 587 mm2	Client Name:		Environ	Environmental Consulting	Project Name:	S	South Maple Meadows	ole Mead		Project Number:	umber:		147	1478-15006		Sample Date:	Jate:	1170	0107/97/
Field Type Activity Fibers Field Activity Field Activity Fibers Field Activity Fibers	City / State / .	:di2	, Royal (Oak, MI 48073	Project Location:		8008	. Maple		City / Star	te / Zip:		Ann	Arbor, 1		ollecter	l By:	Matt J	Matt Rodgers
Field Type Location Activity Fibers Fibrary Count Fibrary Excessed Fibrary Fibrar	Filter ECA:	385	mm2	Microscope Field	Area:			0,00785	mm2	oject Con	tact:		An	dy Foerg		ontrac	tor:	E	EME
FB FB FB FB FB FB FB FB	Lab Sample #	Field Sample #	Type	2	ocation	Activity	Fibers		Adjusted Fiber Count	Fibers per mm ²	Flow	Rate (L/r	(uin	Time (2	Hour C	ock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
FB FB FB FB FB FB FB FB											Start	Stop	Ave.	Start	Stop	Total			
FB FB FB FB FB FB FB FB			FB				0	100											FB AVE
14 1WA 812-Richen CL 11 100 11 14.0 10.00 10.00 1415 1615 120 1.0			FB				0	100											0.0000
15 1WA 812-Bedroom 1 CL 11 100 11 14.0 10.00 10.00 1415 1615 120		14	IWA	812	-Kitchen	CL	11	100	111	14.0	10.00	10.00	10.00	-	1615	120	1200.00	0.0041	0.0045
15 STEL Kevin Diehl REM 0 100 10 12.7 2.00 2.00 0800 0830 30 1		15	IWA	812-1	Bedroom 1	ਹੋ	11	100	11	14.0	10.00	10.00	10.00	1415	1615	120	1200.00	0.0041	0.0045
17 P Kevin Diehl REM 3 100 10 12.7 2.00 2.00 2.00 130 180 18 P James Diehl REM 2 100 10 12.7 2.00 2.00 2.00 200 <		16	STEL	Ke	vin Diehl	REM	0	100	10	12.7	2.00	2.00	2.00	0080	0830	30	00.09	0.0817	< 0.0817
18 P James Diehl REM 2 100 10 12.7 2.00		17	Ь	Ke	vin Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0830	1130	180	360.00	0.0136	< 0.0136
19 OSWA South Building-East REM 1 100 10 12.7 10.00 10.00 10.00 10.00 10.00 200 200 200 200 200 200 200 10.00 10.00 10.00 10.00 10.00 10.00 1130 200 200 200 200 200 10.00 10.00 1145 1345 12.0 12.0 12.7 10.00 10.00 10.00 1145 1345 12.0		18	Ь	Jan	nes Diehl	REM	2	100	10	12.7	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	< 0.0120
20 OSWA South Building-West REM 1 100 10.0 10.00 <t< td=""><td></td><td>61</td><td>OSWA</td><td>South I</td><td>3uilding-East</td><td>REM</td><td>-</td><td>100</td><td>10</td><td>12.7</td><td>10.00</td><td>10.00</td><td>10.00</td><td>0810</td><td>1130</td><td>200</td><td>2000.00</td><td>0.0025</td><td>< 0.0025</td></t<>		61	OSWA	South I	3uilding-East	REM	-	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
21 IWA South Building-North on Roof CL 3 100 10 10.00 10.00 1145 1345 120 22 IWA South Building-South on Roof CL 3 100 10 10 10.00 10.00 1145 1345 120 Blind Secount Sample Number Here		20	OSWA	South	3uilding-West	REM	-	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
22 IWA South Building-South on Roof CL 3 100 10 10.00 10.00 1145 1345 120 Blind		21	IWA	South Build	ing-North on Roof	5	ю	100	10	12.7	10.00	Artist Control	10.00	1145	1345	120	1200.00	0.0041	< 0.0041
Blind		22	IWA	South Build	ing-South on Roof	ਹ	т	100	10	12.7	10.00	10.00	10.00	1145	1345	120	1200.00	0.0041	< 0.0041
Blind																			34
Blind Recount																			
	Total	Blind	اب								_	145.5							
	22		< <enter sa<="" td=""><td>ample Number Here</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><td></td></enter>	ample Number Here															

PCM Analyst:

BKGD CL CL PA GB B/0 AMB PREP CU

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



Project Manager Signature

Client Name:	**	Envirom	Environmental Consulting	Project Name:	33:	South Maple Meadows	ple Meac	lows	Project Number:	umber:		147	1478-15006		Sample Date:	ate:	7/29/2015	2015
City / State / Zip:	/Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple	7427	City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	By:	Matt Rodgers	odgers
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0,00785	mm2	Project Contact:	tact:		ΨV	Andy Foerg		Contractor:	or:	EN	EME
Lab Sample #	Field Sample #	Type	17	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count nnm²	Fibers per		Flow Rate (L/min)	nin)	Time (2	Time (24 Hour Clock)	lock)	Vol. (L.)	LOQ (f/cc)	Fibers /cc
,							v.			Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	3	STEL	Jam	James Diehl	REM	0	100	10	12.7	2.00	2.00	2.00	9080	0836	30	00.09	0.0817	< 0.0817
	4	А	Jan	James Diehl	REM	-	100	10	12.7	2.00	2.00	2.00	9836	1140	184	368.00	0.0133	< 0.0133
		Д	Ke	Kevin Diehl	REM	7	100	10	12.7	2.00	2.00	2.00	5080	1140	215	430,00	0.0114	< 0.0114
	9	OSWA	North B	North Building-South	REM	2	100	10	12.7	10.00	10.00	10.00	0800	1140	220	2200.00	0.0022	< 0.0022
	7	OSWA	North B	North Building-North	REM	n	100	10	12.7	10.00	10.00	10.00	0800	1140	220	2200.00	0.0022	< 0.0022
	∞	IWA	North Builk	North Building-East on Roof	CL	ю	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	6	IWA	North Build	North Building-West on Roof	CL	3.5	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
				ť														
					-													
Total	Blind				_					Ī			_	_				
6		_	<< Enter Sample Number Here			m	100	10	12.7			10.00			220	2200.00	0.0022	< 0.0022
		7								1			í í					

PCM Analyst:

BKGD CL CL SPA BYO AMB PREP CU

Matt Rodgers

AIR AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

SAMPLINGLOG

Client Name:	*:	Environ	Environental Consulting Solutions	Project Name:		South Maple Meadows	ple Mead	lows	Project Number:	umber:		14	1478-15006		Sample Date:	Date:	9/17	9/17/2015
City / State / Zip:	/ Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	ed By:	Jef	JefFox
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2	Project Contact:	tact:		Ar	Andy Foerg		Contractor:	ctor:	回	EME
Lab Sample #	Field Sample#	Type	7	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	nin)	Time (3	Time (24 Hour Clock)	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	m	IWA	884-	884-Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	0953	1113	80	1200.00	0.0041	< 0.0041
	4	IWA	884-2nd F	884-2nd Floor Bathroom	CL	9	100	10	12.7	15.00	15.00	15.00	0955	1115	80	1200.00	0.0041	< 0.0041
	5	STEL	Tim	Tim Highland	REM	5.0	100	10	12.7	2.00	2.00	2.00	1030	1100	30	00.09	0.0817	< 0.0817
	9	Ы	Tim	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	1100	1530	270	540.00	0.0091	< 0.0091
	7	IWA	882.	882-Kitchen	CL	7.5	100	10	12.7	15.00	15.00	15.00	1119	1239	80	1200.00	0.0041	< 0.0041
	∞	IWA	882-2nd F	882-2nd Floor Bathroom	CL	9	100	10	12.7	15.00	15.00	15.00	1120	1240	80	1200.00	0.0041	< 0.0041
	6	IWA	880	880-Kitchen	CT	6.5	100	10	12.7	15.00	15.00	10.00	1130	1250	80	800.00	0.0061	< 0.0061
	10	IWA	880-2nd F	880-2nd Floor Bathroom	CL	7	100	10	12.7	15.00	15.00	15.00	1131	1251	80	1200.00	0.0041	< 0.0041
	Ξ	IWA	988	886-Kitchen	CF	7	100	10	12.7	15.00	15.00	15.00	1255	1415	80	1200.00	0.0041	< 0.0041
	12	IWA	886-2nd F	886-2nd Floor Bathroom	CL	8	100	10	12.7	15.00	15.00	15.00	1256	1416	80	1200.00	0.0041	< 0.0041
	13	IWA	888	888-Kitchen	CT	8	100	10	12.7	15.00	15.00	15.00	1300	1420	80	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount									72								
20	20	< <enter sa<="" td=""><td><< Enter Sample Number Here</td><td></td><td></td><td>7.5</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>15.00</td><td></td><td></td><td>80</td><td>1200.00</td><td>0.0041</td><td>< 0.0041</td></enter>	<< Enter Sample Number Here			7.5	100	10	12.7			15.00			80	1200.00	0.0041	< 0.0041
		1									n.:			Ę				

PCM Analyst:

BKGD CL CL PA PA BVO AMB PREP CU

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

Lance Hassell

City / State / Zip: Royal Oal Filter ECA: 385 mm2 N Lab Sample # Field Type FB FB FB 14 IWA 16 IWA 17 IWA 18 IWA	Royal Oak, MI 48073 Proje Microscope Field Area: Type Location	Project Location:		000												
385 mm2 Field Type Field Type FB FB 14 IWA 15 IWA 17 IWA 18 IWA	Microscope Field Lo			800 2.	800 S. Maple		City / State / Zip:	e/Zip:		Ann /	Ann Arbor, MI		Collected By:	l By:	Lance	Lance Hassell
Field Sample # 14 15 16 16 18 18	Го	Area:			0.00785	mm2 Pr	Project Contact:	act:		And	Andy Foerg		Contractor:	or:	E	ЕМЕ
		Location	Activity	Fibers	Fields A	Adjusted Fiber 1 Count	Fibers per mm²	Flow	Flow Rate (L/min)	(un	Time (2	Time (24 Hour Clock)	ock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
								Start	Stop	Ave.	Start	Stop	Total			
				0	100											FB AVE
				0	100											0.0000
	888-2nd Fl	888-2nd Floor Bathroorm	J J	9	100	10	12.7	15.00	15.00	15.00	1301	1421	80	1200.00	0.0041	< 0.0041
	-068	890-Kitchen	G	6.5	100	10	12.7	15.00	15.00	15.00	1330	1450	80	1200.00	0.0041	< 0.0041
	890-2nd F	890-2nd Floor Bathroom	CL	7	100	10	12.7	15.00	15.00	15.00	1131	1451	200	3000.00	0.0016	< 0.0016
	848-	848-Kitchen	CL	6.5	100	10	12.7	15.00	15.00	15.00	1345	1505	08	1200.00	0.0041	< 0.0041
	848-2nd F	848-2nd Floor Bathroom	CC	9	100	10	12.7	15.00	15.00	15.00	1346	1506	80	1200.00	0.0041	< 0.0041
4 MI 61	898	868-Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	1410	1530	80	1200.00	0.0041	< 0.0041
20 IWA	868-2nd F	868-2nd Floor Bathroom	J.	7.5	100	10	12.7	15.00	15.00	15.00	1411	1531	80	1200.00	0.0041	< 0.0041
Total Blind Samples Recount								_	\ -							
	< <enter here<="" number="" sample="" 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><td></td></enter>															

Lance Hassell PCM Analyst:

BKGD REM PREP BYO BYO CU

SAMPLINGLOG

AIR

Client Name:		Enviroment Solu	Environmental Consulting Solutions	Project Name:	So	South Maple Meadows	sadows	Project Number:	umber:	1478-15006	Sample Date:	ıte:	9/18/2015	015
City / State / Zip:	Zip:	Royal Oak	Royal Oak, MI 48073	Project Location:		800 S. Maple	ole	City / State / Zip:		Ann Arbor, MI Collected By:	Collected 1	By:	Matt Rodgers	dgers
Filter ECA:	385 mm2	2	Microscope Field Area:	l Area:		0,007	185 mm2	0.00785 mm2 Project Contact:		Andy Foerg Contractor:	Contractor	Ľ	EME	ш
Lab Sample #	Field	Type	J.	ocation	Activity	Activity Fibers Fields Adjusted Fiber per	Adjusted Fil	ber Fibers per	Flow Rate (L/min)	Time (24 Hour Clock) Vol (1.) 1 OO (flors) Eiberre (cc.	r Clock) V	fol (T.)	100 (fice)	Fibers /cc

Client Name:	::	Environ	Enviromental Consulting Solutions	Project Name:		South M	South Maple Meadows		Project Number:	umber:	naar	14	1478-15006		Sample Date:	Date:	9/18	9/18/2015
City / State / Zip:	/ Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple	, Janes	City / State / Zip:	te / Zip		Ant	Ann Arbor, MI		Collected By:	ed By:	Matt 1	Matt Rodgers
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0,00785	mm2	Project Contact:	tact:		Ψ	Andy Foerg		Contractor:	ctor:	E	EME
Lab Sample #	Field Sample#	Type	37 T	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²		Flow Rate (L/min)	min)	Time (Time (24 Hour Clock)	Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	т	STEL	Chris	Chris Treglown	REM	14	100	14	17.8	2.00	2.00	2.00	0220	0080	30	00.09	0.0817	0.1143
	4	Ь	Chris	Chris Treglown	REM	12	100	12	15.3	2.00	2.00	2.00	0080	1200	240	480.00	0.0102	0.0123
	5	IWA	800-Li	800-Living Room	R/CL	∞	100	10	12.7	10.00	10.00	10.00	0805	0830	85	850.00	0.0058	< 0.0058
	9	IWA	-008	800-Kitchen	R/CL	9	100	10	12.7	10.00	10.00	10.00	5080	0830	85	850.00	0.0058	< 0.0058
	7	IWA	8-008	800-Bedroom 1	R/CL	4	100	10	12.7	10.00	10.00	10.00	5080	0630	85	850.00	0.0058	< 0.0058
	∞	IWA	802-Li	802-Living Room	R/CL	10	100	10	12.7	10.00	10.00	10.00	0820	0940	80	800.00	0.0061	< 0.0061
	6	IWA	802-	802-Kitchen	R/CL	13	100	13	16.6	10.00	10.00	10.00	0820	0940	80	800.00	0.0061	0.0080
	10	IWA	802-B	802-Bedroom 1	R/CL	6	100	10	12.7	10.00	10.00	10.00	0820	0940	80	800.00	0.0061	< 0.0061
	Ξ	IWA	804-Li	804-Living Room	R/CL	8	100	10	12.7	10.00	10.00	10.00	0830	1000	06	900.00	0.0054	< 0.0054
	12	IWA	804-	804-Kitchen	R/CL	7	100	10	12.7	10.00	10.00	10.00	0830	1000	06	00.006	0.0054	< 0.0054
	13	IWA	804-B	804-Bedroom 1	R/CL	7	100	10	12.7	10.00	10.00	10.00	0830	1000	06	900.006	0.0054	< 0.0054
Total Samples	Blind Recount	اد																
23	7	< <enter san<="" td=""><td><<enter here<="" number="" sample="" td=""><td></td><td></td><td>4</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>65</td><td>650.00</td><td>0.0075</td><td>< 0.0075</td></enter></td></enter>	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>4</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td></td><td>65</td><td>650.00</td><td>0.0075</td><td>< 0.0075</td></enter>			4	100	10	12.7			10.00			65	650.00	0.0075	< 0.0075

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st:	
Analy	
CM,	
PC	

Background Removal Clearance Post Abatement Glovebae Bae Out Ambient Work Site Prep Clean Up

BKGD CL CL PA GB B/O AMB PREP CU

Sammle Twnes
Outside Work Area
Inside Work Area
Personal
Short Term Exposure Limit
HEPA Exhaust
Field Blank
Not Analyzed / Water Damaged Filter
Not Analyzed / Water Damaged Filter

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

Matt Rodgers

Project Manager Signature

SAMPLINGLOG

Client Name:		Envirome Sc	Environmental Consulting Solutions	Project Name:	S	South Maple Meadows	ole Mead	lows	Project Number:	umber:		14,	1478-15006		Sample Date:	Date:	9/18	9/18/2015
City / State / Zip:	Zip:	Royal O	Royal Oak, MI 48073	Project Location:		8 008	800 S. Maple		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	ed By:	Matt F	Matt Rodgers
Filter ECA:	385 1	385 mm2	Microscope Field Area:	Area:			0,00785	mm2	Project Contact:	tact:		An	Andy Foerg		Contractor:	ctor:	Ē	EME
Lab Sample #	Field Sample #	Type	Po	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm²	Flow	Flow Rate (L/min)	nin)	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
		FB				0	100											0.0000
	14	IWA	820-Li	820-Living Room	R/CL	6	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	15	IWA	820-	820-Kitchen	R/CL	8	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	16	IWA	820-B	820-Bedroom 1	R/CL	10	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	17	IWA	828-Li	828-Living Room	R/CL	10	100	10	12.7	10.00	10.00	10.00	1306	1440	94	940.00	0.0052	< 0.0052
	18	IWA	828-	828-Kitchen	R/CL	10	100	10	12.7	10.00	10.00	10.00	1306	1440	94	940.00	0.0052	< 0.0052
	19	IWA	828-B	828-Bedroom 1	R/CL	6	100	10	12.7	10.00	10.00	10.00	1306	1440	94	940.00	0.0052	< 0.0052
	20	IWA	830-Li	830-Living Room	R/CL	7	100	10	12.7	10.00	10.00	10.00	1330	1410	40	400.00	0.0123	< 0.0123
	21	IWA	830-	830-Kitchen	R/CL	7	100	10	12.7	10.00	10.00	10.00	1330	1410	40	400.00	0.0123	< 0.0123
	22	IWA	830-B	830-Bedroom 1	R/CL	9	100	10	12.7	10.00	10.00	10.00	1330	1410	40	400.00	0.0123	< 0.0123
	23	Ь	Chris	Chris Treglown	REM	4	100	10	12.7	2.00	2.00	2.00	1200	1410	130	260.00	0.0188	< 0.0188

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

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

<<Enter Sample Number Here

Blind Recount

Total Samples

23

Matt Rodgers

Project Manager Signature

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

Client Name:	51	Environ	Environmental Consulting Solutions	Project Name:		South Ma	South Maple Meadows	lows	Project Number:	umber:		14.	1478-15006		Sample Date:	Date:	11/3/	11/3/2015
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple		City / State / Zip:	te/Zip		Ann	Ann Arbor, MI		Collected By:	d By:	Jef	Jef Fox
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2	Project Contact:	tact:		An	Andy Foerg		Contractor:	tor:	E	EME
Lab Sample #	Field Sample #	Type	7	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	r Fibers per mm ²		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			
	-	FB				0	100											FB AVE
	2	FB				0	100			,								0.0000
	ю	e.	Ken	Ken Wayland	REM	8	100	10	12.7	2.00	2.00	2.00	1318	1545	147	294.00	0.0167	< 0.0167
	4	IWA	822-2nd Fl	822-2nd Floor Bedroom 1	J	4.5	100	10	12.7	10.00	10.00	10.00	1358	1558	120	1200.00	0.0041	< 0.0041
	S	IWA	822-1st I	822-1st Floor Kitchen	Ę	9.5	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	9	IWA	822-	822-Basement	G G	9	100	10	12.7	10.00	10.00	10.00	1402	1602	120	1200.00	0.0041	< 0.0041
				-														
																		1
Total Samples	Blind									 				_				
9	9		< <enter here<="" number="" sample="" td=""><td></td><td></td><td>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>			5	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041
		, 7								1								

PCM Analyst:

BKGD CL CL SPA AMB PREP CU

Samule Tynes

Outside Work Area
Iniside Work Area
Iniside Work Area
Stoot Term Exposure Limit
First Exhaust
Field Blank
Nor Analyzed (Overloaded Filter
Nor Analyzed (Water Damased Filter
Nor Analyzed (Water Damased Filter

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

Jef Fox

Protect Manager Stonature

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

Client Name:	Environmental Consulting Solutions	Project Name:	South Maple Meadows	Project Number:	1478-15006	Sample Date:	11/9/2015
City / State / Zip:	Royal Oak, MI 48073	Project Location:	800 S. Maple	City / State / Zip:	Ann Arbor, MI	Collected By:	Matt Rodgers

Client Name:	ä	Environ	Environmental Consulting Solutions	Project Name:		South Maple Meadows	iple Mead	lows	Project Number:	umber	245	14,	1478-15006		Sample Date:	Date:	11/8	11/9/2015
City / State / Zip:	/Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple		City / State / Zip:	ite / Zip		Ann	Ann Arbor, MI		Collected By:	d By:	Matt	Matt Rodgers
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2	Project Contact:	tact:		An	Andy Foerg		Contractor:	tor:	H	EME
Lab Sample #	Field Sample #	Type	7	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	r Fibers per mm²		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			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	ю	STEL	And	Andrew Ptak	REM	12	100	12	15.3	2.00	2.00	2.00	0080	0830	30	00.09	0.0817	0.0980
	4	Ь	And	Andrew Ptak	REM	8	100	10	12.7	2.00	2.00	2.00	0830	1255	265	530.00	0.0092	< 0.0092
	5	OSWA	808-2nd I	808-2nd Floor Hallway	REM	7	100	10	12.7	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	< 0.0019
	9	OSWA	808	808-Kitchen	REM	8.5	100	10	12.7	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	< 0.0019
- =	7	OSWA	810-2nd l	810-2nd Floor Hallway	REM	12	100	12	15.3	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	0.0023
	8	OSWA	810	810-Kitchen	REM	10.	100	10	12.7	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	< 0.0019
	6	IWA	808	808-Kitchen	CL	11.5	100	11.5	14.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0047
	10	IWA	808-Li	808-Living Room	CL	13	100	13	16.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0053
	=	IWA	808-E	808-Bedroom 1	CT	10	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	12	IWA	810	810-Kitchen	CL	∞	100	10	12.7	10.00	10.00	10.00	1300	1500	120	1200.00	0.0041	< 0.0041
	13	IWA	810-Li	810-Living Room	T)	10	100	10	12.7	10,00	10.00	10.00	1300	1500	120	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount	-21									'							
14	∞		< <enter here<="" number="" sample="" td=""><td></td><td></td><td>10</td><td>100</td><td>10</td><td>12.7</td><td></td><td></td><td>10.00</td><td></td><td><u></u></td><td>260</td><td>2600.00</td><td>0.0019</td><td>< 0.0019</td></enter>			10	100	10	12.7			10.00		<u></u>	260	2600.00	0.0019	< 0.0019
														l				

	_								
	Background	Removal	Clearance	Post Abatement	Glovebag	Bag Out	Ambient	Work Site Prep	Clean Up
Activity	Ħ	11	п	п	11	H	п	n	u
	BKGD	REM	J	PA	æ	B/O	AMB	PREP	CO
Samule 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
	R	п	п	Ш	п	O	Ħ	n	u
	OSWA	IWA	d.	STEL	HEPEX	田	NA-PF	NA-OLF	NA-WDF

PCM Analyst:

Matt Rodgers Protect Manager Signature

Client Names Solutions S	Zip: Royal Oak, MI 48073 Project Name: 385 mm2 Microscope Field Area: Freid Area: Field Type Location Activity 14 IWA 810-Bedroom I CL Bilind Blind CL CL								1		
September Sept	Royal Oak, MI 48073 Project Location:		leadows	Project Nu	ımber:		1478-1500		ımple Date:		1/18/2015
Single Type Microscope Field Area: Activity Fibers Fields Fiel	Sample # Type Location Activity Fibers		ple	City / State	e/Zip:	Y	nn Arbor,		ellected By:		att Rodgers
Field Type Location Activity Fileds Activity Fileds Fields Activity Fileds Fields Field	Field Type	0.00.0	mm2	roject Cont	act:		Andy Foe		ontractor:		FMF
FB FB Shart Stop Total Shart Stop Total Shart Stop Total Shart Stample Number Heace Shart Shart Stample Number Heace Shart Stample Number Heace Shart Sh	FB 810-Bedroom I CL 7 14 IWA 810-Bedroom I CL 7 Blind Blind Blind	Fibers		Fibers per mm ²	Flow Ra		Time (Hour (
FB FB	FB 810-Bedroom 1 CL 7 14 IWA 810-Bedroom 1 CL 7 Blind Blind								otal		
FB	14 IWA 810-Bedroom I CL 7 19										FBAV
14 IWA 810-Bedroom CL 7 100 10.00 10.00 1500 1200 0.0041	14 IWA 810-Bedroom I CL 7 1										0.0000
Blind		7			10.00	00 10.00		_	-	+-	†
Blind									-		
Blind											
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Blind										F 100 -	
Blind											
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Blind Recount											
Blind Recount						-					
Blind Recount					_						
Blind Recount									-		
	1								-		
	14 < <enter here<="" number="" sample="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></enter>										

Matt Rodgers	
PCM Analyst:	Protests

Г	Т		_		_	_			_		
	Bookermind	The Williams	Kemoval	Clearance	Post Abatement	Glovehao	Base Out	Ambions Ambions	William Carlo	Work Sile Fred	Clean Up
Activity	=		II.	u	jį.	Ü	j)	1	1	1 1	
	BKGD	DEN	NEW	3	PA	8	B/O	AMB	Dage		
Sample Tynes	Outside Work Area	Inside Work Area	Darsons	Classic Company of the Company of th	Short refin Exposure Limit	HEFA Exhaust	Field Blank	Not Analyzed / Pump Failure	Not Analyzed / Overloaded Filter	Not Analyzed / Water Damaged Filter	
	u	8	ı	80	1		li.	n	п	п	
	OSWA	IWA	a	CTE	THE PERSON	HEFEA	T A	NA-PF	NA-OLF	NA-WDF	

SAMPLINGLOG

Client Name:	**	Environ.	Enviromental Consulting Solutions	Project Name:	02	South Maple Meadows	ple Mea	dows	Project Number:	Vumber		14	1478-15006		Sample Date:	Date:	11/1	11/10/2015
City / State / Zip:	/Zip:	Royal	Royal Oak, MI 48073	Project Location:		800	800 S. Maple		City / State / Zip:	ate / Zip		Am	Ann Arbor, MI		Collected By:	d By:	Je	JefFox
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2	Project Contact:	ntact:		Ā	Andy Foerg		Contractor:	tor:		EME
Lab Sample #	Field Sample #	Type	ז	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per		Flow Rate (L/min)	min)	Time (Time (24 Hour Clock)	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
		-					1			Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	ю	Ь	Ken	Ken Wayland	REM	12	100	12	15.3	2.00	2.00	2.00	0847	1046	119	238.00	0.0206	0.0247
	4	IWA	826-2nd FI	826-2nd Floor Bedroom 1	CL	11	100	11	14.0	15.00	15.00	15.00	0660	1100	06	1350.00	0.0036	0.0040
	5	IWA	826-1st F	826-1st Floor Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	0925	1100	95	1425.00	0.0034	< 0.0034
	9	IWA	826-1st Flo	826-1st Floor Living Room	CL	5.6	100	10	12.7	15.00	15.00	15.00	0932	1100	88	1320.00	0.0037	< 0.0037
	7	Ь	Ken	Ken Wayland	REM	14.5	100	14.5	18.5	2.00	2.00	2.00	1100	1230	06	180.00	0.0272	0.0395
	∞	IWA	824-2nd Fl	824-2nd Floor Bedroom 1	CL	7	100	10	12.7	15.00	15.00	15.00	1100	1230	06	1350.00	0.0036	< 0.0036
	6	IWA	824-1st F	824-1st Floor Kitchen	CL	6	100	10	12.7	15.00	15.00	15.00	11011	1229	88	1320.00	0.0037	< 0.0037
	10	IWA	824-1st Flo	824-1st Floor Living Room	CL	8.5	100	10	12.7	15.00	15.00	15.00	1102	1228	98	1290.00	0.0038	< 0.0038
Total Samples	Blind															-		
10	10	< <enter sar<="" td=""><td><<enter here<="" number="" sample="" td=""><td></td><td></td><td>59</td><td>100</td><td>10</td><td>r ct</td><td></td><td></td><td>200</td><td></td><td>_</td><td>-</td><td>000</td><td></td><td></td></enter></td></enter>	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>59</td><td>100</td><td>10</td><td>r ct</td><td></td><td></td><td>200</td><td></td><td>_</td><td>-</td><td>000</td><td></td><td></td></enter>			59	100	10	r ct			200		_	-	000		

PCM Analyst: Jef Fox

BKGD CC CC CC SAMB AMB PREP CU

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

SAMPLINGLOG

Track All Al	Client Name:	::	Environ	Environental Consulting Solutions	Project Name:	3	outh Ma	South Maple Meadows	lows	Project Number:	vumber		14'	1478-15006		Sample Date:	Date:	12/4	12/4/2015
15 15 15 15 15 15 15 15	City / State	/ Zip:	Royal (Oak, MI 48073	Project Location:		800	S. Maple		City / Sta	ite / Zip	.,	Ann	Arbor,		Collecte	d By:	Lance	Hassell
Field Type	Filter ECA:		5 mm2	Microscope Field	Area:			0.00785	mm2	roject Coa	ntact:		An	dy Foer		Contrac	tor:	Щ	ME
1 FB	Lab Sample #			, בו ב	ocation	Activity	Fibers		Adjusted Fibe Count	r Fibers per		r Rate (L/λ	nin)	Time (2	4 Hour C	lock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
1 FB FB			-7-								Start	Stop	Ave.	Start	Stop	Total			
2 FB Marry Stevart REM 9 100 10 127 2.00		-	FB				0	100											FB AV
3 P Marty Stewart REM 9 100 10 12.7 2.00 2.00 2.00 2.00 720.00 0.0064 0.		2	FB				0	100											0.0000
TWA S42 Kitchen CL 9 100 10 12.7 13.00 13.00 10.9 10.9 10.0041		ю	Ь	Mart	y Stewart	REM	6	100	10	12.7	2.00	2.00	2.00	0830	1430	360	720.00	0.0068	< 0.0068
S IWA S42 Bedroom CL 10 100 1127 13.00 13.00 13.01 104 93 1209.00 0.0041		4	IWA	842	Kitchen	CL	6	100	10	12.7	13.00	13.00	13.00	0830	1103	93	1209.00	0.0041	< 0.0041
S IWA S44 Kirchen CL i0 100 1127 13.00 13.00 1110 1243 93 1209,000 0.0041 <		'n	IWA	842	Bedroom	CL	7	100	10	12.7	13.00	13.00	13.00	0931	1104	93	1209.00	0.0041	< 0.0041
7 IWA 844 Bedroom CL 6 100 10 12.7 13.00 13.00 13.00 14.31 93 1209.00 0.0041 < 1.50 1.50 1.50 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 1.50 1.50 0.0041 < 1.50 1.50 0.0041 < 1.50 1.50 0.0041 < 1.50 1.50 0.0041 < 1.50 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041 < 1.50 0.0041		9	IWA	844	Kitchen	CL	10	100	10	12.7	13.00	13.00	13.00	1110	1243	93	1209.00	0.0041	< 0.0041
S IWA SSO Kitchen CL 7 100 10 12.7 13.00 13.00 1433 93 1209,00 0,0041 5		7	IWA	844	Bedroom	CL	9	100	10	12.7	13.00	13.00	13.00	Ξ	1244	93	1209.00	0.0041	< 0.0041
1.00 1.00	0	∞	IWA	850	Kitchen	Cf	6	100	10	12.7	13.00	13.00	13.00	1300	1433	93	1209.00	0.0041	< 0.0041
Blind Recount		6	IWA	850	Bedroom	CL	7	100	10	12.7	13.00	13.00	10.00	1301	1434	93	930.00	0.0053	< 0.0053
Blind Recourt Recour																			
Blind Recount Recount																			
Blind Recount Recoun																			
Blind Recount Recount Recount Recount Removal BKGD BKGD Bkggp Removal Right Removal Remo																			
9 Sannle Tvines 12.7 100 10 12.7 13.00 93 1209.00 0.0041	Total Samples	Blind	į.																
Sample Tynes	6	6		nple Number Here			7	100	10	12.7			13.00			93	1209.00	0.0041	< 0.0041
Sample Tynes			1			-0					1	-1			Ţ				
= Fried Blank Bro	OSWA IWA P STEL HEPEX		Sample Types Outside Work Area Inside Work Area Personal Short Term Exposu HEPA Exhaust	a ue Limit	BKGD REM CL CL PA GB	Ė	Background Removal Clearance Sost Abateme Slovebag	at .		PCA	4 Analys	#				Lance	Hassell		
	NA-PF NA-OLF NA-WDF		Field Blank Not Analyzed / Pur. Not Analyzed / Ove Not Analyzed / Wat	np Failure erloaded Filter fer Damaged Filter	B/O AMB PREP CU		Bae Out Ambient Work Site Pre Jean Up	p						roject N	Akuager	Signati	7		

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

Client Name:	**	Environ	Environmental Consulting Solutions	Project Name:		South Mi	South Maple Meadows	dows	Project Number:	umber:	111.7	147	1478-15006		Sample Date:)ate:	12/7/	12/7/2016
City / State / Zip:	/Zip:	Royal (Royal Oak, MI 48073	Project Location:		800	800 S. Maple	v	City / State / Zip:	te / Zip:	25	Ann	Ann Arbor, MI		Collected By:	By:	Ron	Ron Fraley
Filter ECA:		385 mm2	Microscope Field Area:	Area:			0.00785	mm2	Project Contact:	taet:		An	Andy Foerg		Contractor:	or:	E	EME
Lab Sample #	Field Sample#	Туре	7	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	tin)	Time (24 Hour Clock)	Hour Clc		Vol. (L)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	=	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	m	Ъ	842 Chr	842 Chris Treglown	REM	58	100	58	73.9	2.00	2.00	2.00	0830	1230	240	480.00	0.0102	0.0592
	4	IWA	842	842 Kitchen	CL	25	100	25	31.8	10.00	10.00	10.00	0831 1.	1231	240 2	2400.00	0.0020	0.0051
	'n	IWA	842 B	842 Bedroom 1	CT	15	100	15	19.1	10.00	10.00	10.00	10001	1232	152	1520.00	0.0032	0.0048
	9	Ь	840 Chr	840 Chris Treglown	REM	39	100	39	49.7	2.00	2.00	2.00	1235 1	1535	180	360.00	0.0136	0.0531
	7	IWA	840	840 Kitchen	C	8.5	100	10	12.7	10.00	10.00	10.00	1236 1	1536	180	1800.00	0.0027	< 0.0027
	∞	IWA	840	840 Room 1	C	17	100	17	21.7	10.00	10.00	10.00	1330 1	1537	127	1270.00	0.0039	9900'0
Total Samples	Blind Recount	دو.																
80	8	< <enter sa<="" td=""><td><<enter here<="" number="" sample="" td=""><td></td><td></td><td>15</td><td>100</td><td>15</td><td>19.1</td><td></td><td></td><td>10.00</td><td></td><td></td><td>127</td><td>1270.00</td><td>0.0039</td><td>0.0058</td></enter></td></enter>	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>15</td><td>100</td><td>15</td><td>19.1</td><td></td><td></td><td>10.00</td><td></td><td></td><td>127</td><td>1270.00</td><td>0.0039</td><td>0.0058</td></enter>			15	100	15	19.1			10.00			127	1270.00	0.0039	0.0058
OSWA		Sample Types Outside Work Art Inside Work Area	ga .	BKGD	Activity		-6		PCA	PCM Analyst:	λt: -			4	Je	Jef Fox		
STEL HEPEX FB NA-PF		Personal Short Term Expo HEPA Exhaust Field Blank Not Analyzed / Pu	Personal Short Term Exposure Limit HEPA Exhaust Field Blant Not Analyzed / Parmp Failure	AMB GBA	и и и и	Post Abatement Glovebag Bag Out Ambient	ment									1		
NA-OLF NA-WDF		Not Analyzed / O Not Analyzed / W	Vater Damaged Filter	PREP	ж	Work Site	Pren						Proiect Manager Signature	anager	Stonatti	re		

SAMPLING LOG

Client Name:		Envirome	Environmental Consulting Solutions	Project Name:		South Maple Meadows	ple Mead		Project Number:	umber:		147	1478-15006		Sample Date:)ate:	12/8	12/8/2016
City / State / Zip:	Zip:	Royal C	Royal Oak, MI 48073	Project Location:		8008	800 S. Maple		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	l By:	Ron]	Ron Fraley
Filter ECA:	385	385 mm2	Microscope Field Area:	Area:			0,00785	mm2 Pr	Project Contact:	taet:	E	An	Andy Foerg		Contractor:	or:	EN	EME
Lab Sample #	Field Sample #	Type	Tr	Location	Activity	Fibers	Fields	Adjusted Fiber Fibers per Count mm ²	Fibers per mm²	Flow	Flow Rate (L/min)	lin)	Time (24	Time (24 Hour Clock)	ock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
										Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	3	IWA	870 E	870 Basement	CL	42	100	42	53.5	10.00	10.00	10.00	0816 1	1200	224	2240.00	0.0022	0.0092
	4	IWA	870 B	870 Bedroom 1	CL	41	100	41	52.2	10.00	10.00	10.00	0817	1201	224	2240.00	0.0022	0.0000
	'n	Ь	870 Chr	870 Chris Treglown	REM	12	100	12	15.3	2.00	2.00	2.00	0815 1	1202	227	454.00	0.0108	0.0130
	9	IWA	870	870 Kitchen	CL	12.5	100	12.5	15.9	10.00	10.00	10.00	1000	1203	123	1230.00	0.0040	0.0050
	7	Ь	864 Chr	864 Chris Treglown	REM	13	100	13	16.6	2.00	2.00	2.00	1300	1400	09	120.00	0.0408	0.0531
	∞	IWA	864 E	864 Basement	REM	=	100	=	14.0	10.00	10.00	10.00	1301	1401	09	00.009	0.0082	0.0000
	6	IWA	864 2nd Fl	864 2nd Floor Bedroom 3	REM	4.5	100	10	12.7	10.00	10.00	10.00	1302 1	1402	09	00.009	0.0082	< 0.0082
	10	IWA	864	864 Kitchen	REM	9.5	100	10	12.7	10.00	10.00	10.00	1303 1	1403	09	00.009	0.0082	< 0.0082
		4																- *-
										t		-	1	1				

JefFox	_		Janager Signath
			Project
PCM Analyst:			
<u>а</u>		-	

< 0.0082

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10.00

12.7

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100

<< Enter Sample Number Here

10

Blind Recount

Total Samples 10

	Background	Removal	Clearance	Post Abatement	Glovebag	Bag Out	Ambient	Work Site Prep	Clean Up
	п	Ш	U	П	U	U	IJ	Ш	11
	BKGD	REM	To	PA	GB	B/O	AMB	PREP	CO
Maria Lanca	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
	IL	П	IJ	Ī	II	II	II	ī	Ī
	OSWA	IWA	д	STEL	HEPEX	æ	NA-PF	NA-OLF	NA-WDF

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

Client Name:		Environ	Environental Consulting Solutions	Project Name:	S	outh Maj	South Maple Meadows	SWC	Project Number:	umber:		147	1478-15006		Sample Date:)ate:	12/9/2016	2016
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:		S 008	800 S. Maple		City / State / Zip:	te / Zip:		Ann	Ann Arbor, MI		Collected By:	By:	Ron Fraley	raley
Filter ECA:	385	385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	tact:		An	Andy Foerg		Contractor:	or:	EME	H
Lab Sample #	Field Sample #	Type	7	Location	Activity	Fibers	Fields A	Adjusted Fiber Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	(uin	Time (24	Time (24 Hour Clock)	ock)	Vol. (L.)	LOQ (f/cc)	Fibers /cc
										Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0,0000
	ю	a	Chris T.	Chris Treglown 864	REM	42	100	42	53.5	2.00	2.00	2.00	0817	1017	120	240.00	0.0204	0.0858
	4	IWA	864]	864 Basement	CL	20	100	20	25.5	10.00	10.00	10.00	0818	1018	120	1200.00	0.0041	0.0082
	'n	IWA	Kitc	Kitchen 864	CL	16.5	100	16.5	21.0	10.00	10.00	10.00	0820	1020	120	1200.00	0.0041	0.0067
	9	IWA	2nd Floor	2nd Floor Bedroom 1 864	CF	19	100	19	24.2	10.00	10.00	10.00	0822	1022	120	1200.00	0.0041	0.0078
	7	Ь	Chris T	Chris Treglown 862	REM	26	100	26	33.1	2.00	2.00	2.00	1022	1320	178	356.00	0.0138	0.0358
	8	IWA	862	862 Kitchen	CT	23.5	100	23.5	29.9	10.00	10.00	10.00	1023	1321	178	1780.00	0.0028	0.0065
	6	IWA	862	862 Basement	CF	27	100	27	34.4	10.00	10.00	10.00	1024	1322	178	1780.00	0.0028	0.0074
	10	IWA	862 2nd F.	862 2nd Floor Bedroom 1	CL	21.5	100	21.5	27.4	10.00	10.00	10.00	1026	1323	177	1770.00	0.0028	0900.0
																		N
Total	Blind		-							16								
10	5		< <enter here<="" number="" sample="" td=""><td></td><td></td><td>19</td><td>100</td><td>19</td><td>24.2</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>0.0078</td></enter>			19	100	19	24.2			10.00		-	120	1200.00	0.0041	0.0078
		7									ť.	É		P				

JefFox		Nignature .
6		Project Wahaper
PCM Analyst:	-	

		Sample Types		Activity		
OSWA	n	Outside Work Area	BKGD	#	Background	
IWA	D	Inside Work Area	REM	ĮI.	Removal	
Д	n	Personal	ð	ij.	Clearance	
STEL	11	Short Term Exposure Limit	PA	п	Post Abatement	
HEPEX	и	HEPA Exhaust	8	Ħ	Glovebag	
FR	н	Field Blank	8/0	H.	Bag Out	
NA-PF	н	Not Analyzed / Pump Failure	AMB	Ħ	Ambient	
NA-OIF	н	Not Analyzed / Overloaded Filter	PREP	Ħ	Work Site Prep	
NA.Whe	11	Not Analyzed / Water Damaged Filter	CE	п	Clean Up	
A CALL VI LOCAL						

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

Client Name:		Envirom	Environmental Consulting	Project Name:	S	outh Map	South Maple Meadows		Project Number:	umber:		1478	1478-15006	Sar	Sample Date:		12/10/2015	2015
City / State / Zip:	Zip:	Royal (Royal Oak, MI 48073	Project Location:		8 008	800 S. Maple		City / State / Zip:	te / Zip:		Ann 4	Ann Arbor, MI		Collected By:		Ron Fraley	aley
Filter ECA:	385	385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	tact:		And	Andy Foerg	Ĉ	Contractor:		EME	ш
Lab Sample #	Field Sample #	Type	3	Location	Activity	Fibers	Fields A	Adjusted Fibers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	(iii)	Time (24 Hour Clock)	tour Cloc	-	Vol. (L.) L	LOQ (f/cc)	Fibers /cc
	•									Start	Stop	Ave.	Start S	Stop To	Total			
	1	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	ო	ы	860 Chr	860 Chris Treglown	REM	41	100	41	52.2	2.00	2.00	2.00	0830	1130	180 360	360.00	0.0136	0.0558
	4	IWA	8601	860 Basement	CT	24	100	24	30.6	10.00	10.00	10.00	0831 1	1131	180 180	1800.00	0.0027	0.0065
	20	IWA	860 E	860 Bedroom 1	J J	91	001	16	20.4	10.00	10.00	10.00	0831 1	1132 1	181 181	1810.00	0.0027	0.0043
	9	IWA	098	860 Kitchen	CL	19.5	100	19.5	24.8	10.00	10.00	10.00	0833 1	1133 1	180 180	1800.00	0.0027	0.0053
	7	ط	880 Ch	880 Chris Treglown	REM	33.5	100	33.5	42.7	2.00	2.00	2.00	1300 1	1500	120 240	240.00	0.0204	0.0684
	∞	IWA	880	880 Kitchen	CL	18	100	18	22.9	10.00	10.00	10.00	1300 1	1500	120 120	1200.00	0.0041	0.0074
Total	Blind							M2										
Samples	Recount					10.5	90	3.01	9 7 6	_	ی	10.00			120 120	1200 00	0.0041	0.0080
80	∞	< <enter sa<="" td=""><td><<enter here<="" number="" sample="" td=""><td></td><td></td><td>0.61</td><td>001</td><td>19.3</td><td>0.4.7</td><td></td><td></td><td>20,01</td><td></td><td></td><td>-</td><td>200</td><td></td><td></td></enter></td></enter>	< <enter here<="" number="" sample="" td=""><td></td><td></td><td>0.61</td><td>001</td><td>19.3</td><td>0.4.7</td><td></td><td></td><td>20,01</td><td></td><td></td><td>-</td><td>200</td><td></td><td></td></enter>			0.61	001	19.3	0.4.7			20,01			-	200		
OSWA	ı	Sample Types Outside Work Area	es. rrea	BKGD	Activity =	Background			PCI	PCM Analyst:	st:			_	Jef Fox	χo		
IWA P STEL HEPEX FB	и т п п п	Inside Work Are Personal Short Term Exp HEPA Exhaust Field Blank	inste Work Area Personal Short Term Exposure Limit HEPA Exhaust Field Blank	ARSBY AMB		Clearance Post Abatement Glovebag Bag Out	nent							-				
NA-OLF NA-WDF	1 11 11	Not Analyzed / Not Analyzed /	Overloaded Filter Water Damaged Filter	PREP	и и	Work Site F	rep						Protect IV	anager	Protect Manager Monathire			

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

Client Name:		Environe	Environmental Consulting	Project Name:	S	South Maple Meadows	ole Mead		Project Number:	umber:		147	1478-15006	Sa	Sample Date:	ate:	12/15/2015	2015
City / State / Zip:	Zip:	Royal C	Royal Oak, MI 48073	Project Location:		\$ 008	800 S. Maple		City / State / Zip:	e/Zip:	7	Ann A	Ann Arbor, MI		Collected By:	By:	Ron Fraley	raley
Filter ECA:	11 C. C. C.	385 mm2	Microscope Field Area:	Area:			0.00785	mm2 Pr	Project Contact:	fact:		Anc	Andy Foerg	ŭ	Contractor:	or:	EME	Œ
Lab Sample #	Field Samle #	Type	97	Location	Activity	Fibers	Fields	Adjusted Fiber Pers per Count mm ²	Fibers per mm ²	Flow	Flow Rate (L/min)	(iii)	Time (24 Hour Clock)	Hour Clo		Vol. (L)	LOQ (f/cc)	Fibers /cc
	= ordinec									Start	Stop	Ave.	Start	Stop	Total			
	1	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	ю	۵	Chris	Chris Treglown	REM	25	100	25	31.8	2.00	2.00	2.00	0830 1	1301	271	542.00	0.0000	0.0226
	4	IWA	Kitc	Kitchen 866	ਰ	19	100	19	24.2	10.00	10.00	10.00	0831 1	1302	271	2710.00	0.0018	0.0034
	5	IWA	2nd Floor	2nd Floor Bedroom 866	ਰ	14	100	14	17.8	10.00	10.00	10.00	0831 1	1303	272	2720.00	0.0018	0.0025
	9	IWA	Kitchen (Kitchen Clearance 866	리	18	100	18	22.9	10.00	10.00	10.00	1100 1	1300	120	1200.00	0.0041	0.0074
	-																	
Total	Blind									_								
9	9	$\overline{}$	<< Enter Sample Number Here			19.5	100	19.5	24.8			10.00			120	1200.00	0.0041	0.00080
OSWA	B B	Sample Types Outside Work Area Inside Work Area	S. rea a	BKGD REM CI	Activity		32		PCI	PCM Analyst:	st:				Y C	Jef Fox		
STEL HEPEX HEPEX FB NA-PF NA-PF	4 4 11 11 11	Personal Short Term Expx HEPA Exhaust Field Blank Not Analyzed / P	Personal Per	PA GB BJO AMB AMB	11 11 11 11 11	Post Abatement Glovebag Bag Out Ambient Work Site Prep	ment Prep						Project Manager Signature	Janaber	Signati	J		
NA-WDF	п	Not Analyzed / 1	Water Damaged Filter	33		Cidar Or												

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

Ollont Name.		Environt	Enviromental Consulting	Project Name:	S	outh Map	South Maple Meadows		Project Number:	ımber:		147	1478-15006	Š	Sample Date:	ate:	1/11/2016	2016
City / State / Zin:	Zin	S Roval C	Solutions Roval Oak, MI 48073	Project Location:		800 S	800 S. Maple		City / State / Zip:	e/Zip:		Ann,	Ann Arbor, MI		Collected By:	By:	Matt Rodgers	odgers
City / State /		20¢ mm	Microscone Field Area:	Area:			0,00785	mm2 Pr	Project Contact:	act:		Anc	Andy Foerg	Ö	Contractor:	ï	EME	Œ
Filter ECA:	Field	Type	T	Location	Activity	Fibers	Fields Ac	Adjusted Fiber	Fibers per	Flow	Flow Rate (L/min)	(ii)	Time (24	Time (24 Hour Clock)		Vol. (L.)	LOQ (f/cc)	Fibers /cc
ran samble	Sample #									Start	Stop	Ave.	Start	Stop	Total			
	-	FB				0	100											FB AVE
	2	FB				0	100											0.0000
	m	STEL	Dan	Dan Walerski	REM	. — .	100	10	12.7	2.00	2.00	2.00	0755 (0825	30	00.09	0.0817	< 0.0817
	4	<u>a</u>	Dan	Dan Walerski	REM	4	100	10	12.7	10.00	10.00	10.00	0825	1000	95	950.00	0.0052	< 0.0052
	5	OSWA	Community C	Community Center 2nd Floor-Hall	REM	3	100	01	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0.0041	< 0.0041
	9	OSWA	Community C	Community Center 1st Floor-Hall	REM	3	100	10	12.7	10.00	10.00	10.00	0080	1000	120	1200.00	0.0041	< 0.0041
	7	IWA	Community	Community Center Living Area	5	∞	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	∞	IWA	Community	Community Center Living Area	5	10	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	6	IWA	Community C	Community Center 2nd Floor-Bath	ਹ	9	100	10	12.7	10.00	10.00	10.00	1005	1205	120	1200.00	0.0041	< 0.0041
7	91	IWA	Community C	Community Center 2nd Floor-Bath	CF	8	100	10	12.7	10.00	10.00	10.00	1005	1205	120	1200.00	0.0041	< 0.0041
Total	Blind												-					
10	9		<< Enter Sample Number Here	as.		ю	100	10	12.7			10.00			120	1200.00	0.0041	< 0.0041
OSWA	11 31	Sample Types Outside Work Area Incide Work Area	res Area ea	BKGD REM	Activity	Background Removal	Tri .		PC	PCM Analyst:	st:				Matt	Matt Rodgers	E	
STEL STEL HEPEX HB NAPP		Personal Short Term Ext HEPA Exhaust Field Blank Not Analyzed /	Personal Personal Personal Personal HEPA, Exhaust Field Blank Field Blank Not Analyzed / Dwno Failure Not Analyzed / Overloaded Filter	PAA GB BAO BAO AMB		Clearance Post Abatement Glovebag Bag Out Ambient	ment Prep						Project	Manape	Protect Manager Stonature	Ja-		
NA-WDF	1.10	Not Analyzed/	Water Damaged Filter	no	m,	Clean Up												



Appendix B

Daily Paperwork

9

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 6/29/15 Start Time:	7:30 AEC Representative: Hassell
Site Name: 1 Maple 1	leadows
Site's Full Address:	5 Maple, Ann Arbor, MI
Work Areas (Be Specific): Roo	<u>f</u>
Contaminant(s) of Concern: A	M Flashing + Paper
Abatement/Remediation Contract	or:
Abatement/Remediation Contract	or Foreman/Supervisor:
The following narrative provide Note: Please check all boxes th	s a daily account of the activities performed during the work shift at apply and include any additional information in the spaces provided
Scope of work	
Full abatement No work performed	Patch and repair
Work area	
☐ Work area setup activities perform ☐ No set up activitie	work area setup previously completed Abatement complete s required Abatement currently taking place
If set up or abatement was previously con If no, please explain	mpleted are all controls intact and properly working: Yes No
Yes	Moving in of equipment and supplies Set up of poly walls Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) Water available Containment sealed with no breaches Negative pressure established Set up of decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:

Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	N/A No No No No No No No N	N/A	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled v HVAC system shutdown and is All points of potential fiber rele Water available in containment Containment sealed with no bre Negative pressure established Decontamination unit	solated ease sealed (doors, windows, etc.) t
∐Yes	□No	□N/A	Remote or A	Attached to containment ambers w/shower, negative air, signs)
Glovebags: Yes Yes Yes Yes Yes Yes	No No No No No	N/A N/A N/A N/A N/A	Drop cloths Signs and barrier tape labeled v HVAC system shutdown and is Glovebags sealed with amende Other:	solated d water and negative air
Clean up: Yes Yes Yes Yes Yes	No No No	□N/A □N/A □N/A □N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isol Other:	ated from general traffic
Please describe a	ny other	work area	conditions that exist not outlined above	
<u>Abatement/i</u>	remedi	ation a	ctivities	
A				ent/remediation activities conducted
Contaminant: Roof Matur Flashing			l, the location from which it was removed Location:	d and the quantity removed from each area Quantity:
Were wet method	ls utilized	- - I for the r	emoval of the contaminant:	es ⊟No

				Townson Control of the Control of th	
			f.		
			-		-
lease provide an	explan	ation of any sp	pecial circumstances cond	cerning abatement or remediation activities:	
					_
				15/2/27/27/27/27/27/27/27/27/27/27/27/27/2	
Clean up/clos	se out	activities			
☐ Yes	□No □No □No □No □No □No □No	ON/A ON/A ON/A ON/A ON/A ON/A ON/A	Gross clean up and Bag out activities All surfaces wet cle All tools, ladders, e Final cleaning after Final lockdown	eaned and/or HEPA vacuumed etc. cleaned with no visible contamination all abatement is complete after all clearances and inspections pass applicab	ole
□Yes [□No	□N/A	Other:		
Vaste handli	ng an	d disposal			
No waste gener		r dumnetere ut	tilized during shift:		
Lined dumpster	on site		mzed during sinit.		
Disposal by con Designated stora Material double	age area	a on site (other	than dumpster); describ	e:	
Material labeled			əls		
Material wetted Waste generated Other:	i was di	isposed of on s	site as general construction	on debris	
rsonal prot	ective	e equipmen	<u>nt</u>		
e workers perfor If no, plea			ich personal protective ec	quipment is required: Yes No	
spiratory protect	ion (ch	eck all that app	ply):		
☐Full fac	e negat		ir purifying respirator ir purifying respirator g respirator	NA	

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other: Other personal protective equipment (check all that apply): Boots Gloves Hard hats Safety harnesses, lanyards, tie offs	
Please list any other equipment utilized by workers and/or other safety precautions taken:	La.
Consultant activities	
Contaminant(s): Roof Material (Daper/flashing	
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	- 1
Was any significant level of the contaminant identified in the sampling.	Yes No
If yes, please explain:	No
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:	
Were there any other construction activities, carpeting, high traffic areas or increased dust concentration area or adjacent areas that could affect the sample results (be specific):	ions in the work
	1
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be monit 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	tored
Were workers below the OSHA TWA for the contaminant(s) sampled: Yes If no, please explain	JNo

Clearance sampling Before clearance sampling the following criteria MU	JST be met:
All surfaces HEPA vacuumed	1 /m
All surfaces wet cleaned	N)/4
	19/2)
☐No dust/debris observed	and the second of the second o
Work area locked down	العداوات يوي
Was work area inspected and found clean and free o	fany contaminated debris: Yes No
If no, please explain	
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline	Yes No of 0.01 f/cc, utilizing NIOSH 7400 protocol of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol Other:	
Other	
All design and Destar	
Abatement Personnel Roster	
	SSN or State Card Number:
Name:	55N of State Card Indinoct.
	Company of the Compan
	W11" - 1 1 1 W 18
	No. of the second

with right of government officials	
nsite visit of government officials	
TWN/A	
Name of Person(s):	
Employer/Department:	
Stated reason for visit:	
lease use the following section to note any co	omments or additional information not described in this report
	C SUPERIOR TO THE STATE OF THE
	se n e je za zajana
Signature This section is reserved for any additional comp	M
3	A Property Andrews
Fechnical Review By: Printed Name Signature	2
1/	18/15
Date	10/10

AEC Site Map Russell St. 43 75 W Bens Dr. Not to scale 6/29/13 Lonce Hassell Maple Meadows Norstar 800 S. Maple, Ann Arbor, MI D. 751:cki

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7/2/15 Start Time: 08:00 AEC Representative: Lance Hassell
Site Name: Maple Meadows
Site's Full Address: 800 S. Maple, Ann Arbor, MI
Work Areas (Be Specific):
Contaminant(s) of Concern: Asbestos
Abatement/Remediation Contractor: EME/Northwest
Abatement/Remediation Contractor Foreman/Supervisor:
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
Set up:
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.) Yes No N/A Water available Yes No N/A Containment sealed with no breaches Yes No N/A 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)

Containment: LN/A Tyes 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
Yes No N/A	HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.)
☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A	Water available in containment
Yes No NA	Containment sealed with no breaches
Yes No N/A	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	
Glovebags: JN/A Yes No N/A	Drop cloths
□Yes □No □N/A	Signs and barrier tape labeled with appropriate contaminant
□Yes □No □N/A	HVAC system shutdown and isolated Glovebags sealed with amended water and negative air
☐Yes ☐No ☐N/A ☐Yes ☐No ☐N/A	Other:
☐Yes ☐No ☐N/A	OHM.
Clean up:	HEPA vacuums utilized
Yes No N/A	Wet methods utilized
Yes Yo UNA	Work area demarcated and isolated from general traffic
Yes No A/A	Other:
Places describe any other work area condi-	tions that exist not outlined above:
Please describe any only work area con-	
-	
Abatement/remediation activit	ies
	2 7.22 Y a 1
Abatement/remediation activiti	
nt the approximant removed the le	ocation from which it was removed and the quantity removed from each area:
Please list the contaminant removed, the h	
Contaminant: Locati	
RostingMaterial	
paper # Hashing	
Were wet methods utilized for the remova	l of the contaminant: Yes No
If no, please explain	

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.)
/ applies abstament or remediation activities:
Please provide an explanation of any special circumstances concerning abatement or remediation activities:
Clean up/close out activities
Abatement/remediation being conducted
Yes No NA Gross clean up and material bagging Yes No NA Bag out activities
Yes No All surfaces wet cleaned and/or HEPA vacuumed
Yes No All tools, ladders, etc. cleaned with no visible contamination. Yes No All tools, ladders, etc. cleaned with no visible contamination.
Yes No ZNA Final lockdown
standards)
Yes No ZN/A Other:
Waste handling and disposal
No waste generated
Number of bags, drums, or dumpsters utilized during shift: Lined dumpster on site
Disposal by contractor off site Designated storage area on site (other than dumpster); describe:
Material double bagged, fiber drums
Material labeled with appropriate labels Material wetted
Waste generated was disposed of on site as general construction debris
Other:
Personal protective equipment
Are workers performing activities in which personal protective equipment is required: Yes No If no, please explain
Respiratory protection (check all that apply):
Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other: Safety equipment (check all that apply): Boots Gloves Hard hats Safety harnesses, lanyards, tie offs	
Please list any other equipment utilized by workers and/or other safety precautions taken:	
Consultant activities	
Contaminant(s): Ashestos-Tar Paper it flashing	77-3-3-3
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:	□No
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for applicable standards: Yes No	
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:	
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the area or adjacent areas that could affect the sample results (be specific):	ne work
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	

Clearance sampling Before clearance sampling the following criteria MU All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted Vo dust/debris observed Work area locked down	
Was work area inspected and found clean and free of If no, please explain	any contaminated debris: Yes No
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline EPA TEM Clearance Guideline A protocol Other:	of 0.01 f/cc, utilizing NIOSH 7400 protocol of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
-	
and the second s	
	1

Onsite visit of gov	ernment officials
ØN/A	n(s):
	rtment:
	f site:
	or visit:
Stated reason to	W VISIL.
Please use the following	section to note any comments or additional information not described in this report.
All information contains	d in this report is complete and accurate to the best of my knowledge:
Submitted By:	Printed Name
	Printed Name
	Signature Dassi
This section is reserved	for any additional comments by the reviewer:
Technical Review By:	IST FOX
Technical Review Dj.	Printed Name
	Signature
	1 18/16
	Dieta

AEC Site Map E Not to Scale N Maple Medows 800 S. Maple. Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 1/3/15 Start Time: \$100	AEC Representative: Lance Hassel
Site Name: Maple Mendows	
Site's Full Address: 800 S. Maple	
Work Areas (Be Specific): Roof	
Contaminant(s) of Concern: Asbestos	
Abatement/Remediation Contractor: EME	
Abatement/Remediation Contractor Foreman/Supe	ervisorAP to K
AND ALL OF THE PROPERTY OF THE	
The following narrative provides a daily account Note: Please check all boxes that apply and include	of the activities performed during the work shift any additional information in the spaces provided
Scope of work	
Full abatement Patch and repair No work performed	Clean up Set up
Work area	
☐ Work area setup activities performed ☐ Work area ☐ No set up activities required	a setup previously completed Abatement complete Abatement currently taking place
If set up or abatement was previously completed are all control If no, please explain	ols intact and properly working: Yes No
Yes No N/A Set up of poly with poly wit	nd drop cloths Indicate the description of the des

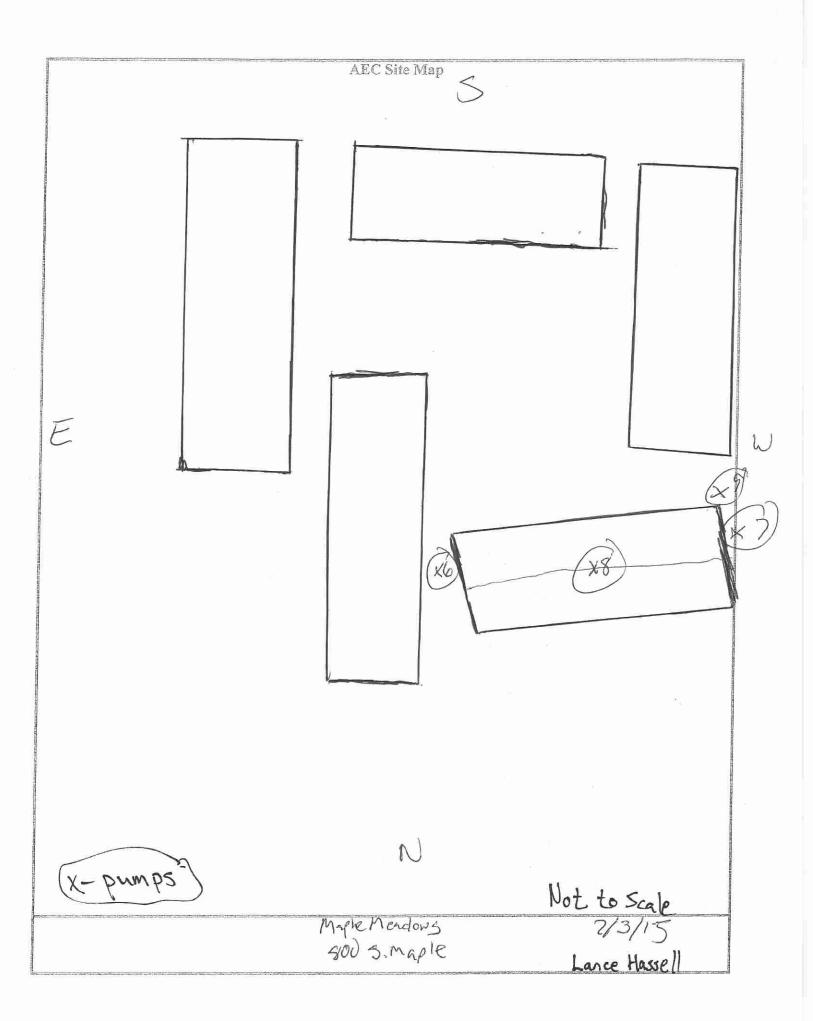
Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	N/A	Sealed floor and dro Signs and barrier tay HVAC system shute All points of potenti Water available in c Containment sealed Negative pressure ex Decontamination un Remote or (Airlocks, water filts)	op cloths pe labeled with appropriate to containment with no breaches stablished Attached to containment	(doors, windows, etc.)	ns)
Glovebags: Yes Yes Yes Yes Yes Yes	N/A	Drop cloths Signs and barrier tap HVAC system shute Glovebags sealed w	ith amended water and		
Clean up: YesYesYesYesYesYes	N/A No N/A No N/A No N/A No N/A No N/A	Wet methods utilize Work area demarcat	d ed and isolated from go		
-	nent/remediation				
	s utilized for the ase explain	removal of the contaminant:	□Yes ☑No		

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns,
Please provide an explanation of any special circumstances concerning abatement or remediation activities:
Clean up/close out activities
Abatement/remediation being conducted Gross clean up and material bagging Bag out activities All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final lockdown Yes No N/A Final lockdown Project teardown (after all clearances and inspections pass applicable standards)
Yes No N/A Other:
Waste handling and disposal
No waste generated Number of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other:
Personal protective equipment
Are workers performing activities in which personal protective equipment is required: No If no, please explain
Respiratory protection (check all that apply): Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

[sonal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Ploves Hard hats Safety harnesses, lanyards, t	tie offs
Please list	any other equipment utilized by workers and/or ot	her safety precautions taken:	
CONTRACTOR DESCRIPTIONS	tant activities		
Contamina	ant(s): ACM Tar Paper / F	?lashing	Dans - V
Were the a	air monitoring samples analyzed: on site 🗐, taken	to laboratory , or office	
If taken to	the laboratory, Name of Laboratory:	<u> </u>	
	Time and date dropped off:		
	Turn around time indicated on the Please attach copy of cha		
	ir monitoring performed (check all that apply): Baseline air samples Was any significant level of the contamina	nt identified in the sampling:	□Yes □No
	If yes, please explain: Set up samples Work area samples Were samples below allowable levels for a		es [No
N	If no, please explain:	n below) below)	
Were there area or adja	any other construction activities, carpeting, high to acent areas that could affect the sample results (be	raffic areas or increased dust conc specific):	centrations in the work
Cr	mpling ote: OSHA requires that at least 25% of the work for iteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case 2 or more workers sampled-Represents worst case	scenario worst case scenario	e monitored
4.	If no, please explain		200

Clearance sampling	
Before clearance sampling the following criteria M	UST be met:
All surfaces HEPA vacuumed	
All-surfaces wet cleaned	
Visual inspection conducted O dust/debris observed	
→ No dust/debris observed	
✓ Work area locked down	
Was work area inspected and found clean and free of If no, please explain	f any contaminated debris: Yes No
If no, please explain	
Did work area pass applicable clearance standards: Applicable Standard	
A protocol	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
Other:	
Abatement Personnel Roster	
	SSN or State Card Number:
Name:	SSN of State Card Number.
1	A STATE OF THE STA
	The state of the s
A CONTRACTOR OF THE CONTRACTOR	
NAME OF THE PARTY	
	Charge and the charge

Onsite visit of go	vernment officials
Γ ⁹ N/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.
Submitted By:	Printed Name Signature for any additional comments by the reviewer:
Inis section is reserved	or any additional comments by the reviewer.
Technical Review By:	Printed Name Signature
	7/18/16 Date



AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7/6/15 Start Time: 1	AEC Representative: Lance Hassell
Site Name: Maple Mead	lou st
Site's Full Address: 600 S	Maple, Ann Arbor, MI
Work Areas (Be Specific):	f
Contaminant(s) of Concern: Asb	
Abatement/Remediation Contractor:	EME/Norster
Abatement/Remediation Contractor	EME / Norster Foreman/Supervisor: A, Ptak
The following narrative provides a	daily account of the activities performed during the work shift apply and include any additional information in the spaces provided
Scope of work	
Full abatement Pat	ch and repair Clean up Set up
Work area	
☐ Work area setup activities performed ☐ No set up activities re	Work area setup previously completed Abatement complete equired Abatement currently taking place
If set up or abatement was previously comp If no, please explain	leted are all controls intact and properly working: Yes No
Yes	Moving in of equipment and supplies Set up of poly walls Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) Water available Containment sealed with no breaches Negative pressure established Set up of decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:

Date: 1/6/15

	/				
Containment: Yes Yes Yes Yes Yes Yes Yes Ye	N/A	N/A N/A	Sealed floor ar Signs and barr HVAC system All points of p Water availabl Containment so Negative press Decontaminati	ier tape labeled w shutdown and is otential fiber rele e in containment ealed with no bre ure established on unit	ase sealed (doors, windows, etc.)
∐Yes	□No	\square N/A			
Glovebags: Yes Yes Yes Yes Yes	N/A No No No No No No	□N/A □N/A □N/A □N/A	HVAC system Glovebags seal	shutdown and is	d water and negative air
Clean up: Yes Yes Yes Yes Yes	N/A No No No No	□N/A □N/A □N/A □N/A		tilized	ated from general traffic
Please describe a	ny other	work area	conditions that exist no	t outlined above:	
Abatement/	emedi	ation a	<u>ctivities</u>		
Abate	ment/ren	nediation	activities conducted	☐No abateme	ent/remediation activities conducted
Please list the co	ntaminan	t removed	t, the location from whic	h it was removed	l and the quantity removed from each area
Contaminant:	.		Location:		Quantity:
		_			
		_			
(
		-			
Were wet method If no, pl	ls utilize ease expl	d for the r lain	emoval of the contamina		es No

Please provide a brief description of me	ethods used to remove the contaminant (hand tools, machine, needle guns, etc.):
	it is a second and a second of the second of
Please provide an explanation of any sp	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)
☐Yes ☐No ☐N/A	Other:
Waste handling and disposal	
☐ No waste generated Number of bags, drums, or dumpsters u ☐ Lined dumpster on site ☐ Disposal by contractor off site ☐ Designated storage area on site (othe	r than dumpster); describe:
Material double bagged, fiber drums Material labeled with appropriate lab Material wetted Waste generated was disposed of on Other:	els
Personal protective equipmen	nt
Are workers performing activities in wh	nich personal protective equipment is required:
Respiratory protection (check all that ap Half face negative pressure a Full face negative pressure a Positive pressure air purifyir Other:	air purifying respirator air purifying respirator ang respirator

Date: 7/6/15

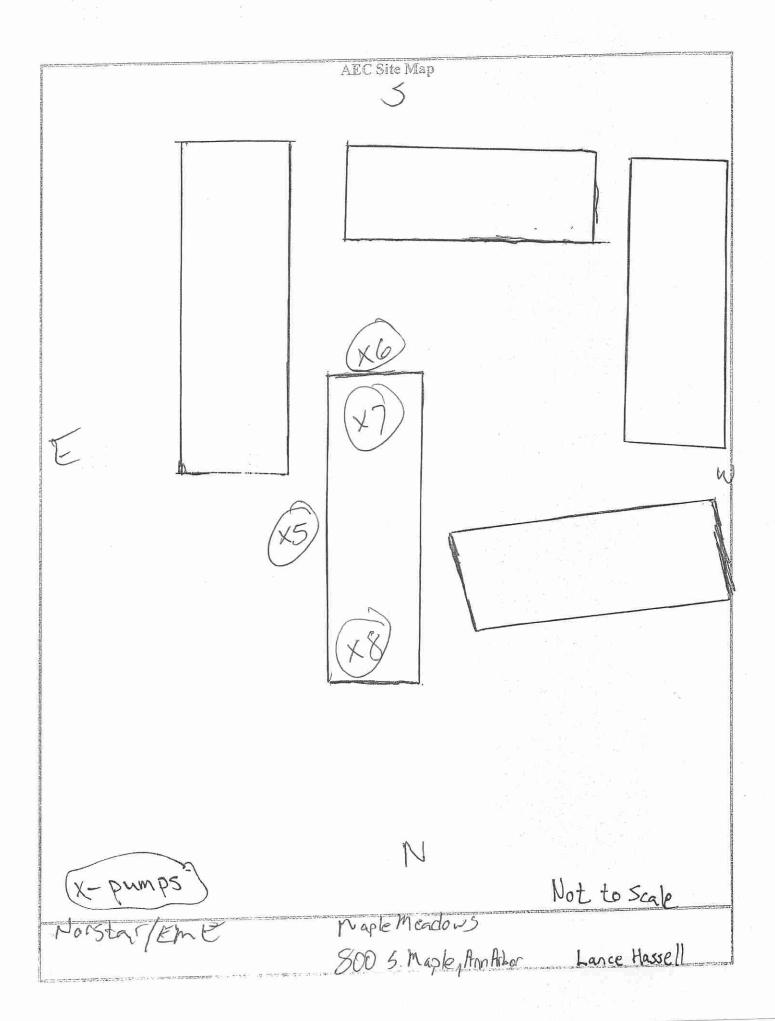
Other personal protective equipment (check ail that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): ACM Paper
Were the air monitoring samples analyzed: 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:
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be monitored Criteria for worker selection: Only worker performing task Workers performing same tasks Torker samples-Represents worst case scenario or more workers sampled- Represents worst case scenario Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No If no, please explain

Date: 7/6/15

Clearance sampling Before clearance sampling the following criteria M All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted Vodust/debris observed Work area locked down	
Was work area inspected and found clean and free of If no, please explain	of any contaminated debris: Yes No
☐EPA TEM Clearance Guidelin A protocol	Yes No e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:

Date: 7/6/15

Onsite visit of gov	ernment officials
TANIA	
Name of Person	(s):
	rtment:
	site:
	r visit:
Please use the following	section to note any comments or additional information not described in this report.
All information contained Submitted By:	d in this report is complete and accurate to the best of my knowledge: Lance Massell Printed Name Signature
This section is reserved f	for any additional comments by the reviewer:
Technical Review By:	Printed Name
	Signature
	Date



AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7/6/15 Start Time: 0800 AEC Representative: Hasse V
Site Name: Maple Meadows
Site's Full Address: 800 S.Mgp &
Work Areas (Be Specific): Roof
Contaminant(s) of Concern: Ashes tos
Abatement/Remediation Contractor: EME / Norstac Abatement/Remediation Contractor Foreman/Supervisor: A Pts. Pts. Pts. Pts. Pts. Pts. Pts. Pts.
Abatement/Remediation Contractor Foreman/Supervisor: A Pts. P
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
☐ Work area setup activities performed ☐ Work area setup previously completed ☐ Abatement complete ☐ No set up activities required ☐ Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working:
If no, please explain
Set up: Yes No N/A Moving in of equipment and supplies
Yes No N/A Set up of poly walls
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 Set up of signs and barrier tape labeled with appropriate contaminant
CTR/AC cyctem and Shill(I)(Wil
Yes No N/A All points of potential liber release sealed (doors, white way,
Yes No N/A Water available 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:

~		
Yes	N/A HVAC systems N/A All points of po N/A Water available N/A Containment se N/A Negative pressu N/A Decontainment	drop cloths r tape labeled with appropriate contaminant hutdown and isolated tential fiber release sealed (doors, windows, etc.) in containment aled with no breaches re established
□Yes □No □	N/A Other:	
☐Yes ☐No ☐ ☐Yes ☐No ☐ ☐Yes ☐No ☐	N/A HVAC system N/A Glovebags seal	er tape labeled with appropriate contaminant shutdown and isolated ed with amended water and negative air
Yes No C	N/A Other:	illized arcated and isolated from general traffic
Please describe any other wor	k area conditions that exist no	outlined above:
Abatement/remediati	ion activities	
Abatement/remed	iation activities conducted	No abatement/remediation activities conducted
		h it was removed and the quantity removed from each area:
Contaminant:	Location:	Quantity:
10 14		
Were wet methods utilized for lf no, please explain	or the removal of the contamin	ant: ☐Yes ☑No

ase provide an explanation of any spec	sial circumstances concerning abatement or remediation activities:
lean up/close out activities	
	Abatement/remediation being conducted
Tyes Tho TIN/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 surfaces wet cleaned and/of The A vacuation All tools, ladders, etc. cleaned with no visible contamination
□Yes □No □N/A □Yes □No □N/A	Final cleaning after all abatement is complete
Tyes No N/A	72' - Lla aladorum
Yes No N/A	Project teardown (after all clearances and inspections pass applicable standards)
□Yes □No □N/A	Other:
aste handling and disposal	
No waste generated	The diduring chiff:
umber of bags, drums, or dumpsters util	mized during sinu
Lined dumpster on site Disposal by contractor off site	
Designated storage area on site (other	than dumpster); describe:
Material double bagged, fiber drums	
Material labeled with appropriate labe	
Waste generated was disposed of on s	ite as general construction debris
Other:	
- 100 P	
ersonal protective equipmer	<u>it</u>
	ich personal protective equipment is required:
re workers performing activities in wh	ich personal protective equipment is required: Yes No
II no, piease expiani	
espiratory protection (check all that ap	ply);
espiratory protection (check all mat ap Half face negative pressure:	r J J

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoode Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, la	anyards, tie offs
Please list any other equipment utilized by workers and/or ot	her safety precautions ta	ken:
Consultant activities	,	
Contaminant(s): ACM Papes		
Were the air monitoring samples analyzed: on site , taken	to laboratory [], or office	ce
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 contamina	nt identified in the samp	ling: Yes No
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for a		☑Yes □No
If no, please explain: Ambient air samples Learance samples (see clearance sampling section Personal samples (see personal sampling section Other:	on below)	
Were there any other construction activities, carpeting, high area or adjacent areas that could affect the sample results (be	traffic areas or increased specific):	dust concentrations in the work
No.		
Personal sampling Note: OSHA requires that at least 25% of the work Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case of or more workers sampled-Represents	e scenario worst case scenario	fic task be monitored
Were workers below the OSHA TWA for the conta If no, please explain	minant(s) sampled:	⊬Yes ∐No

Clearance sampling	
Before clearance sampling the following criteria MU	JST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
No hust/debris observed	
Work area locked down	
· · · · · · · · · · · · · · · · · · ·	_/_
Was work area inspected and found clean and free o	fany contaminated debris: Yes No
If no, please explain	
The state of the s	rijinasi w nig
	A SULVE IN THE
1: 11 - 1 standarde:	TVes TNo
Did work area pass applicable clearance standards:	
Applicable Standard	of 0.01 f/cc utilizing NIOSH 7400 protocol
EPA PCM Clearance Guideline	of 0.01 f/cc, utilizing NIOSH 7400 protocol of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
LIEPA TEM Clearance Guideline	of 70 Symm, demang to ord
A protocol	
Other:	
Abatement Personnel Roster	
T. W. D. S. C. W. T. C.	["80, 1, 3], 4
**	SSN or State Card Number:
Name:	
Jason Diehl	· a. II <u></u>
-	
Kevin Diehl	
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Onsite visit of government officials

ØN/A				
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				N #
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			3 J- 1	
Please use the following	section to note any co	mments or additional info	rmation not descr	ibed in this report.
,				Talli organization
				8
Submitted By:	Printed Name Signature	Hassell Hassell	1	
This section is reserved	for any additional comm	ents by the reviewer:	<u> </u>	
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HILL THE STATE OF			1 2011	771
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1				
Technical Review By:	Printed Name	Fox		
	Signature	1 1		
		118/16		
	Date	,		

ARCSII Vap 15 Not to Scale Maple Mendous 800 S. Maple, Ann Arbor, M.F. 1/8/15 Lance Hassell

AMERICAN ENVIRONMENTAL CONSÚLTANTS, LLC DAILY PROJECT LOG

Date: 7-10-15 Start Time: 0730 AEC Representative: M. RODGERS
Site Name: SOUTH Maple
Site's Full Address: 800 S. Maple Ann Anbor, MI
Work Areas (Be Specific): Extens. a Roof
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EmE
Abatement/Remediation Contractor Foreman/Supervisor: Anonew Ptak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
₩ork area setup activities performed
f set up or abatement was previously completed are all controls intact and properly working; Yes No If no, please explain
Set up: N/A

210-18

Onurinment:	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative dir, signs)
□Yes □No □N/A	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:	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe any other work area cond	itions that exist not outlined above:
Abatement/remediation activity	ties conducted No abatement/remediation activities conducted
of the list the conformant removed, the	location from which it was removed and the quantity removed from each area:
Contaminant: Local BSB6575 B	your Systems Quantity:
	Aves No.
Were wet methods utilized for the remov If no, please explain	al Di the contamination.

Dec 7-10-15

Cleam up/close out activities		N/A
Lean un/close out activities		
Abatement/remediation being conducted		
Abatement/remediation being conducted	ease provide an explanation of any spe	ecial circumstances concerning abatement or remediation activities:
Abatement/remediation being conducted Yes		
Abatement/remediation being conducted Yes		
Abatement/remediation being conducted Yes		
Abatement/remediation being conducted Yes		
Yes No N/A Bag out activities Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed Yes No N/A All surfaces wet cleaned with no visible contamination Yes No N/A All sols, ladders, etc. cleaned with no visible contamination Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final lockdown Yes No N/A Project teardown (after all clearances and inspections pass applicable standards) Yes No N/A Other: /aste handling and disposal No waste generated mbor of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster): describe: Material double bagged, fiber drums Material double bagged, fiber drums Material wetted Waste generated was disposed of on site us general construction debris Other: **Presonal protective equipment** **eworkers performing activities in which personal protective equipment is required: Yes No If no, please explain **spiratory protection (check all that apply): **Plate face negative pressure air purifying respirator**	lean up/close out activities	
Yes No N/A Bag out activities Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed Yes No N/A All surfaces wet cleaned with no visible contamination Yes No N/A All tools, ladders, etc. cleaned with no visible contamination Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final lockdown Yes No N/A Project teardown (after all clearances and inspections pass applicable standards) Yes No N/A Other: Aste handling and disposal No waste generated mbor of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster): describe: Material double bagged, fiber drums Material double bagged, fiber drums Material with appropriate labels Material wetted Waste generated was disposed of on site us general construction debris Other: Presonal protective equipment workers performing activities in which personal protective equipment is required: Wester generated was disposed of on site us general construction debris Other: Presonal protective equipment workers performing activities in which personal protective equipment is required: Wester generated was disposed of on site us general construction debris Other: Presonal protective equipment workers performing activities in which personal protective equipment is required: Wester generated was disposed of on site us general construction debris Other: Presonal protective equipment		Abatement/remediation being conducted
Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed Yes No N/A All tools, ladders, etc. cleaned with no visible contamination Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final lockdown Yes No N/A Project teardown (after all clearances and inspections pass applicable standards) Yes No N/A Other: aste handling and disposal 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 (other than dumpster); describe; Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Trisonal protective equipment workers performing activities in which personal protective equipment is required; workers performing activities in which personal protective equipment is required; Waste generated was disposed of on site as general construction debris Other: Trisonal protective equipment Waste generated was disposed of on site as general construction debris Other: Trisonal protective equipment Waste generated was disposed of on site as general construction debris Other: Trisonal protective equipment Waste generated was disposed of on site as general construction debris Other: Trisonal protective equipment		Gross clean up and material bagging
Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final lockdown Yes No N/A Project teardown (after all clearances and inspections pass applicable standards) Yes No N/A Other: aste handling and disposal No waste generated mbcr of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: arsonal protective equipment workers performing activities in which personal protective equipment is required; After No. N/A Project all that apply): No waste generated with no visible contamination N/A Final cleaning after all abatement is complete spiratory protection (check all that apply): No Half face negative pressure air purifying respirator		All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A Project teardown (after all clearances and inspections pass applicable standards) Yes No N/A Other: aste handling and disposal 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 (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: arsonal protective equipment workers performing activities in which personal protective equipment is required; Yes No If no, please explain	1 00	All tools, ladders, etc. cleaned with no visible contamination
Yes No N/A Project teardown (after all clearances and inspections pass applicable standards) Yes No N/A Other: aste handling and disposal 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 (other than dumpster): describe: Material double bagged, fiber drums Material wetted Waste generated with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: **TSOBAL Diotective equipment** **workers performing activities in which personal protective equipment is required: Yes No If no, please explain **Spiratory protection (check all that apply): **Plate face negative pressure air purifying respirator**		Final laskdown
standards) Yes		Project teardown (after all clearances and inspections pass applicable
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 (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Proposition of the profession of the personal protective equipment is required; workers performing activities in which personal protective equipment is required; Place negative pressure air purifying respirator		standards)
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 (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Construction debris	YesNoN/A	Other.
mbor of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Protective equipment e workers performing activities in which personal protective equipment is required: If no, please explain spiratory protection (check all that apply):	aste bandling and disposal	
mbor of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Protective equipment e workers performing activities in which personal protective equipment is required: If no, please explain spiratory protection (check all that apply):	No waste generated	
Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Ersonal protective equipment e workers performing activities in which personal protective equipment is required: If no, please explain Spiratory protection (check all that apply):	mber of bags, drums, or dumpsters uti	ilized during shift:
Designated storage area on site (other than dumpster); describe. Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other: Protective equipment e workers performing activities in which personal protective equipment is required: If no, please explain Spiratory protection (check all that apply):		
Material labeled with appropriate labels Material wetted Waste generated was disposed of an site as general construction debris Other: Ersonal protective equipment e workers performing activities in which personal protective equipment is required: If no, please explain Spiratory protection (check all that apply):	Designated storage area on site (other	than dumpster); describe:
Material wetted Waste generated was disposed of on site as general construction debris Other: Protective equipment e workers performing activities in which personal protective equipment is required: If no, please explain Spiratory protection (check all that apply):	Material double bagged, fiber drums Material labeled with appropriate labe	sts
Other:	5 2	
e workers performing activities in which personal protective equipment is required: Yes No If no, please explain	Waste generated was disposed of on s	ite as general iconstitucion detris
spiratory protection (check all that apply):		
spiratory protection (check all that apply):	rsonal protective equipmen	<u>iú</u>
If no, please explainspiratory protection (check all that apply):		
spiratory protection (check all that apply):	e workers performing activities in whi	cu betsour biorcense ederbrien a salari
Half face negative pressure air puritying respirator	II no, prease express	
Half face negative pressure air puritying respirator		
Han face negative pressure air purifying respirator	•	The Control of
Positive pressure air purifying respirator	spiratory protection (check all that app	oly): ir mirifying respirator

Date 7-10-15

Other personal protective equipment (check all that apply): Disposable clothing
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): ASBESTOS
Were the air monitoring samples analyzed: on site , taken to laboratory , or office
If taken to the laboratory, Name of Laboratory:
Time and date dropped off:
Turn around time indicated on the chain of custody: Please attach copy of chain of custody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain:
If no. please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be monitored Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case scenario 2 or more workers sampled- Represents worst case scenario Were workers below the OSHA TWA for the contaminant(s) sampled:

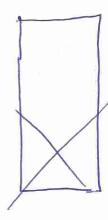
Dura 7 -10-15

Clearance sampling Before clearance sampling the following criteria Management of th	
Was work area inspected and found clean and free of If no, please explain	of any contaminated debris: Ves No
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline EPA TEM Clearance Guideline A protocol Other:	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
Andrew Ptak	
ν λ	
Mike Dieth	

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

Date

X = AREA ADATED



PARKing Lot

S. Mpple Ann Paben, ma

Not to SLALL 7-

AMERICAN ENVIRONMENTAL CONSULTANTS, LLO DAILY PROJECT LOG Date: 1-11-15 Start Time: 0730 AEC Representative: M. Ropuers SOUTH MAPLE 5. Maple Ann Anbor MI Work Areas (Be Specific): Contaminant(s) of Concern: HSBESTOS Abatement/Remediation Contractor: EmE Abatement/Remediation Contractor Foreman/Supervisor: Hnonew Plak The following parrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided Patch and repair Clean up Set up Other: No work performed Work area Work area setup activities performed Work area setup previously completed Abatement complete No set up activities required Abatement currently taking place If set up or abatement was previously completed are all controls intact and properly working: If no, please explain_ Set up: N/A Moving in of equipment and supplies No N/A Yes No Set up of poly walls Set up of floor and drop cloths No N/A Set up of signs and barrier tape labeled with appropriate contaminant No N/A No N/A Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) No N/A]N/A No Water available Containment sealed with no breaches N/A Negative pressure established No N/A Set up of decontamination unit Attached to containment Remote (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) ☐Yes ☐No Other:

Page 7-17-15

A		0				
Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes		N/A	Sealed poly walls a Sealed floor and dr Signs and barrier to HWAC system shut All points of potent Water available in Containment sealed Negative pressure e Decontamination to Remote of	rop cloths ape labeled wit tdown and isol tial fiber releas containment d with no breac established nit Atta	ated se senied (doors thes sched to contain	, windows, etc.)
□Yes	□No	□N/A	(Airlocks, warer filt Other:			negative air, signs)
Glovebags: Yes Yes Yes Yes Yes Yes	No No No No	N/A N/A N/A N/A N/A	Drop cloths Signs and barrier tap HVAC system shute Glovebags sealed w	down and isola ith amended w	ted	
Clean up: Yes Yes Yes Yes Yes	□N/A □No □No □No □No	□N/A □N/A □N/A □N/A	HEPA vacuums utili Wet methods utilized Work area demarcate Other:	d	from general t	raffic
Please describe an	y other v	work area c	onditions that exist not outli			
,	nent/rema	ediction act		is removed and		vities conducted moved from each area
ASBESTOS			Deywall Syskmi	5	55	
Were wet methods If no, plear			oval of the contaminant:	Zives [No	

Dec 7-17-18

		lescription of	methods used to remove the contuminum (hand tools, machine, needle guns.
Please provi			special circumstances concerning abatement or remediation activities
Clean up		t activities	
	Yes	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 Pinal lockdown Project teardown (after all clearances and inspections pass applicable standards)
	es ∏No nating ar	□n/a id disposs	Other:
No waste glumber of be Lined dum Disposal be Designated Material la	generated ags, drums, c apster on site y contractor I storage are ouble bagge beled with a	or dumpsters i e off site a on site (othe d, fiber drums appropriate la)	utilized during shift:er than dumpster): describe:es
ne workers p	erforming a	e equipme ctivities in wi	hich personal protective equipment is required: Yes No
Hi Fu Po	alf face nega ill face nega	eck all that ap tive pressure tive pressure ure air purifyi	air purifying respirator air purifying respirator

Date 7-17-15

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyard	s. tia offs
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 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		11 12 12 12 12 12 12 12 12 12 12 12 12 1
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminant	t identified in the sampling:	□Yes □No
If yes, please explain:		Yes No
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section be	below) elow)	
Were there any other construction activities, carpeting, high tra tree or adjacent areas that could affect the sample results (be sp	ffic areas or increased dust con secific):	centrations in the work
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 so 2 or more workers sampled- Represents workers workers sampled and the Contamination of the conta	cenario orst case scenario nant(s) sampled:	e monitored es □No

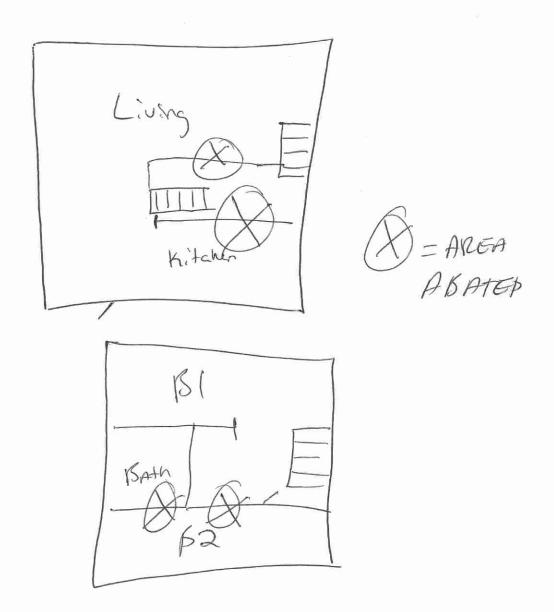
Dec 7-17-15

Clearance sampling Before clearance sampling the following criteria l' All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area looked down Was work area inspected and found clean and free If no, please explain	of any contaminated debris: 📈 es 🔲 No
☐EPA TEM Clearance Guidelin A protocol	: ZYes No ne of 0.01 f/ec, utilizing NIOSH 7400 protocol ne of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
FINDREW PLAK Tim Highland Chr. 3 treglown	

Date: 7-17-15

Onsite visit of government officials

ZN/A	
Name of Pers	on(s):
Employer/De	partment:
Time on and	off site:
Stated reason	for visit:
	ng section to note any comments or additional information not described in this report. \mathcal{N}/\mathcal{A}
All information contains	MAH Rodge S Printed Name Signature
This section is reserved	for any additional comments by the reviewer:
echnical Review By:	Printed Name Signature
	Signature (/18)/6



S. MAPLE Ann Plaber, mi

Not to SLAK 7-17-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 1-20-15 Start Time: 0730 AEC Representative: M. Robuens
Site SOUTH MAPLE
Site's Full Address: 800 S. Maple Ann Anbor MI
Work Areas (Be Specific): Units 384-AND 886
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Anonew Plak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
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

7-20-15

Containment: Yes Yes Yes Yes Yes Yes Yes Yes		N/A Sealed floor N/A Signs and ba N/A HVAC system N/A All points of N/A Water availab N/A Containment N/A Negative pres N/A Decontamina Remote (Airlocks, wa	m shutdown and isole potential fiber released in containment sealed with no bread source established tion unit	e sealed (doors, winde hes ched to containment bers w/shower, negati	రిగు 50 లేకిది. I
Glovebags: Yes Yes Yes Yes Yes Yes		I/A HVAC system I/A Glovebags sea	rier tape labeled with n shutdown and isola aled with amended w	ater and negative air	Kuitė
Clean up: Yes Yes Yes Yes Yes	N/A No N No N No N No N	/A Wet methods /A Work area der	utilized marcated and isolated nt outlined above:		
Albatement/r		activities on activities conducted		emediation activities	A CONTRACTOR OF THE STATE OF TH
Please fist the con Contaminant ASBESTOS	taminani remo	ved, the location from which Location: Degwooll Sys		d the quantity removed	d from each area:
	s utilized for th	e removal of the contamina	nt: 🗡 es	□No	

reade provi	A STATE OF		rethods used to remove the contaminant (hand tools, machine, needle gans, sto
			•
		<u> </u>	
			shatement or remediation activities.
		iation of any s	pecial circumstances concerning abatement or remediation activities.
Clean up	close ou	t activities	
			Abatement/remediation being conducted Gross clean up and material bagging
	es No	□N/A □N/A	Bag out activities
1=0	es 🗌 No	□n/a □n/a	All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination
	es No	□N/A	Final cleaning after all abatement is complete
	es No	□N/A □N/A	Final lockdown Project teardown (after all clearances and inspections pass applicable
	es TNo	□N/A	standards) Other:
1		nd disposa	
Jumber of ba	gs. drums,	or dumpsters t	itilized during shift:
24	pster on sit y contracto	· off cita	= W
Designate	l storage an	ea on site (otho ed, tiber drums	er than dumpster); describe:s
/Material la	beled with	appropriate lal	belş
Material w	etted erated was i	disposed of an	site as general construction debris
Personali	protectiv	re equipme	
	outoemina	activities in W	hich personal protective equipment is required: Yes No
are workers If no	, please exp	lain	
-			
Respiratory_p	rotection (c	heck all that a	pply):
	alf face neg	ative pressure ative pressure	air purifying respirator
ΠP	ositive pres	sure air purify	ing respirator
	ulci		

Other personal protectiv Disposable of Washable of Hoods Safety glasse	clothing othing	ll that apply);	Boots Gloves Hard hats Safety harnesses, lanya	urds, tie offs
Other:	pment utilized by wor		r safety precautions taken	
Consultant activiti	TEMPER.			
Contaminant(s): ASL	565703			
Were the air monitoring s	amples analyzed: on s	site Z , taken to	laboratory . or office.	
If taken to the laboratory,	Name of Laboratory			
	Time and date dropp	ed off:	*************	H-14
		licated on the ch h copy of chain (ain of custody: of custody	The second secon
Types of air monitoring pe Baseline air sa Was any	mples	F-157, 20 11	lentified in the sampling:	□Yes □No
☐Set up samples ☑Work area sam	ples		cable standards:	ZYes ∐No
Ambient air sar Clearance samp Personal sample		npling section be ling section belo	W)	
Were there any other constr area or adjacent areas that c	uction activities, carp ould affect the sample	eting, high trairi e results (be spec	c areas or increased dust c ific):	oncentrations in the work
Criteria for worker Only w Worker 1 worker 2 or mo	selection: rorker performing task rs performing same tase er samples-Represents are workers sampled-1 w the OSHA TWA for	t sks s worst case scen Represents worst	t(s) sampled:	v be monitored Yes □No

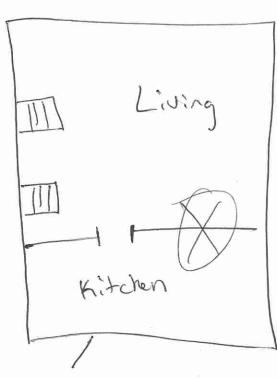
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Clearance sampling	
Before clearance sampling the following criteria	ANUST be met
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and free	e of any contaminated debris: 📈 Yes 🔲 No
If no, please explain	
Did work area pass applicable clearance standards	i: ∠Yes ∟No
Applicable Standard	in a 20 01 Flag utilizing NIOSU 7400 protocol
DEDA TEM Clearance Guideli	ine of 0.01 f/cc, utilizing NIOSH 7400 protocol ine of 70 S/mm ² , utilizing 40 CRF 753 Subpart E Appendix
A protocol	no or aranini, unitzing to Cita. The bushas a copper si
Other:	
Abatement Personnel Roster	
A STATE OF THE PROPERTY OF THE	
Name:	SSN or State Card Number:
1 2014	
Andrew Ptak, Tim Highland Chris Heglown.	
Tim Highland	
Mas 150 1	
CIVIS Freguen.	
The second secon	

Date: 7-20-15

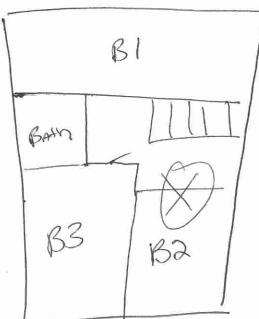
N/A Name of Person(s):______ Employer/Department: Time on and off site:____ Stated reason for visit: Please use the following section to note any comments or additional information not described in this report. NIA All information contained in this report is complete and accurate to the best of my knowledge: Submitted By: This section is reserved for any additional comments by the reviewer: Technical Review By: Printed Name Signature Date

Ousite visit of government officials



884 AND 886 Both 3-BEDrooms





AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-21-15 Start Time: 0730 AEC Representative: M. Ropuens
Site Name: SOUTH MAPLE Apts
Site's Full Address: 8005 Maple Ann Anbor, MI
Work Areas (Be Specific): 888 + 890 + 800
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Anonew Ptak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement
Work area
Work area setup activities performed
f set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
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 Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) Yes No N/A Water available Yes No N/A Containment sealed with no breaches Yes No N/A 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	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:			
Glovebags:	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 Please describe any other work area co	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:			
Abatement/remediation activities Abatement/remediation activities Abatement/remediation activities conducted				
	Quantity: 300			
Were wet methods utilized for the rem If no, please explain	oval of the contaminant:			

Dar 7-21-15

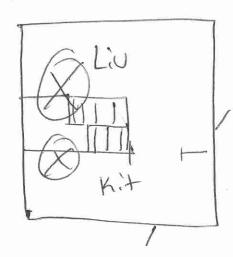
		escription of	methods used to remove the contuminant (hand tools, machine, needle gans, etc.)
A			
Please provi	de nn expla	nation of any	special circumstances concerning abatement or remediation activities
			N/A
	4.49		
Clean up	close ou	t activitie	
	es No	□N/A	Abatement/remediation being conducted Gross clean up and material bagging
	es No	□N/A	Bag out activities All surfaces wet cleaned and/or HEPA vacuumed
/	es No	□N/A □N/A	All tools, ladders, etc. cleaned with no visible contamination Final cleaning after all abatement is complete
	es No	∐N/A ∐N/A	Project teardown (after all clearances and inspections pass applicable
Y	es □No	□N/A	standards) Other:
Waste ha	ndling ar	nd dispos	
∐No waste į	generated	our drawn most _ ico	utilized during shift:
Lined dum Disposal b	pster on sit	â.	
Disposar o Designated Material de	l storage are	ea on site (oti	her than dumpster): describe:
Material la Material w	heled with	appropriate la	abels
Waste gen Other:	erated was t	lisposed of o	n site as general construction debris
Personal i			ení
THE STATE OF THE STATE OF			
Are workers p If no	erforming a , please exp	lain	which personal protective equipment is required: Yes No
Respiratory p	estaction (cl	seck all that a	annly):
/H	alf face neg	ative pressur	e air purifying respirator e air purifying respirator
□Po	m tace nega sitive press her:	ure air purify	ving respirator

Other personal protective equipment (check all that applications)	F. Boots	
Washable clothing	Gloves Hard hats	
☐ Hoods ☐ Safety glasses	Safety harnesses, lanyards, t	ie offs
Other:		
Please list any other equipment utilized by workers and	or other safety precautions taken:	
. 1/2	}	
NIP		
Consultant activities		
1		
Were the air monitoring samples analyzed: on site X, to	ken to laboratory []. or office[]	
II MANUEL BUT THE INCUITATION OF THE		
	3 m	
Turn around time indicated or	n the chain of custody:	
Please attach copy of	I custo of cristody	
Types of air monitoring performed (check all that apply)	É	
Baseline air samples Was any significant level of the contan	ninant identified in the sampling:	☐Yes ☐No
If yes, please explain:		
Set up samples		
Work area samples Were samples below allowable levels t	for applicable standards:	as Divo
If no, please explain:		· · · · · · · · · · · · · · · · · · ·
[] Ambient air samples		
Clearance samples (see clearance sampling sections) Personal samples (see personal sampling sections)	ection below) tion below)	
Other:		
Were there any other construction activities, carpeting, hi	igh traffic areas or increased dust conc	entrations in the work
area or adjacent areas that could affect the sample results	(be specific):	
N/P		
Personal sampling	TE IV	re. I a
Note: OSHA requires that at least 25% of the wo	ork force performing a specific task be	monitored
Criteria for worker selection: Only worker performing task		
Morkers performing same tasks		
Ti wa-lar complex Represents Worst	case scenario	
2 or more workers sampled- Represe	ents worst case sociality	
Were workers below the OSHA TWA for the co		s 🔲 No
If no, please explain		

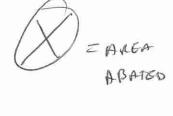
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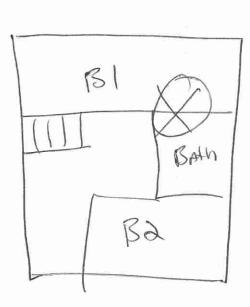
Clearance sampling Before clearance sampling the following criteria M All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down	
Was work area inspected and found clean and free of the lift no, please explain	of any contaminated debris: XYes No
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideling EPA TEM Clearance Guideling A protocol Other:	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
PADREW PLAK Chris treglown Tim Highland	

Onsite visit of gov	gernment officials
□N/A	
Name of Person	1(\$):
Employer/Depa	artment:
Time on and of	f site:
Stated reason fo	or visit:
-	
Please use the following	g section to note any comments or additional information not described in this report. \mathcal{N}/ ho
Submitted By:	in this report is complete and accurate to the best of my knowledge: MAH Rodge S Printed Name Signature
This section is reserved i	for any additional comments by the reviewer:
	, , ,
Name and the second sec	
Technical Review By:	Printed Name
	Signature //18/16



15th





All units the same 2-BEOROOMS

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

ne: 0730	AEC Representative: 🖊	M. RODGERS
Maple		
5. Maple	Ann Anbor	MI
804-1	EAST BU	ilding Roof
ASBESTOS		
ctor: EME	-	
ctor Foreman/Supe	rvisor: Anonew F	1/2K
Patch and repair	Clean up	Set up
med Work area ies required		
ompleted are all contro	ls intact and properly working:	∐Yes ∐No
Set up of poly wa Set up of floor an- Set up of signs an Isolation of HVA All points of pote Water available Containment seale Negative pressure Set up of decontar Remote	Ils d drop cloths d barrier tape labeled with approcessor System and shutdown ntial fiber release sealed (doors, and with no breaches established mination unit or Attached to contain	windows, etc.)
	Maple S. Maple S. Maple SOY — BESTOS Actor: EME Actor Foreman/Super des a daily account of that apply and include Patch and repair Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver and include are all control Moving in of equiver are all control	Maple Ann Anbor S. Maple Ann Anbor BOY — EAST Bu Assessed to the activities performed of that apply and include any additional information in the apply and apply apply and apply and apply apply apply apply and apply a

Containment:	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:
Slovebags: No N/A Yes No N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up: N/A Yes No N/A Please describe any other work area co	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other: onditions that exist not outlined above: N
100	rate a committee continues
Were wet methods utilized for the rer	noval of the contaminant:

7-22-15

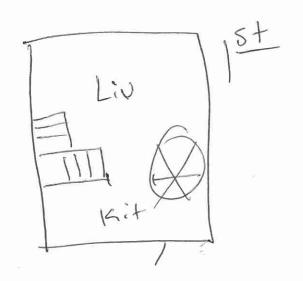
see arouide an explanation of any speci	ial circumstances concerning abatement or remediation activities:
lean up/close out activities	
	Abatement/remediation being conducted Gross clean up and material bagging
Yes No N/A	
Yes No ON/A	All surfaces wet cleaned and/or HEPA vacuumod
Yes No N/A	Final cleaning after all abatement is complete
Tyes INO IN/A	Final lockdown Project teardown (after all clearances and inspections pass applicable
Yes No N/A	standards)
☐Yes ☐No ☐N/A	Other:
Vaste handling and disposal	
]No waste generated lumber of bags, drums, or dumpsters uti	lized during shift:
Disposal by Contract. Designated storage area on site (other	than dumpster); describe:
Material double bagged, fiber drums Material labeled with appropriate labe	
Material wetted Waste generated was disposed of on s	itans general construction debris
Waste generated was disposed or on s Other:	110 407 (2017)
ersonal protective equipmen	TING
ver workers performing activities in whi	ich personal protective equipment is required: Yes No
If no, please explain	on personal pro-
-	
Respiratory protection (check all that app	ply):
Respiratory protection (check an una upp Half face negative pressure a Full face negative pressure a	

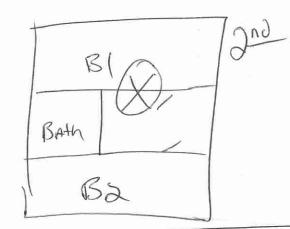
☐ Washable clot ☐ Hoods ☐ Safety glasses	uing	Gloves Hard hats Safety harnesses. la	
Please list any other equip	i ordin		ken:
Consultant activiti	Q.G.		
Contaminant(s): ASD			
Were the air monitoring s	amples analyzed: on site 🖊, tak	en to laboratory [], or offi	ce[_]
If taken to the laboratory,	Name of Laboratory: Time and date dropped off: The around time indicated on	the chain of custody:	
Baseline air s		inant identified in the samp	bling: Yes No
Set up sample Work area sa Were s	nples imples below allowable levels fi	or applicable standards:	Zves DNo
Ambient air s Clearance sar Personal sam	nples (see clearance sampling sect ples (see personal sampling sect	ection below) ion below)	
Were there any other con area or adjacent areas tha	struction activities, carpeting, hi t could affect the sample results	gh traffic areas or increased (be specific):	dust concentrations in the work
Criteria for work	puires that at least 25% of the wo ter selection: worker performing task kers performing same tasks orker samples-Represents worst more workers sampled-Represe elow the OSHA TWA for the co- lease explain	case scenario ents worst case scenario entaminant(s) sampled:	ific task be monitored Yes □No = =

Clearance sampling Before clearance sampling the following criteria M All surfaces HEPA vacuumed	UST be met
All surfaces wet cleaned Visual inspection conducted No dust/debris observed	
Work area locked down	This Time
Was work area inspected and found clean and free of fino, please explain	of any contaminated deoris. Zites into
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guidelin EPA TEM Clearance Guidelin A protocol Other:	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
FINDREW PLAK Tim Highand.	
gent	

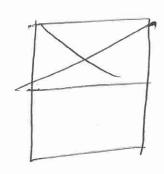
Onsite visit of government officials

Unsite Visit of Rove	S. S. I. S. S. William Communication (Communication
□N/A	
Name of Person(s):
Employer/Depar	ment:
1 .00	i for
Stated reason for	visit:
Please use the following	section to note any comments or additional information not described in this report.
recase and an	
<u> </u>	
	E. Lumuledge
All information contains	d in this report is complete and accurate to the best of my knowledge:
	MAH Rodges
Submitted By:	Printed Name
	MINI =
	Signature
	for any additional comments by the reviewer:
This section is reserved i	N/P
Technical Review By:	JUEF FOX
Fedument Mexica Di-	Printed Name
	Signature
	1/18/16









Roof

EAST Building.

S. MAPLE Ann PROBER, MI

NOT to SLAK 7-22-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

all of the second
Date: 7-23-15 Start Time: 0730 AEC Representative: M. Ropuers
Site Name: SOUTH Maple
Site's Full Address: 800 5. Maple Ann Anbor, MI
Work Areas (Be Specific): Un. 1s 820 + 830
EAST Building Root
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Hhones 1 4 4
The following narrative provides a daily account of the activities performed during the work shi Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
₩ork area setup activities performed
If set up or abatement was previously completed are all controls intact and properly working:
If no, please explain
Set up: N/A Yes No N/A Set up of equipment and supplies Yes No N/A Set up of poly walls
Yes No N/A Set up of floor and drop clouds Set up of floor and drop clouds Set up of signs and barrier tape labeled with appropriate contaminant Set up of signs and barrier tape labeled with appropriate contaminant Including of HVAC system and shutdown
Yes No N/A Isolation of TVAC system and the state of the system and the system an
Yes No N/A Negative pressure established
Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Yes No N/A Other:

7-23-15

Yes	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:
Glovebags: N/A Yes No N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up: N/A Yes No N/A Please describe any other work area co	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Abatement/remediation acti	ivities
Were wet methods utilized for the ren	noval of the contaminant:

2014	1=10	tion of any Spe	cial circumstances concerning abatement or remediation activities
ase provide	e an explana	tion or tall sp	vial circumstances concerning and
lean up/	close out	activities	
	(es	□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)
	Yes []No	□N/A	Other:
/aste ba	ndling a	nd disposa	
Lined dur Disposal Designate Material Material Material Waste ge	mpster on su by contracte ed storage a double bagg labeled with	off site rea on site (oth ed, fiber drum: appropriate la disposed of or	er than dumpster): describe: bels site as general construction debris
	E. Jina	ve equipnos activities in w plain	ent hich personal protective equipment is required: Tes No
	17-15 fram	check all that a	pply): air purifying respirator air purifying respirator

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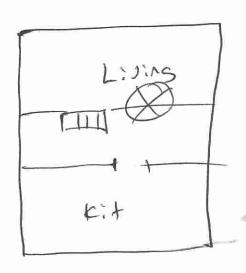
Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or o	other safety precautions taken:
Consultant activities	
Chidemianus/- / / / / / / /	
Were the air monitoring samples analyzed: on site /, taken	n to laboratory . or office.
Name of Laboratory	
Time and date dropped off:	the second secon
Turn around time indicated on the Please attach copy of ch	ne chain of custody: nain of custody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contamina	ant identified in the sampling: Yes No
If yes, please explain:	applicable standards:
If no. please explain: Ambient air samples Clearance samples (see clearance sampling section) Personal samples (see personal sampling section) Other:	ion below) π below)
Were there any other construction activities, carpeting, high area or adjacent areas that could affect the sample results (be	n traffic areas or increased dust concentrations in the work ne specific):
Personal sampling Note: OSHA requires that at least 25% of the work Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst cas 2 or more workers sampled- Represent Were workers below the OSHA TWA for the conta	tse scenario ts worst case scenario taminant(s) sampled:

Clearance sampling Before clearance sampling the following criterio (AR) All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down	
Was work area inspected and found clean and free of If no, please explain	fany contaminated debris: Yes LINO
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline EPA TEM Clearance Guideline A protocol Other:	of 0.01 f/cc, utilizing NIOSH 7400 protocol of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Wame:	SSN or State Card Number:
Andrew Ptak Tim Highland Chris Truglown	
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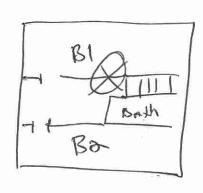
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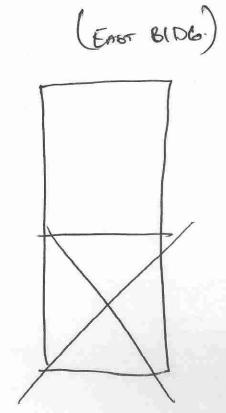
Onsite visit of government officials N/A Name of Person(s): Employer/Department:_____ Time on and off site:_____ Stated reason for visit:_____ Please use the following section to note any comments or additional information not described in this report NIA All information contained in this report is complete and accurate to the best of my knowledge: Submitted By: This section is reserved for any additional comments by the reviewer: Technical Review By: Printed Name Signature

Date









AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-24-15 Start Time: 0730 AEC Representative: M. Ropuens
Site Name: SOUTH MAPLE
Site's Full Address: 800 5. Maple Ann Anbor, MI
Work Areas (Be Specific): Un: +5 880 -828
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Anonew Ptak
The following narrative provides a daily account of the activities performed during the work shi Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
It no, prease exprain
Set up: \begin{align*} \Box N/A & Moving in of equipment and supplies \begin{align*} \Box N/A & Set up of poly walls \end{align*}
Yes No N/A Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant
Yes No N/A Isolation of HVAC system and shutdown Yes No N/A All points of potential fiber release sealed (doors, windows, etc.)
Yes No N/A Water available Supplier available
Yes No Negative pressure established
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:



7-24-15

Containment:	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers wishower, negative air, signs)
□Yes □No □N/A	Other:
Glovebags: N/A Yes No N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up: N/A Yes No N/A Yes No N/A Yes No N/A Yes No N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe any other work area of	conditions that exist not outlined above:
	4.50
Were wet methods utilized for the re-	moval of the contaminant:

Date 7-24-15

			methods used to remove the contaminant (hand tools, machine, needle gurs, etc.
	-44		NIP
Please provide	an explai	ation of any	special circumstances concerning abatement or remediation activities
			N/A
Clean up/cl	lose am	t activities	
Yes	: No	□n/a	Abatement/remediation being conducted Gross clean up and material bagging Bag out activities
Yes Yes Yes Yes Xyes	No No	□N/A □N/A □N/A □N/A □N/A □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		□N/A	Project teardown (after all clearances and inspections pass applicable standards)
IYes	-	□N/A	Other:
<u>Waste hand</u>	Hing ar	<u>id disposs</u>	
Lined dumps	. drums, o ter on site	afficite	utilized during shift:
Material dou Material labe Material wet Waste genera	ble bagge led with : ted ited was c	d, fiber drum appropriate le lisposed of or	s dels n site as general construction debris
Other:			
<u>Personal pr</u>			
Are workers per If no, p	forming a ilease exp	activities in w lain	thich personal protective equipment is required: Yes No
Full Post	f face neg face nego tive press	ative pressure ntive pressure ture air purify	apply); e air purifying respirator e air purifying respirator ing respirator

Date: 7-24-15

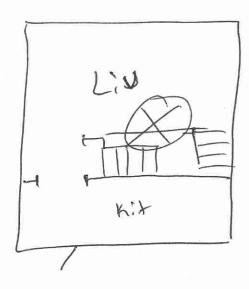
Other personal protective equipment (check all that apply). Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or of N/P	ther safety precautions taken:
Consultant activities	
Containment Sy. 1000	
Were the air monitoring samples analyzed: on site Z, taken	to laboratory . or office.
If taken to the laboratory, Name of Laboratory:	
Time and date dropped off:	200 Page 100
Turn around time indicated on the Please attach copy of cha	e chain of custody:ain of custody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contamina	ant identified in the sampling: \Begin{align*} Yes \Begin{align*} No \Begin{align*} \Begin{align*} Yes \Begin{align*} No \Begin{align*} \Begin{align*} Yes \Begin{align*} No \Begin{align*} Yes \Begin{align*} No \Begin{align*} Yes align
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for a	npplicable standards: Yes No
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 tarea or adjacent areas that could affect the sample results (be	traffic areas or increased dust concentrations in the work especific):
Personal sampling Note: OSHA requires that at least 25% of the work Criteria for worker selection: Only worker performing task Workers performing same tasks I worker samples-Represents worst case I or more workers sampled- Represents Were workers below the OSHA TWA for the contain	e scenario s worst case scenario sminant(s) sampled: Yes No

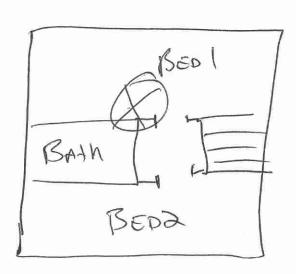
Clearance sampling Before clearance sampling the following criterio of All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down	
Was work area inspected and found clean and free c	f any contaminated debris: Yes No
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideling EPA TEM Clearance Guideling A protocol Other:	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendis
Abatement Personnel Roster	
Name:	SSN or State Card Number:
FINDREW PLAK Tim Highland Stefano D'onofrio	
Stefano D'onofrio	
the second secon	
	#F

Date: 7-24-15

Opsite visit of government officials □N/A Name of Person(s):_____ Employer/Department:_____ Time on and off site: Stated reason for visit:____ Please use the following section to note any comments or additional information not described in this report. NIA 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:_____ Technical Review By: Printed Name Signature Date







AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-27-15 Start Time: 0730 AEC Representative: M. Robers
Site Name: SOUTH MAPLE
Site's Full Address: 8005. Maple Ann Anbor, MI
Work Areas (Be Specific): Unit # 806 - 803
Roof of south Bldg.
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Anonew Ptak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
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

7-27-15

N/A	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers wishower, negative air, signs) Other:
□Yes □No □N/A	Other:
N/A No	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:	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe any other work area con	ditions that exist not outlined above:
	N I'
Abatement/remediation activ	
	Penulity.
Contaminant: Local Distriction ASBEST S D	Rywall Syskms 300
ASBESTUS 10	Rewall Systems 300 Peof Material 400
Were wet methods utilized for the remove of the remove the second of the remove of the	val of the contaminant:

Date 7-27-15

Please provide	a brief d	escription of a	ntethods used to remove the conturninant (hand tools, machine, needle guns, etc.	
Please provide an explanation of any special circumstances concerning abatement or remediation activities.				
Clean up/cl	ose oui	t activities		
Yes Yes Yes Yes Yes Yes Yes	□ No □ No □ No □ No □ No □ No	N/A	Abatement/remediation being conducted Gross clean up and material bagging Bag out activities All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination Final cleaning after all abatement is complete Final lockdown Project teardown (after all clearances and inspections pass applicable standards)	
□Yes Waste band		□N/A ad disposa	Other:	
☐No waste general Number of bags. ☐Lined dumpster Disposal by confident of the Designated statement of the Design	erated drums, of er on site ontractor orage are ble bagger ed with a	or dumpaters i e off site a on site (oth d, fiber drums appropriate la	er than dumpster); describe:s	
Personal pro Are workers perfo If no, plo		ctivities in w	e <u>né</u> hich personal protective equipment is required: Ares No	
✓ □ Fuli f	face nega face nega ive pressi	itive pressure	air purifying respirator air purifying respirator	

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or	other safety precautions taken:
Consultant activities Contaminant(s): $Asbestos$	
Were the air monitoring samples analyzed: on site Z, taker	n to laboratory
If taken to the laboratory, Name of Laboratory:	
Turn around time indicated on the Please attach copy of ch	ne chain of custody: nain of custody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contamina	
If yes, please explain:	applicable standards: Yes No
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 area or adjacent areas that could affect the sample results (be	traffic areas or increased dust concentrations in the wor e specific):
Personal sampling Note: OSHA requires that at least 25% of the work Criteria for worker selection: Only worker performing task Workers performing same tasks I worker samples-Represents worst case 2 or more workers sampled- Represents Were workers below the OSHA TWA for the contain	e scenario worst case scenario minant(s) sampled:

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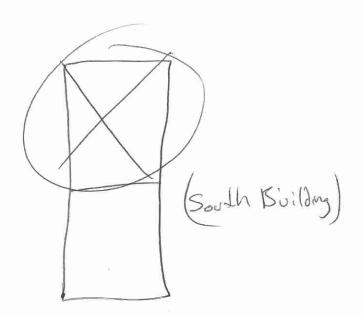
Clearance sampling	Surv
Before clearance sampling the following criteria	MUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
. No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and free	e of any contaminated debris: 📈 es 🔲 No
If no, please explain	
	e: Yes No ne of 0.01 f/cc, utilizing NIOSH 7400 protocol ne of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
A protocol Other:	
L_Jodder	
Abatement Personnel Roster	
	SSN or State Card Number:
Name:	22N of state trate influder.
Annrew Ptak	
MADIEW PAR	
Stefano D'ondo Frio	
JACTITICO 1) OPTER THEO	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Tim Highland	
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	And the second s

Date: 7-27-15

Onsite visit of government officials N/A Name of Person(s): Employer/Department: Time on and off site: Stated reason for visit:___ Please use the following section to note any comments or additional information not described in this report. NIA 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: Technical Review By: Printed Name Signature









S. MAPLE Ann Proben, mã

Not to Scale

7-28-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-2	815 Start Time:	: 0730 AEC Representative: M. Ropuers
Site Name:	SOUTH 1	Maple
Site's Full Ad	ldress: 800	S. Maple Ann Anbor, MI
Work Areas (Be Specific):	810 - 812 - Root - South ISID
	s) of Concern:	
Abatement/Re	emediation Contracto	or: EME
Abatement/Re	emediation Contracto	or Foreman/Supervisor: Anonew Ptak
The following	ng narrative provide:	s a daily account of the activities performed during the work shift at apply and include any additional information in the spaces provided
Scope of wor	rk	
**Euil	l abatement LI No work performed	Patch and repair
Work area		
₩ork area	setup activities performe	ed
	ment was previously con ease explain	npleted are all controls intact and properly working: Yes No
et up:	□N/A □No □N/A	Moving in of equipment and supplies Set up of poly walls
∏Yes XYes XYes XYes	Mo	Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC system and shutdown
Yes Yes	□No □N/A □No □N/A	All points of potential fiber release sealed (doors, windows, etc.) Water available
Yes Yes	□No □N/A □No □N/A	Containment sealed with no breaches Negative pressure established
XIYes	□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:

7-28-15

Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes		N/A N/A	HVAC system shutdown All points of potential fib Water available in contain Containment sealed with Negative pressure establis Decontamination unit	ths seled with appropriate contaminant and isolated ser release senied (doors, windows, etc.) nment no breaches shed Attached to containment 3 chambers w/shower, negative air, signs)
Yes Glovebags:YesYesYesYesYesYes	No No No No No No No No	□N/A □N/A □N/A □N/A □N/A □N/A	Drop cloths Signs and barrier tape laborated the HVAC system shutdown is	eled with appropriate contaminant and isolated nended water and negative air
Clean up: Yes Yes Yes Yes Yes	□N/A □No □No □No □No	□N/A □N/A □N/A □N/A	Other:	
Please describe a	ny other	work area co	onditions that exist not outlined a	bove:
	ment/rem	ediction act	tivities conducted INo abo	atement/remediation activities conducted noved and the quantity removed from each area.
Contaminant: ASBESTES AS 138570	5	Lc _4	Leofing	Quantity: 250 200
Were wet method If no, ple	is utilized ease explo	for the rem	noval of the contaminant:	¥ves □No

Date 7-28-15

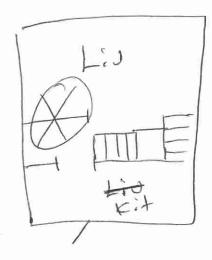
	brief description of me	thods used to remove the contuminant (hand tools, machine, needle guns, etc.
Please provide a	n explanation of any sp	ecial circumstances concerning abatement or remediation activities
		N/P
Clean up/clo	ose out activities	
Yes Yes Yes Yes Yes Yes Yes Yes	No	Abatement/remediation 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 Pinal lockdown Project teardown (after all clearances and inspections pass applicable standards)
☐Yes	□No □N/A	Other:
Waste hand!	ling and disposal	
Lined dumpste Disposal by co Designated sto Material double Material labele Material wette Waste generate	drums, or dumpsters ut er on site outractor off site orage area on site (other le bagged, fiber drums ed with appropriate labe	ite as general construction debris
NOW AS THE PARTY OF THE PARTY O	stective equipmen	
Are workers perfo If no, ple	orming activities in whi ease explain	ch personal protective equipment is required: Yes No
Half i Full f Positi	ection (check all that app face negative pressure a face negative pressure ai ive pressure air purifyin	r purifying respirator g respirator

Other personal protective equipment (check all that apply). Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyards, ti	e offs
Please list any other equipment utilized by workers and/or N/ρ	other safety precautions taken:	
Consultant activities		
Contaminant(s): ASBESTOS		
Were the air monitoring samples analyzed: on site , takes	n to laboratory . or office.	
11 1410411 No. 914 American Jac Committee Comm		
Turn around time indicated on the Please attach copy of ch	ne chain of custody: nain of custody	<u>;-1</u>
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contamin		□Yes □No
If yes, please explain:		; □No
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section Other:	ion below)	
Were there any other construction activities, carpeting, high area or adjacent areas that could affect the sample results (be	traffic areas or increased dust conce e specific):	nurations in the work
Personal sampling Note: OSHA requires that at least 25% of the work Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst cas 2 or more workers sampled- Represents Were workers below the OSHA TWA for the conta	re scenario s worst case scenario nminant(s) sampled:	nonitored

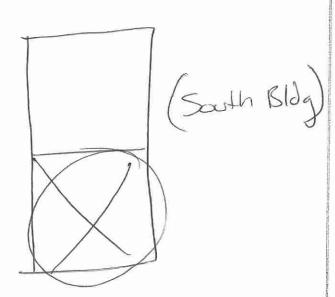
Clearance sampling Before clearance sampling the following criteria Bi All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down	
Was work area inspected and found clean and free If no, please explain	of any contaminated debris: 📈 és 🔲 No
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guidelin EPA TEM Clearance Guidelin A protocol Other:	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name: Annau Ptak	SSN or State Card Number:
FIDICO FIA	
Andrew Plak Tim Highland	
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Onsite visit of government officials N/A Name of Person(s): Employer/Department:_____ Time on and off site: Stated reason for visit:_____ Please use the following section to note any comments or additional information not described in this report 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. Technical Review By: Printed Name Signature

Date







S. Maple Ann Paben, ma

Not to Scall

7-29-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-29-15 Start Time: 0730 AEC Representative: M. Roologs
Site Name: S. Mpple Apt
Site's Pull Address: 800 5. maple Ann Anbor, ma
Work Areas (Be Specific): North KIDG . Extende Roof
1
Contaminant(s) of Concern: ASBESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: An Drew Plak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Juli abatement Patch and repair Clean up Set up No work performed Other:
Work area
Hork area setup activities performed ☐ Work area setup previously completed ☐ Abatement complete ☐ No set up activities required ☐ Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working: \(\sum_{\text{No}} \) s \(\sum_{\text{No}} \)
Set up: N/A N/A Moving in of equipment and supplies Set up of poly walls Set up of floor and drop cloths Yes N/A Set up of signs and barrier tape labeled with appropriate contaminant
Yes No N/A Isolation of HVAC system and shutdown Yes No N/A All points of potential fiber release sealed (doors, windows, etc.) Yes No N/A Water available
Yes No N/A Containment sealed with no breaches Yes No N/A Negative pressure established Negative pressure established
Set up of decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Tes No N/A Other:

Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	N/A N/A	N/A		Sealed poly walls and Sealed floor and drop of Signs and barrier tape of HVAC system shutdow All points of potential of Water available in continuous Containment sealed with Negative pressure establishment of Remote or	cloths labeled with a labeled with a labeled with a labeled with a labeled seal labeled with a l	ed sealed (doors, window s ed to containment	ws, etc.)
∐Yes	□No	□N/A		(Airlocks, water filtration of the control of the c	on, 3 chambe	rs w/shower, negativ	e air, signs)
Glovebags: Yes Yes Yes Yes Yes Yes	N/A No No No No	N/A N/A N/A N/A N/A		Drop cloths Signs and barrier tape la HVAC system shutdow Glovebags sealed with a Other:	n and isolated		int
Clean upx Yes Yes Yes Yes	N/A No No No No	□N/A □N/A □N/A □N/A		HEPA vacuums utilized Wet methods utilized Work area demarcated a Other:		rom general traffic	
Production at	ly outer	work area		ns that exist not outlined			
Abatement/r			CHILDREN CO.				
Deace list the con				conducted No a ion from which it was re		nediation activities of the quantity removed	
Contaminant: ASBES1			ocation:			nantity: 450	
		-				1.2	
Were wet methods If no, plea			noval of	the contaminant:	Nes 🗆	Мо	

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.
Please provide an explanation of any special circumstances concerning abatement or remediation activities:
Clean up/close out activities Abatement/remediation being conducted
Yes No N/A Gross clean up and material bagging Yes No N/A Bag out activities Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed Yes No N/A All tools, ladders, etc. cleaned with no visible contamination Yes No N/A Final cleaning after all abatement is complete Yes No N/A Final lockdown Project teardown (after all clearances and inspections pass applicable standards)
☐Yes ☐No ☐N/A Other:
Waste handling and disposal No waste generated Jumber of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other:
re workers performing activities in which personal protective equipment is required: If no, please explain
espiratory protection (check all that apply): Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

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

Clearance sampling Before clearance sampling the following criteria Mill Surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down Was work area inspected and found clean and free of	
If no, please explain	
	4
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline EPA TEM Clearance Guideline A protocol Other:	e of 0.01 f/cc, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
Kevin DIGHC	
Tanza Draw	
JAMES LIEHT	
1 —	

Onsite visit of government officials

□N/A	
Name of Per	on(s):
Employer/De	partment:
	off site:
	for visit:
Please use the followi	ng section to note any comments or additional information not described in this report.
	NIA
Submitted By:	ed in this report is complete and accurate to the best of my knowledge: Printed Name Signature
This section is reserved	for any additional comments by the reviewer:
	NA
Technical Review By:	Printed Name 1
	Signature
	Signature
	Date 1/18//6

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9/17/15 Start Time:_	800 AEC Representative: F_{0}
	MAPLE MEADOWS
Site's Full Address: 800	SOUTH MAPLE
Work Areas (Be Specific): 88	4, 882, 880, 886, 888, 890
Contaminant(s) of Concern:	ASBESTOS
Abatement/Remediation Contracto	r: EME
Abatement/Remediation Contracto	r Foreman/Supervisor: ANDLEW PTAK
The following narrative provides Note: Please check all boxes that	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	
Eull abatement P	atch and repairClean upSet up
Work area	
Work area setup activities performe	d
	apleted are all controls intact and properly working: Yes No
Set up:	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:

Containment:	□N/A			
Yes	NA	□ N/A	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with HVAC system shutdown and isolat All points of potential fiber release Water available in containment Containment sealed with no breach Negative pressure established Decontamination unit Remote or Attac (Airlocks, water filtration, 3 chamb	ted sealed (doors, windows, etc.) tes when to containment
□Yes	□No	□N/A	Other:	
Glovebags: YesYesYesYesYesYes	N/A No No No No No	□N/A □N/A □N/A □N/A □N/A	Drop cloths Signs and barrier tape labeled with HVAC system shutdown and isolat Glovebags sealed with amended wo	ted ater and negative air
Clean up: Yes Yes Yes Yes Yes	No No No	□N/A □N/A □N/A □N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated Other:	
Please describe a	ny other	work area conditi	ions that exist not outlined above:	
				
				
Abate	ement/ren	ation activiti	es conducted No abatement/	remediation activities conducted
Please list the co	ntaminan			d the quantity removed from each area
Contaminant:		Location _ 83		Quantity: 3 S F
ACM Jo	NT	8-8	-2	3 SF
Com	POUND		30	3 St
			88	3 SF
		- <u>81</u>	96	3 SF
	ds utilize		of the contaminant:	□No

Please provide a brief description of methods used to remove the co	UTAIN MENUT FROM
FRONT POOR AND BATHROOM	VENT FAN
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	i- a shutawant or ramadiation activities:
Please provide an explanation of any special circumstances concern	ang anatement of remediation activities.
UNITS UNDER CONSTRUCTION)
The state of the s	
Class and class out activities	
Clean up/close out activities	
Abatement/remediatio	n being conducted
Yes No N/A Gross clean up and ma	
Yes No N/A Bag out activities	ed and/or HEPA vacuumed
Yes No N/A All surfaces wet clean	cleaned with no visible contamination
Yes No N/A All tools, ladders, etc.	abatement is complete
Yes No N/A Final lockdown	
	r all clearances and inspections pass applicable
standards) Yes No N/A Other:	
Waste handling and disposal	
No waste generated Number of bags, drums, or dumpsters utilized during shift:	
Lined dumpster on site	The state of the s
Disposal by contractor off site	
Designated storage area on site (other than dumpster); describe:	
Material double bagged, fiber drums Material labeled with appropriate labels	그 등 전시 소리 개최 등 학교
Material wetted	
Waste generated was disposed of on site as general construction	debris
Other:	
Personal protective equipment	
Personal protective equipment	
Are workers performing activities in which personal protective equ	ipment is required: Yes No
If no, please explain	
Respiratory protection (check all that apply):	
Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator	
Positive pressure air purifying respirator	
Other:	

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other: Other:	
Please list any other equipment utilized by workers and/or other safety precautions taken:	
Consultant activities Contaminant(s):ASBESTOS	
Were the air monitoring samples analyzed: on site □, taken to laboratory □, or office □	
If taken to the laboratory, Name of Laboratory:	11
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:	□No
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for applicable standards: Yes No	- 11
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:	
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in area or adjacent areas that could affect the sample results (be specific):	the work
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	

Clearance sampling	
Before clearance sampling the following crite	ria MUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted No dust/debris observed	
Work area locked down	
Work area locked down	
Was work area inspected and found clean and If no, please explain	I free of any contaminated debris: Yes No
Did work area pass applicable clearance stand Applicable Standard EPA PCM Clearance Gu EPA TEM Clearance Gu A protocol	dards: Yes No ideline of 0.01 f/cc, utilizing NIOSH 7400 protocol ideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
Other:	v _o ji viid <u>Ci</u> birti, avr
Abatement Personnel Roster	
Name:	SSN or State Card Number:
TH 4111	442977
distribution of the state of th	036314
Chris Treglown	H20217
Andrew PFek	A 25587
The state of the s	
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HATTER AND ADDRESS OF THE PARTY	
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Onsite visit of government officials

or additional information not described in this report.
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me reviewer:

Site Name:	S. MAPLE	MEADOWS	Contractor: _	EME
all abateme	ent activities and d	leemed the area(s) a ock-down procedures	by the abatemen	e following area(s) after al Clearance sampling t contractor, performed criteria checked below:
reodusin	ccupancy following g NIOSH 7400 (A G	verage airborne fiber asbestos abatement ac Counting Rules). This quired by project spec	ctivities. Analysis requirement is fo	by PCM
airt aba Thi	oorne fiber level of (of Community Health 0.05 F/cc or less for re- analysis by PCM NIOS non-school projects of	occupancy follows SH 7400 (A Count	ng aspestos ing Rules).
the	abatement areas being 40 CFR 763 Subj	ge number of asbestos e no greater than 70 S/ part E Appendix A pr equired by project spec	mm". The analysotocol. This is for	is by TEM
	0028 Average	F/cc (PCM)	Avera	age S/mm² (TEM)
AREAS:	72	:		
0			* "	24 R V
Industrial	Hygienist	Da	nte	Time

Site Name: 5 MAPLE ME	EADULIS Contractor: EME
all abatement activities and deemed th	LC has visually inspected the following area(s) after e area(s) acceptable for Final Clearance sampling procedures by the abatement contractor, performed area(s) to meet the following criteria checked below:
reoccupancy following asbestos a	borne fiber level of 0.01 F/cc or less for batement activities. Analysis by PCM Rules). This requirement is for small school project specifications.
airborne fiber level of 0.05 F/cc o	nnity Health recommends an average r less for reoccupancy following asbestos PCM NIOSH 7400 (A Counting Rules). ol projects or has been required by project
the abotement areas he no greate	r of asbestos structures on samples inside r than 70 S/mm². The analysis by TEM pendix A protocol. This is for large school project specifications
,002-8 Average F/cc (PCM	Average S/mm ² (TEM)
AREAS:	
080	
Lau Horr	Date 9/17/15 Time
Industrial Hygienist	

	in the state of th
Site Name: S. MAPLE MEADOUS	Contractor: EME
American Environmental Consultants, LLC has vall abatement activities and deemed the area(s) AEC, following proper fiber lock-down procedur Final Clearance sampling and found the area(s) to	es by the abatement contractor, performed
EPA recommends an average airborne fiber reoccupancy following asbestos abatement using NIOSH 7400 (A Counting Rules). The projects or has been required by project space.	activities. Analysis by PCM is requirement is for small school
Michigan Department of Community Heal airborne fiber level of 0.05 F/cc or less for abatement activities. Analysis by PCM NI This requirement is for non-school project specifications.	OSH 7400 (A Counting Rules).
EPA requires an average number of asbes the abatement areas be no greater than 70 using 40 CFR 763 Subpart E Appendix A projects or has been required by project s	protocol. This is for large school
	그 그 생기를 맞게 보고 했다.
Average F/cc (PCM)	Average S/mm ² (TEM)
	- Was the
AREAS:	
884	a w.
A Alas III	9/17/15
Industrial Hygienist	Date Time

9 -6								
Site Name:	5.	MAPLE	MEADOL	کلیے	Contractor:	EI	NE	
American E	nviron	mental Consult vities and deer oper fiber lock npling and fou	ants, LLC ha	ıs visual (s) acce Iures by	the abateme	mai Ci	tractor, p	erformed
reoc	cupane o NIOS	mends an avers y following asb H 7400 (A Cou has been requi	estos abateme nting Rules).	ent activ This re	ities. Analys quirement is	is by P	۱۷۱∟	
airb abat This	orne fil	Department of Coer level of 0.05 activities. Analyement is for nones.	F/cc or less f vsis by PCM	or reocc	7400 (A Cou	wing as inting R	tules).	
the	abatem	res an average i ent areas be no FR 763 Subpart has been requi	greater than t E Appendix	A proto	n. The analocol. This is f	V212 DA	T TATAT	
	031	Average F/co	e (PĊM)		Ave	erage S/	mm² (TE	M)
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Industrial]	Hygieni	st		Date	11/0		Time	17
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Site Name: S. MAPLE MEADOWS	Contractor: EME
American Environmental Consultants, LLC has vall abatement activities and deemed the area(s) AEC, following proper fiber lock-down procedure Final Clearance sampling and found the area(s) to	as by the abatement contractor, performed
EPA recommends an average airborne fibereccupancy following asbestos abatement using NIOSH 7400 (A Counting Rules). The projects or has been required by project space.	nis requirement is for small school
Michigan Department of Community Hea airborne fiber level of 0.05 F/cc or less for abatement activities. Analysis by PCM NI This requirement is for non-school project specifications.	OSH 7400 (A Counting Rules).
EPA requires an average number of asbes the abatement areas be no greater than 70 using 40 CFR 763 Subpart E Appendix A projects or has been required by project s	protocol. This is for large school
,0029 Average F/ce (PCM)	Average S/mm² (TEM)
AREAS:	
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Industrial Hygienist	9/17/15 Date Time

Site Name: S. MAPLE MEADOWS	Contractor: EME
American Environmental Consultants, LLC has viall abatement activities and deemed the area(s) AEC, following proper fiber lock-down procedure Final Clearance sampling and found the area(s) to	the abatement contractor, performed
EPA recommends an average airborne fiber reoccupancy following asbestos abatement using NIOSH 7400 (A Counting Rules). The projects or has been required by project space.	his requirement is for small school
Michigan Department of Community Hea airborne fiber level of 0.05 F/cc or less for abatement activities. Analysis by PCM NI This requirement is for non-school project specifications.	OSH 7400 (A Counting Rules).
EPA requires an average number of asbes the abatement areas be no greater than 70 using 40 CFR 763 Subpart E Appendix A projects or has been required by project s	protocol. This is for large school
Average F/cc (PCM)	Average S/mm ² (TEM)
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Site Name: S. Maple Meadows	Contractor: EM E
American Environmental Consultants, LLC has visuall abatement activities and deemed the area(s) a AEC, following proper fiber lock-down procedures Final Clearance sampling and found the area(s) to a	the abetement contractor, performed
EPA recommends an average airborne fiber reoccupancy following asbestos abatement a using NIOSH 7400 (A Counting Rules). The projects or has been required by project specific and the project specific areas as a second required by project specific and the project specific areas as a second required by a se	is requirement is for small school
Michigan Department of Community Healt airborne fiber level of 0.05 F/cc or less for abatement activities. Analysis by PCM NIC This requirement is for non-school projects specifications.	OSH 7400 (A Counting Rules).
EPA requires an average number of asbest the abatement areas be no greater than 70 using 40 CFR 763 Subpart E Appendix A projects or has been required by project s	protocol. This is for large school
Average F/cc (PCM)	Average S/mm ² (TEM)
AREAS:	
Industrial Hygienist	9/17/15 Date Time

6	· \ M \	Contracto	or: EME
Site Name:	. Maple Meadows		
all abatement a	onmental Consultants, LLC ctivities and deemed the a proper fiber lock-down prosampling and found the are	. I the abote	ed the following area(s) after Final Clearance sampling. Ement contractor, performed wing criteria checked below:
reoccup	commends an average airbor ancy following asbestos abat IOSH 7400 (A Counting Rul s or has been required by pro	es). This requiremen	F/cc or less for dysis by PCM t is for small school
airborn abatem This re	an Department of Communite fiber level of 0.05 F/cc or level activities. Analysis by P quirement is for non-school cations.	CM NIOSH 7400 (A	Counting Rules).
the ab	equires an average number of atement areas be no greater 40 CFR 763 Subpart E Appe ts or has been required by p	ndix A protocol. This	on samples inside analysis by TEM s is for large school
60	30 Average F/cc (PCM)		Average S/mm ² (TEM)
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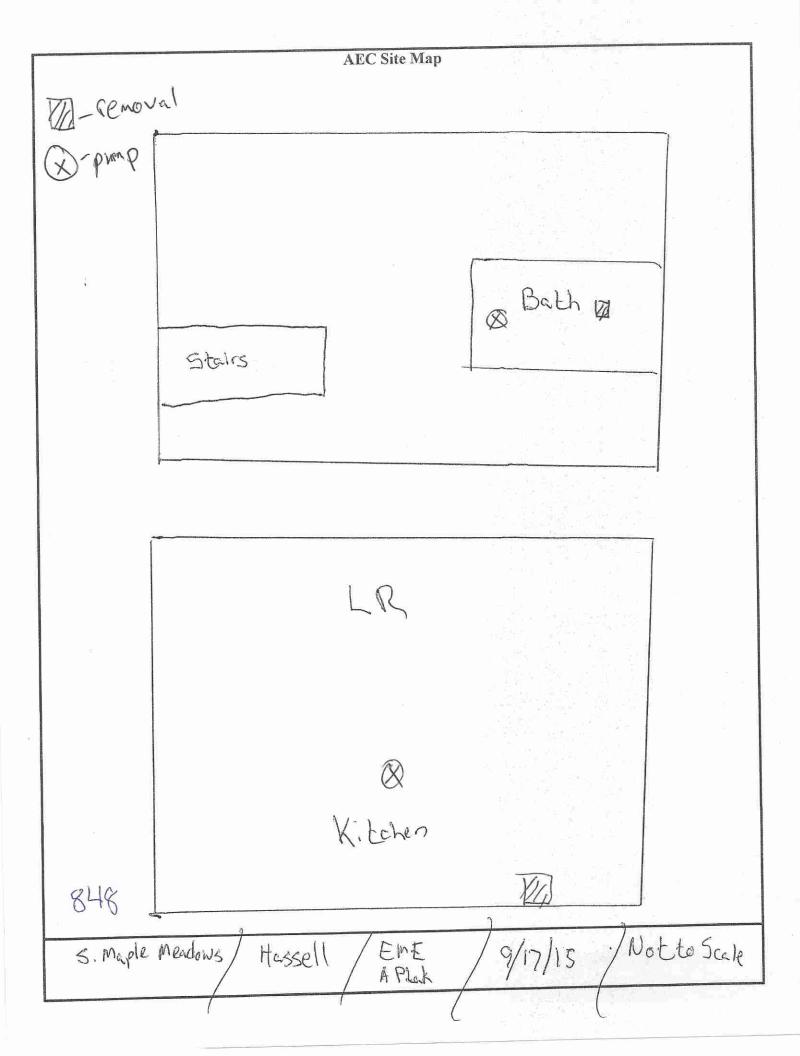
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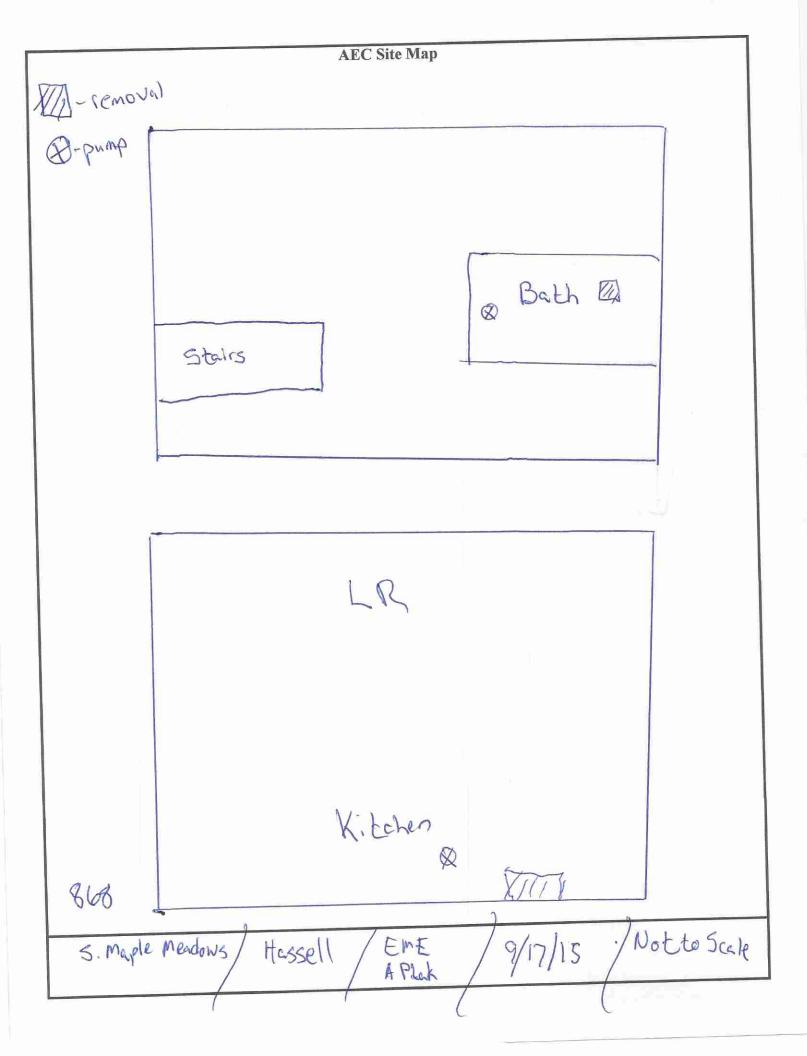
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	MEADOUS FOX / EME / 9/17/15 / SC	TI





AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9-18	1.15	Start Time	e: 0730	AEC	Representative:	Rodge S
Site Name:	\$. mp	oli.			ns , _ = =
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Work Areas	(Be Spec	oific): <i>&</i>	300 - 80	2- 804	1 -820-820	9-830
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Contaminan	t(s) of Co	ncern:	1 SBESTOS			* * * * * * * * * * * * * * * * * * *
			tor: Eme			
					An Drew Pta	k
m		Hivo provide	e a daily accor	int of the act	ivities performed durin onal information in the space	g the work shift
Scope of wo	3-		38			
	ıll abateme No work	nt c performed	Patch and repair	Other:_	□Clean up	Set up
Work area		4			r History of History of History of History	Se se se
Work are	a setup acti	vities perform set up activitie	ed Work	area setup pre	viously completed Absended Abs	atement complete e
If set up or abate		previously cor		ontrols intact a	nd properly working: [Yes No
. п по, р	icaso expia	***			5 (96) 1 x 1 1 5 1	
Set up:	□N/A		36 1 1 1		d cumplies	
∠Yes □Yes □Yes	No	□n/a □n/a □n/a	Set up of poly	- and dran cla	the	conteminant
□Yes □Yes	□No [□N/A □N/A	Tanlation of F	MAC system :	ape labeled with appropriate and shutdown release sealed (doors, windo	*
Yes Yes	□No [_]N/A _]N/A _]N/A	Water availab	le sealed with no		0 101 2.42 2.43 2.43
Yes Yes Yes	□No [IN/A IN/A IN/A	Negative pres	sure establishe ontamination u	d nit	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Remote (Airlocks, wat	· or L er filtration, 3	Attached to containment chambers w/shower, negati	ve air, signs)
	□No []N/A	Other:		5 A 200 K	

Date: 9-18-75

Containment:	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit
□Yes □No □N/A	Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:
Glovebags:	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up: N/A Yes No N/A Yes No N/A Yes No N/A Yes No N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe any other work area condition	ns that exist not outlined above:
Contaminant	conducted No abatement/remediation activities conducted tion from which it was removed and the quantity removed from each area:
Were wet methods utilized for the removal of lf no, please explain	the contaminant:

Date: 9-1875

Please provide a brief description of meth	nods used to remove the contaminant (hand tools, machine, needle guns, e
Please provide an explanation of any spec	ial circumstances concerning abatement or remediation activities:
Clean up/close out activities	
Yes No N/A	Abatement/remediation being conducted Gross clean up and material bagging Bag out activities All surfaces wet cleaned and/or HEPA vacuumed All tools, ladders, etc. cleaned with no visible contamination Final cleaning after all abatement is complete Final lockdown Project teardown (after all clearances and inspections pass applicable standards)
□Yes □No □N/A	Other:
Waste handling and disposal	
Lined dumpster on site	ed during shift:
Material double bagged, fiber drums Material labeled with appropriate labels Material wetted	The state of the s
Waste generated was disposed of on site:	as general construction debris
ersonal protective equipment	
re workers performing activities in which p	personal protective equipment is required: Yes No
-	<i>b</i>
espiratory protection (check all that apply): Half face negative pressure air pu Full face negative pressure air pu Positive pressure air purifying res Other:	urifying respirator urifying respirator

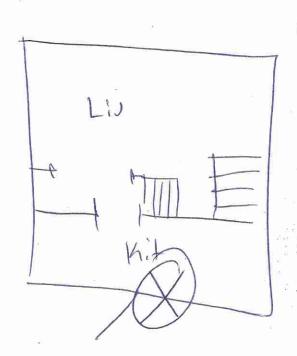
Date: 9-18-15

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or other	ner safety precautions taken:
/	1/10
Consultant activities Contaminant(s): AS BES 90 S	
Were the air monitoring samples analyzed: on site, taken to	
Turn around time indicated on the c Please attach copy of chair	hain of custody: 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 learns as personal sampling section belother: Other:	pelow)
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 work
Personal sampling Note: OSHA requires that at least 25% of the work force Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case see 2 or more workers sampled- Represents worst workers workers sampled and the contamination of the	enario est case scenario ent(s) sampled:

Onside visit of government officials

□N/A	
Name of Pers	on(s):
Employer/Dep	partment:
Time on and o	off site:
Stated reason	for visit:
·	
Submitted By:	MAH Rodges Printed Name Signature
This section is reserved	for any additional comments by the reviewer:
Technical Review By:	Dex Fox Printed Ivame 1 0
	Signature 1/18/16

AEC Site Map



AREA ABUTED

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9-18-12.

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

DAILITIE
Date: 11/3/15 Start Time: 1300 AEC Representative: FOX Site Name: S. MAPLE MEADOLS
Site Name: S. MAPLE MEADOCS
Site's Full Address: 800 5 MAPLE, ANN ARBOR, MI
Work Areas (Be Specific): 822
Contaminant(s) of Concern: ASSESTOS
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: ADDIEU FIAL
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
in no, promoting
Set up: N/A

Containment:	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled wi HVAC system shutdown and isc All points of potential fiber relea Water available in containment Containment sealed with no brea Negative pressure established Decontamination unit Remote or At (Airlocks, water filtration, 3 cha	lated use sealed (doors, windows, etc.)
☐Yes ☐No ☐N/A	Other:	
Glovebags:	Drop cloths Signs and barrier tape labeled w HVAC system shutdown and is Glovebags sealed with amended Other:	olated
Clean up: N/A Yes No N/A Yes No N/A Yes No N/A Yes No N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isola Other:	
Please describe any other work area co	onditions that exist not outlined above	
Abatement/remediation act	ivities	
Abatement/remediation ac	tivities conducted No abatem	ent/remediation activities conducted
		ed and the quantity removed from each area:
Please list the contaminant removed,	ne location from which it was remark	
Contaminant: L	ocation:	Quantity:
Dywar / JC	822	100 SF
HEAT SHEED	822	5 SF
·		•
Were wet methods utilized for the re If no, please explain	moval of the contaminant:	¥es □No

Please provide a brief description of method	ds used to remove the contaminant (hand tools, machine, needle guns, etc.):
Please provide an explanation of any specia	al circumstances concerning abatement or remediation activities:
	V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	The state of the s
Cl. Il. and activities	
Clean up/close out activities	
	Abatement/remediation being conducted
Yes No N/A	Gross clean up and material bagging
Yes No N/A	Bag out activities All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Final lockdown
Yes No N/A	Project teardown (after all clearances and inspections pass applicable standards)
☐Yes ☐No ☐N/A	Other:
Waste handling and disposal	
No waste generated	
Number of bags, drums, or dumpsters utiliz	zed during shift:
Lined dumpster on site	
Disposal by contractor off site	oon dumpeter): describe:
Designated storage area on site (other the Material double bagged, fiber drums	iaii dumpsier), desertoe
Material labeled with appropriate labels	
Material wetted	
Waste generated was disposed of on site	e as general construction debris
Other:	
Personal protective equipment	
Are workers performing activities in which	h personal protective equipment is required:
If no, please explain	
Respiratory protection (check all that apply falf face negative pressure air	y):
Full face negative pressure air	purifying respirator
Positive pressure air purifying	respirator
Other:	

Other personal protective equipment (check all that apply): Disposable clothing
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): ASBESTO 5
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:
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: ☐No
If no, please explain

Before clearance sampling the following criteria MU All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down Was work area inspected and found clean and free of If no, please explain Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline	fany contaminated debris:
A protocol Other:	
Abatement Personnel Roster	
ANDREW PTAK KEN VATUAND MANTY STEVANT	A25587 A26616 A47497

Onsite visit of government officials

⊠ N/A		
	(s):	
	rtment:	
	site:	
	r visit:	
Stated reason Io	r visit:	= 1 2
Please use the following	section to note any comments or additional in	formation not described in this report.
Submitted By:	Printed Name Signature	
This section is reserved	for any additional comments by the reviewer:	
This section is reserved.		The State of the Contract of t
VI (25)	JUF POY	
Technical Review By:	Printed Name	
	Circustana	
	Signature	THE THE WAS IN THE SECOND
	1/18/16	
	Date	

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS Contractor: EME	
American Environmental Consultants, LLC has visually inspected the following are all abatement activities and deemed the area(s) acceptable for Final Clearance s AEC, following proper fiber lock-down procedures by the abatement contractor, perinal Clearance sampling and found the area(s) to meet the following criteria checked	erformed
EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.	
Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.	
EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm ² . The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications	
O 00 4 Average F/cc (PCM) Average S/mm² (TE	M)
AREAS:	
822	<u> </u>
Industrial Hygienist Date Time	730

Beo &	STANS BATH	Boo 2
KITCHEN S	STAIRS	LIVING Room
ETCHEN 3		
B 6 - 1teAT SHIELD	STAINS	
B-PUMP B-REM	BAJEMENT	
S. MAPLE MERDOUS /1	1/3/15 / FOX	/EME / SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

		The second of th			
Date: 11 9	Start Time		AEC R	epresentative: <u>M</u>	Rodgers
Site Name:	South n	naple			
	dress: 880	S. MA	de 1	Ann Apbor	, mI
	C VIII	2 22 12	v. v. + 91	0	
Work Areas (Be Specific): 808) ANO OI	., 0		Property Chieffs
Contaminant(s) of Concern: AS	BESTOS			Was exe
A hotement/Re	emediation Contract	or: EME			
Abatementice	anous Contract	or Foreman/Sun	ervisor: F	Indrew	PLAK
	emediation Contract	2		tion parformed du	ring the work shift
The following Note: P	ng narrative provide lease check all boxes th	s a daily account at apply and includ	t of the actr e any additio	nal information in the	spaces provided
Scope of wor	<u>ck</u>	æ			
DE MI	l abatement []]No work performed	Patch and repair	Other:	Clean up	
× [_	JM9 Mork berroimen		ь.		
Work area	1941			lously completed	Abatement complete
Work area	setup activities perform No set up activities	ed Work are required	a setup previ	ment currently taking	place
To at up or abaten	nent was previously cor	npleted are all cont	rols intact an	d properly working:	∑Yes □No
If no, ple	ease explain		:		
,			·		
Set up:	□N/A □No □N/A	Moving in of ec	uipment and	supplies	
Yes	No DN/A	Set up of poly v Set up of floor z		hs pe labeled with approp	oriate contaminant
Yes	□No □N/A □No □N/A	Set up of signs a	and barrier ta	pe labeled with a pro-1	windows: etc.)
Yes Yes	□No □N/A	All points of po	tential fiber i	elease search (doors,	
Yes Yes	□No □N/A	Containment sea Negative pressu	re establishe		
Yes Yes	□No □N/A □No □N/A	Set up of decont	tamination W	lli Juurahad ta containm	ent
	Day Day/A	(Airlocks, water Other:	filtration, 3	chambers w/shower, n	08201.0 -11 -10 -17
□Yes	□No □N/A				

V 26 V 40 V	
Containment: N/A	Sealed poly walls and ceilings
Yes No N/A	Sealed floor and drop cloths
Yes No NA	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.)
Yes No N/A	Water available in containment
Yes No NA	Containment sealed with no breaches
Yes No N/A	Negative pressure established
Yes No N/A	Decontamination unit
Yes No N/A	Remote or Attached to containment
	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
☐Yes ☐No ☐N/A	Other:
\	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Glovebags: N/A	
☐Yes ☐No ☐N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant
□Yes □No □N/A	Signs and pairtier tape labeled with appropriate semantical tape labeled with appropriate semantical tape labeled
□Yes □No □N/A	HVAC system shutdown and isolated Glovebags sealed with amended water and negative air
☐Yes ☐No ☐N/A	
☐Yes ☐No ☐N/A	Other:
Clean up: N/A _	
Yes No N/A	HEPA vacuums utilized
∑Yes □No □N/A	Wet methods utilized
Yes No N/A	Work area demarcated and isolated from general traffic
Yes No N/A	Other:
	NIΔ
Please describe any other work area condition	ons that exist not outlined above: NA
1	
# J	
7. (* 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Abatement/remediation activitie	<u> </u>
Abatement/remediation activities	conducted No abatement/remediation activities conducted
Please list the contaminant removed, the loca	tion from which it was removed and the quantity removed from each area:
Tibase list die Softman	그 그 그 그 생님 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Contaminant: Location	Quantity:
ASBESTOS DIVE	JALI Sustems 30
11300013	
A STATE OF THE STA	
<u> </u>	
- H R	17.75 E.S. 18.65 E.S.
R S	, A
Were wet methods utilized for the removal of	the contaminant: XYes No
Were wel memous utilized for the removal of	The state of the s
If no, please explain	

1				
Ď	ate:	11	9	15
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lease provide an explanation of any special circumstan	
NA	
**	
lean up/close out activities	
Comment of the second section of the second	
Abatement/	remediation being conducted
	up and material bagging
Ves INo IN/A Bag out acti	ivities
Yes No N/A All surfaces	wet cleaned and/or HEPA vacuumed
Yes No N/A All tools, lac	dders, etc. cleaned with no visible contamination
	ng after all abatement is complete
Yes No N/A Final lockdo	down (after all clearances and inspections pass applicable
Yes No N/A Project teard	ndards)
aste handling and disposal	그 그 그 그 그 그 그 가는 걸리 하는 이렇게 하는 것이다.
The Control of the Co	그 그 그 그 그 그 그리고 주시다고 하다 되다.
No waste generated	그 그 그 그 그 그 그 가는 이 하셨는 것이 있다.
mber of bags, drums, or dumpsters utilized during shift	
Lined dumpster on site.	
Disposal by contractor off site	
Designated storage area on site (other than dumpster); of	gescribe:
Material double bagged, fiber drums	
Naterial labeled with appropriate labels Naterial wetted	
Vaste generated was disposed of on site as general cons	struction debris
other:	10 1 10 1 10 1 10 1 10 1 10 1 10 1 10
ടയ തെത്രമാന സംസ് കാരു അക്കില് . ഉ. സ്	
sonal protective equipment	
The state of the s	
workers performing activities in which personal protec	stive equipment is required: XYes No
If no, please explain	
1 18	
i i i i i i i i i i i i i i i i i i i	
iratory protection (check all that apply).	
Half face negative pressure air puritying respire	ator Lindon Lindon Residence
Half face negative pressure air puritying respiration Full face negative pressure air purifying respiration.	ator tor
iratory protection (check all that apply): Malf face negative pressure air purifying respiration Full face negative pressure air purifying respiration Positive pressure air purifying respirator	ator tor

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:
Please list any other equipment utilized by workers and/or other safety precautions taken: NA
그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Consultant activities
Contaminant(s): AS BESTOS
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:
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be monitored Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case scenario 2 or more workers sampled- Represents worst case scenario Were workers below the OSHA TWA for the contaminant(s) sampled:
If no, please explain

Date: 11 9 15

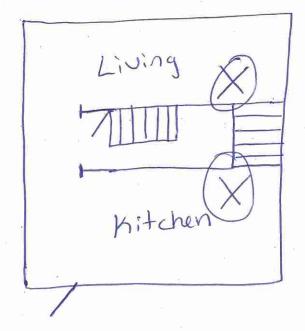
learance sampling	MUST be met
Refore clearance sampling the following criteria	A INTO 3 DE HIEL.
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and f	ree of any contaminated debris: Yes No
Was work area inspected and round of	
If no, please explain	
Did work area pass applicable clearance standa	rds: Yes No
Applicable Standard	
Application of the PA PCM Clearance Guid	deline of 0.01 f/cc, utilizing NIOSH 7400 protocol deline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Apper
DEDA TEM Clearance Guid	deline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Apper
A protocol	
A protocor	
Other:	
batement Personnel Roster	
Datement 1 0.250	
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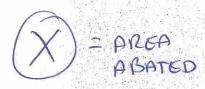
Onsite visit of government officials

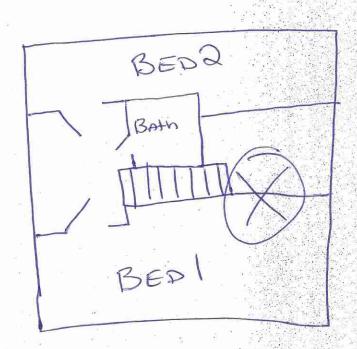
□N/A	
Name of Person(s):	
Employer/Department:	
Time on and off site:	
Stated reason for visit:	
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lease use the following section to note any comments or additional	information not described in this report
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Il information contained in this report is complete and accurate to the	
ubmitted By: Printed Name	
C11100/1 / 25	
Signature	
	NA
his section is reserved for any additional comments by the reviewer:_	
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JOF FOX	
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Printed Name	
Printed Name	
Printed Name Signature	

AEC Site Map

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AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Site Name: South Mark Methods: Site's Full Address: 800 S Mark And Arcs (Mark Areas (Be Specific): 826 S 2 9 Contaminant(s) of Concern: As Bestos Abatement/Remediation Contractor: Eme Abatement/Remediation Contractor Foreman/Supervisor: Arcs Ptark The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Gull abatement	Date: 11/20/15 Start Time: 800 AEC Representative: Fox/ FRALE
Contaminant(s) of Concern: #\$ 2 & \$ 2 \$ 9 Contaminant(s) of Concern: #\$ BESTOS Abatement/Remediation Contractor: ## Abatement/Remediation Contractor Foreman/Supervisor: ## The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Great Gre	
Contaminant(s) of Concern: #SBESTOS Abatement/Remediation Contractor: EME Abatement/Remediation Contractor Foreman/Supervisor: #ANDREW PTAK The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work Grain Clean up	Site's Full Address: 800 5 MAPLE, ANN AMBOR, MI
Abatement/Remediation Contractor:	
Abatement/Remediation Contractor:	-
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided Scope of work	
Scope of work Clean up	Abatement/Remediation Contractor Foreman/Supervisor: ANDIEW PTAK
Work area Work area setup activities performed Work area setup previously completed Abatement complete No set up activities required Abatement currently taking place If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain Set up: N/A	The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Work area setup activities performed	Scope of work
Work area setup activities performed	Full abatement
If set up or abatement was previously completed are all controls intact and properly working: Yes	Work area
Set up: N/A	Work area setup activities performed
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.) Water available Yes No N/A Containment sealed with no breaches Yes No N/A 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)	If set up of abatement was previously completed are an controls made and properly
TYES INO INA OHER.	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.) Yes No N/A Water available Yes No N/A Negative pressure established Yes No N/A Set up of decontamination unit Yes No N/A Set up of decontamination unit

Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	No	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with HVAC system shutdown and isolat All points of potential fiber release Water available in containment Containment sealed with no breach Negative pressure established Decontamination unit Remote or Attac (Airlocks, water filtration, 3 chamb	ted sealed (doors, windows, etc.) nes ched to containment
□Yes □N	lo N/A	Other:	
Glovebags:	No	Drop cloths Signs and barrier tape labeled with HVAC system shutdown and isolat Glovebags sealed with amended wo	ted ater and negative air
Clean up: Yes Yes Yes Yes Yes	lo	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated Other:	
Please describe any ot	her work area condition	ons that exist not outlined above:	
			*
Abatement/reme	ediation activities		remediation activities conducted
Please list the contami	inant removed, the loc	ation from which it was removed an	d the quantity removed from each area
Contaminant:	Locatio	n:	Quantity:
Dazware /J	C 8	26	200 SF
	8	24	200 SF
7 <u></u>			
Were wet methods uti	lized for the removal explain	of the contaminant:	□No

Date: ///0//5

ease provide an explanation of any special circumstances concerning abatement or remediation activities:
lean up/close out activities
lean up/close out activities
Abatement/remediation being conducted
Or es No No Gross clean up and material bagging
Yes No N/A Bag out activities No N/A All surfaces wet cleaned and/or HEPA vacuumed
The Later and the contemporary
The second of th
The DNA Final lockdown
Yes No N/A Project teardown (after all clearances and hispections pass approaches standards)
Yes No N/A Other:
Vaste handling and disposal
TNI- wests conserted
No waste generated [umber of bags, drums, or dumpsters utilized during shift:
Lined dumpster on site
Disposal by contractor off site
Designated storage area on site (other than dumpster); describe:
Material double bagged, fiber drums
Material labeled with appropriate labels
Material wetted
Waste generated was disposed of on site as general construction debris
Other:
Personal protective equipment
No
Are workers performing activities in which personal protective equipment is required.
If no, please explain
Respiratory protection (check all that apply):
Half face negative pressure air purifying respirator
Full face negative pressure air purifying respirator
Positive pressure air purifying respirator
Other:

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or other	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:	
	4
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 contamination	
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for a	
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section Personal samples (see personal sampling section Other:	on below) below)
Were there any other construction activities, carpeting, high area or adjacent areas that could affect the sample results (be	traffic areas or increased dust concentrations in the work specific):
Personal sampling Note: OSHA requires that at least 25% of the work Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case 2 or more workers sampled- Represents Were workers below the OSHA TWA for the conta	e scenario s worst case scenario aminant(s) sampled:
II no, piease explain	

sicarance sampling	
Before clearance sampling the following criteria	MUST be met:
All surfaces HEPA vacuumed	The state of the s
All surfaces wet cleaned	
Visual inspection conducted	
No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and fro If no, please explain	ee of any contaminated debris: Yes No
Did work area pass applicable clearance standard	
Applicable Standard	ds: Tres Tino
	eline of 0.01 f/cc utilizing NIOSH 7400 protocol
EPA TEM Clearance Guide	eline of 0.01 f/cc, utilizing NIOSH 7400 protocol eline of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
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Onsite visit of government officials

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Name of Pers	son(s):	J
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Time on and	off site:	_
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Please use the followi	ing section to note any comments or additional information not described in this	ranort
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All information contain	ned in this report is complete and accurate to the best of my knowledge:	
Submitted By:	Printed Name	
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	Signature	
This section is reserved	d for any additional comments by the reviewer:	
		:-
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Technical Review By:	JE FOX	
	Printed Name	
	Signature	
	1/18/16	
	Date	

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MGAP	COUS Contractor: EME
all abatement activities and deemed the AEC, following proper fiber lock-down p	LC has visually inspected the following area(s) after area(s) acceptable for Final Clearance sampling procedures by the abatement contractor, performed rea(s) to meet the following criteria checked below:
reoccupancy following asbestos ab	orne fiber level of 0.01 F/cc or less for atement activities. Analysis by PCM ules). This requirement is for small school roject specifications.
airborne fiber level of 0.05 F/cc or abatement activities. Analysis by F	nity Health recommends an average less for reoccupancy following asbestos PCM NIOSH 7400 (A Counting Rules). projects or has been required by project
the abatement areas be no greater	of asbestos structures on samples inside than 70 S/mm². The analysis by TEM ndix A protocol. This is for large school roject specifications
6.6037 Average F/cc (PCM)	Average S/mm² (TEM)
AREAS:	
Industrial Hygienist	Date Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOW	Contractor:EME
American Environmental Consultants, LLC has visuall abatement activities and deemed the area(s) at AEC, following proper fiber lock-down procedures Final Clearance sampling and found the area(s) to me	cceptable for Final Clearance sampling. by the abatement contractor, performed
EPA recommends an average airborne fiber la reoccupancy following asbestos abatement actusing NIOSH 7400 (A Counting Rules). This projects or has been required by project speci	tivities. Analysis by PCM requirement is for small school
Michigan Department of Community Health airborne fiber level of 0.05 F/cc or less for recabatement activities. Analysis by PCM NIOS. This requirement is for non-school projects or specifications.	ccupancy following asbestos H 7400 (A Counting Rules).
EPA requires an average number of asbestos of the abatement areas be no greater than 70 S/m using 40 CFR 763 Subpart E Appendix A protects or has been required by project specific	nm ² . The analysis by TEM tocol. This is for large school
Average F/cc (PCM)	Average S/mm ² (TEM)
AREAS:	
826	
Industrial Hygienist Date	Time
projects or has been required by project speci	Average S/mm² (TEM)

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S. MAPLE MEADOUS / FOX	1 months	EME SCALE
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AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 10/4/15 Start Time: 08:00	AEC Representative: Lance Hassell
Site Name: S. Maple	
Site's Full Address:	Ann Arbor, MI
Work Areas (Be Specific): 842,844	
	2
Contaminant(s) of Concern: Asbestos	
Abatement/Remediation Contractor: EM (
Abatement/Remediation Contractor Foreman/Su	2 01
The following narrative provides a daily account	at of the activities performed during the work shift de any additional information in the spaces provided
Full abatement Patch and repair No work performed	Clean up Set up
Work area	
₩Work area setup activities performed	rea setup previously completed Abatement complete Abatement currently taking place
If set up or abatement was previously completed are all con If no, please explain	trols intact and properly working: Yes No
✓Yes No N/A Set up of poly of pol	and drop cloths and barrier tape labeled with appropriate contaminant AC system and shutdown otential fiber release sealed (doors, windows, etc.) sealed with no breaches ure established

Containment: Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	N/A No No No No No No No N	N/A	Sealed for Signs are HVAC so All point Water a Contain Negative Decontain (Airlock	system shutdow its of potential f vailable in conta ment sealed wit e pressure estab imination unit ote or is, water filtratio	loths abeled with a and isola iber release ainment th no breach lished Attacon, 3 chamb	e sealed (doors, windows, etc.) hes ched to containment bers w/shower, negative air, signs)
∐Yes Glovebags:	□No MN/A	MN/A	Other:			Эменя Политичной полит
Yes Yes Yes Yes Yes	No	□N/A □N/A □N/A □N/A □N/A	HVAC s Gloveba	id barrier tape la system shutdow	n and isola	appropriate contaminant ted ater and negative air
Clean up: Yes Yes Yes Yes Yes	□N/A □No □No □No □No □No	□N/A □N/A □N/A □N/A	Wet met Work are	acuums utilized hods utilized ea demarcated a	and isolated	l from general traffic
Please describe a	ny other	work area	conditions that ex	kist not outlined	l above:	
					4	
Abatement/r	emedi	ation a	ctivities			
Abater	nent/rem	ediation	activities conducte	ed [No:	abatement/	remediation activities conducted
Please list the con	taminani	t removed	, the location from	n which it was r	removed an	d the quantity removed from each are
Contaminant: Joint Comp	bria	-	Location: 844,	850		Quantity:
					-	
Were wet method If no, ple			emoval of the cont	aminant:	Wes	□No

		· · · · · · · · · · · · · · · · · · ·		
ease	provide a	ın explar	nation of any	special circumstances concerning abatement or remediation activities:
		vare -		
		0-10		
lear	a up/cle	ose out	t activities	<u>3</u>
	Yes Yes Yes Yes Yes Yes Yes		□ 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)
- a4.	∏Yes	□No	N/A	Other:
	/aste gene		id disposa	d E
mber	of bags,	drums, c		utilized during shift:
	d dumpste osal by co			
Pesig	gnated sto	rage are	a on site (oth	er than dumpster); describe:
			d, fiber drum: ppropriate la	
	rial wette e generati		isposed of on	n site as general construction debris
Other	-	ou was a	1500000 01 01	
196' (3.18	nol nro	tective	e equipme	ant .
1001	Lagra gra O	COLUNG	o o o daysana	,
wor				hich personal protective equipment is required: Yes No
pirate	Half f	ace nega	tive pressure ıre air purifyi	pply): air purifying respirator air purifying respirator air purifying respirator ing respirator

☐ Washable clothing ☐ Hoods ☐ H	oots Joves ard hats afety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or other saf	ety precautions taken:
Consultant activities	
Contaminant(s): Joint Compound	
Were the air monitoring samples analyzed: on site , taken to labor	ratory , or office
If taken to the laboratory, Name of Laboratory:	
Time and date dropped off:	
Turn around time indicated on the chain of cu Please attach copy of chain of cu	of custody:stody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminant identificant	fied in the sampling:
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for applicable	
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below Personal samples (see personal sampling section below) Other:)
Were there any other construction activities, carpeting, high traffic ar 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 per Criteria for worker selection: Only worker performing task Workers performing same tasks onumber of the work force per continuous performing task onumber of the workers performing task onumber of the work force performing task onumber of the work for	
Were workers below the OSHA TWA for the contaminant(s) If no, please explain	

Clearance sampling	
Before clearance sampling the following criteria M	IUST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Zyisual inspection conducted	
✓ vo dust/debris observed	
Work area locked down	41
Was work area inspected and found clean and free	of any contaminated debyie: Was INO
If no, please explain	
it no, please explain	
Did work area pass applicable clearance standards:	The Tho
Applicable Standard	[H103 [H10
DEPA PCM Clearance Guidelin	re of 0.01 f/cc. utilizing NIOSH 7400 protocol
EPA TEM Clearance Guidelin	te of 0.01 f/cc, utilizing NIOSH 7400 protocol te of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Abatement Personnel Roster	
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Name:	SSN or State Card Number:
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	or visit:
Please use the followin	g section to note any comments or additional information not described in this report.
All information containe Submitted By:	d in this report is complete and accurate to the best of my knowledge: Lack Hasse Printed Name Signature
This section is reserved t	for any additional comments by the reviewer:
Technical Review By:	Printed Name
	Signature (/18/16

	AEC Site Map	
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(X-pumps)		Not to Scale
EMÉ	1. 5. Maple	Not to Scale 12/4/13
A.PLAK	Ann Acher Mar	Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 12-7-15 Start Time: 730 AEC Representative: Findley
Site Name: 5 Mople An Albur
Site's Full Address: 800 5 maple Am Bibour MI
Work Areas (Be Specific): 942 840
Contaminant(s) of Concern: H56e5 705
Abatement/Remediation Contractor: EMF
Abatement/Remediation Contractor Foreman/Supervisor: Hadrew Hak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement
Work area
Work area setup activities performed
If set up or abatement was previously completed 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
Yes No N/A Set up of floor and drop cloths XYes 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.)
Yes No N/A Water available Yes No N/A Containment sealed with no breaches
Yes No Negative pressure established
Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Yes No N/A Other:

Date: 12-7-15

Containment:	□N/A :					
XYes	□No: □N/A	Sealed poly walls and ceilings				
· Yes ·	No □N/A	Sealed floor and drop cloths				
Yes		Signs and barrier tape labeled with appropriate contaminant				
X Yes	□No □N/A	HVAC system shutdown and isolated				
<u>X</u> .Yes	□No □N/A	All points of potential fiber release sealed (doors, windows, etc.)				
Yes.	□No □N/A	Water available in containment				
X Yes	□No: □N/A	Containment sealed with no breaches				
Yes	□N₀ □N/A	Negative pressure established				
Yes	□No □N/A	Decontamination unit Remote or Attached to containment				
# 5 1*h		Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)				
[_]xz	∏No □N/A	Other:				
∐Yes	Пио Пил	Onici.				
Glovebags:	MN/A					
Yes	TINO TIN/A	Drop cloths				
TYes	□N₀ □N/A	Signs and barrier tape labeled with appropriate contaminant				
Yes	□No □N/A	HVAC system shutdown and isolated				
Yes	= . =	Glovebags sealed with amended water and negative air				
☐Yes.	□N₀ □N/A	Other:				
:						
Clean up:	N/A	¥				
Yes	No □N/A	HEPA vacuums utilized				
. Yes	□No □N/A	Wet methods utilized				
Yes -		Work area demarcated and isolated from general traffic				
Yes	□No. □N/A	Other:				
I W						
Please describe a	ny other work area conditi	ons that exist not outlined above:				
	71 1 7 7 7 7 7	8 3				
come in the second						
Abatement/	remediation activiti	es				
		The State of the				
Abate	ement/remediation activitie	s conducted No abatement/remediation activities conducted				
1						
Please list the co	ntaminant removed, the lo	cation from which it was removed and the quantity removed from each area				
Section 1985		on: Quantity:				
Contaminant:	Location	m: 42				
wall to	m/104 19 - 7	70				
Meat S	shield 5	342				
		<u> </u>				
11 0		200 5.				
W411 COM	n sound	570				
Host 6h	rld 5	340				
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nt						
9	1. 1.					
Were wet metho	Were wet methods utilized for the removal of the contaminant:					
	lease explain					
55011	and the second of the last of the second	- 10 Harris 1997 - 1997				

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc
Please provide an explanation of any special circumstances concerning abatement or remediation activities:
Flease provide an explanation of any special encumstances concerning abatement of remodulation and any special encumstances
Clean up/close out activities
Abatement/remediation being conducted
Yes No N/A Gross clean up and material bagging
Yes No N/A Bag out activities
Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed
Yes No N/A All tools, ladders, etc. cleaned with no visible contamination
Yes No N/A Final cleaning after all abatement is complete
Yes No N/A Final lockdown Yes No N/A Project teardown (after all clearances and inspections pass applicable
Yes No N/A Project teardown (after all clearances and inspections pass applicable standards)
Yes No N/A Other:
Account to the second s
Waste handling and disposal
Traped Handling and dasposter
No waste generated
Number of bags, drums, or dumpsters utilized during shift:
Lined dumpster on site
Disposal by contractor off site
Designated storage area on site (other than dumpster); describe:
Material double bagged, fiber drums
Material labeled with appropriate labels
Material wetted Waste generated was disposed of on site as general construction debris
Other:
Personal protective equipment
1 cisonai protective equipment
Are workers performing activities in which personal protective equipment is required:
If no please explain
If no, please explain_
Desired the Call all all of minds Ar
Respiratory protection (check all that apply): Half face negative pressure air purifying respirator
Full face negative pressure air purifying respirator
Positive pressure air purifying respirator
Other:

Date: 12 -7-15

Other personal protective equipment (check all that apply): Disposable clothing
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): A36es 705
Were the air monitoring samples analyzed: on site, taken to laboratory, or office
If taken to the laboratory, Name of Laboratory:
Time and date dropped off:
Turn around time indicated on the chain of custody:Please attach copy of chain of custody
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: Set up samples Work area samples Were samples below allowable levels for applicable standards: Yes No
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the worl 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 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: If no, please explain

Clearance sampling	TCIDI 1 ata
Before clearance sampling the following criteria MI	UST be mer:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	•
No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and free o	Fany conteminated debris: Tyes No
Was work area inspected and found clean and free c	if any contaminated decris.
If no, please explain	
Did work area pass applicable clearance standards:	Yes No .
Amiliachia Standard	
	e of 0.01 f/cc, utilizing NIOSH 7400 protocol
EPA TEM Clearance Guidelin	e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
Cl. Trad	1/31214
Chis / Eglown	17 36 31 1
W. La Garan	#45727
Morrey Varza	
	
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Onsite visit of government officials

□N/A
Name of Person(s):
Employer/Department:
Time on and off site:
Stated reason for visit:
Please use the following section to note any comments or additional information not described in this report.
Tleast use life forming section to
All information contained in this report is complete and accurate to the best of my knowledge:
Submitted By: Kon FiAley
Printed Name
D. Tila -
Sin July
Signature
This section is reserved for any additional comments by the reviewer:
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Technical Review By: Printed Name
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Date

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AEC Site Map

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5 Maple /12-7-15/ FIALO

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 12-8-15 Start Time: 730 AEC Representative: Figley
Site Name: 5 Maple Meadows
Site's Full Address: 900 5 Maple Han Hibour
Work Areas (Be Specific): 970 864
Contaminant(s) of Concern: Asbestos
Abatement/Remediation Contractor: EMB
Abatement/Remediation Contractor Foreman/Supervisor: Hadrew FIII
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement
Work area
Work area setup activities performed
If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
Set up: N/A
Yes No N/A Other:

Containment: Yes	N/A	N/A	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment	
□Yes	□No	□N/A	(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other:	
Glovebags: Yes Yes Yes Yes Yes Yes	N/A No No No No No	□N/A □N/A □N/A □N/A □N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:	
Clean up: Yes Yes Yes Yes Yes	N/A No No No	□N/A □N/A □N/A □N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:	
Please describe a	ny other	work area c	onditions that exist not outlined above:	
		/		
Abatement/remediation activities				
Abate	ement/ren	nediation ac	tivities conducted No abatement/remediation activities conducted	
Please list the contaminant removed, the location from which it was removed and the quantity removed from each area				
Contaminant; Location: Quantity: Quantity: 200 58 Hegt Stick 870 Contaminant; Location: Quantity: 200 58 5 59				
Joint C Veat Shi	onpo	red _	864 200 sp 864 5 sp	
Were wet methods utilized for the removal of the contaminant: If no, please explain				

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.
Please provide an explanation of any special circumstances concerning abatement or remediation activities:
Clean up/close out activities
Abatement/remediation being conducted Gress 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 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 Project teardown (after all clearances and inspections pass applicable standards)
Yes No N/A Other:
Waste handling and disposal
No waste generated Number of bags, drums, or dumpsters utilized during shift: Lined dumpster on site Disposal by contractor off site Designated storage area on site (other than dumpster); describe: Material double bagged, fiber drums Material labeled with appropriate labels Material wetted Waste generated was disposed of on site as general construction debris Other:
Personal protective equipment
Are workers performing activities in which personal protective equipment is required: Yes \(\subseteq \text{No} \) If no, please explain
Respiratory protection (check all that apply): Half face negative pressure air purifying respirator Full face negative pressure air purifying respirator Positive pressure air purifying respirator Other:

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other: Please list any other equipment utilized by workers and/or other safety precautions taken:
Tlease list any other equipment utilized by worksto and or other starts of
Consultant activities Contaminant(s): 456c5705
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: 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 wor 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: If no, please explain

Clearance sampling	Maria de la constanta
Before clearance sampling the following criteria MU	ST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
Who dust/debris observed	
✓ Work area locked down	
Was work area inspected and found clean and free of	any contaminated debris: Ves No
If no, please explain	
Did work area pass applicable clearance standards: Applicable Standard EPA PCM Clearance Guideline EPA TEM Clearance Guideline A protocol Other:	of 0.01 f/cc, utilizing NIOSH 7400 protocol of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
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Al Barre	445777
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Onsite visit of government officials

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Name of Person	(s):
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Stated reason for	r visit:
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Please use the following	section to note any comments or additional information not described in this report.
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Submitted By:	d in this report is complete and accurate to the best of my knowledge: Printed Name Signature
This section is reserved	for any additional comments by the reviewer:
Technical Review By:	Printed Name Signature 1/18/16
	Date

AEC Site Map 870 Kitchen @6 @4 Stairs FR 864 BRI Dlo Busement Stairs BRZ Stairs 15+ Starts BR3 09

5 maple / 870,864 / 12-8-15 / Finley

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 17-9-15 Start Time: 0730 AEC Representative: Fraley
Site Name: 900 5 Maple
Site's Full Address: 800 5 map le Ann Ribour MI.
Work Areas (Be Specific): 864 - 862
11 1
Contaminant(s) of Concern: Hs6e5705
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Radrew 1744K
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed Work area setup previously completed Abatement complete Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working:
If no, please explain
Set up: N/A
Yes No N/A Other:

Containment: XYes Yes Yes Yes Yes Yes Yes Yes Yes Yes	□N/A □No □No □No □No □No □No □No □No □No	□ N/A		Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
□Yes	□No	□N/A		Other:
Glovebags:	N/A No No No No No No	□N/A □N/A □N/A □N/A □N/A		Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up:	N/A No No No	□N/A □N/A □N/A □N/A		HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe	any other	work area	a conditi	ons that exist not outlined above:
Abatement/	remed	iation a	ctiviti	es
				- the state of the send with
1 1 - 1 2141-111				cation from which it was removed and the quantity removed from each area
	ontamina	nt remove		O
Contaminant: (a) Heat	hich	4	Location	364 64 55
Wall of	hel	del	8	362 62 56
Were wet methods utilized for the removal of the contaminant: If no, please explain				

ease provide a	n explanation of any special circumstances concerning abatement or remediation activities:
lean up/clo	ose out activities
Yes Yes Yes Yes Yes Yes	No N/A Bag out activities No N/A All surfaces wet cleaned and/or HEPA vacuumed No N/A All tools, ladders, etc. cleaned with no visible contamination No N/A Final cleaning after all abatement is complete
∐Yes	
aste hand	ling and disposal
No waste genumber of bags, Lined dumpst Disposal by control by Con	nerated , drums, or dumpsters utilized during shift: ter on site contractor off site torage area on site (other than dumpster); describe: ble bagged, fiber drums led with appropriate labels
re workers per	otective equipment forming activities in which personal protective equipment is required: Ves No lease explain
Half Full	tection (check all that apply): f face negative pressure air purifying respirator face negative pressure air purifying respirator itive pressure air purifying respirator

☐Disposable clot☐Washable clot☐Hoods☐Safety glasses	hing	☐Boots ☐Gloves ☐Hard hats ☐Safety harnesses, lan	yards, tie of	řs
Please list any other equip	ment utilized by workers and/or ot	ther safety precautions take	en:	
Consultant activiti	Hsbestos			
Were the air monitoring s	amples analyzed: on site ☐, taken	to laboratory , or office	X	
	Name of Laboratory: Time and date dropped off: Turn around time indicated on the Please attach copy of characterists.	e chain of custody:		
Baseline air sa Was an	erformed (check all that apply): amples y significant level of the contamina please explain:			□Yes □No
Set up sample Work area sau Were sa	es mples amples below allowable levels for a	applicable standards:	□Yes	□No
Ambient air s Clearance san Personal sam	lease explain: samples nples (see clearance sampling secti ples (see personal sampling section	ion below) n below)		
Were there any other con area or adjacent areas that	struction activities, carpeting, high t could affect the sample results (b	traffic areas or increased of e specific):	dust concent	trations in the work
Criteria for work Only Wor 1 wo 2 or Were workers b	y worker performing task rkers performing same tasks orker samples-Represents worst can more workers sampled- Represent selow the OSHA TWA for the cont	se scenario ts worst case scenario	ic task be m	nonitored
m, F	navelence of the same of the s			

Clearance sampling	
Before clearance sampling the following criteria MU	JST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
Visual inspection conducted	
▼No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and free or	f any contaminated debris: Yes No
If no, please explain	
W.F. See	
	,
Did work area pass applicable clearance standards: Applicable Standard	
FPA PCM Clearance Guideline	of 0.01 f/cc, utilizing NIOSH 7400 protocol
EPA TEM Clearance Guideline	e of 0.01 f/ce, utilizing NIOSH 7400 protocol e of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
A protocol	
Other:	
Abatement Personnel Roster	
	SSN or State Card Number:
Name:	SSIN OF State Card Transport
Clas Israelauna	1436714
Chirs rieg count	1116237
Andrew Garza	445727
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- Carrier Control Cont	
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Onsite visit of government officials

□N/A	
	s):
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	visit:
Stated reason for	VISIL.
Please use the following	section to note any comments or additional information not described in this report.
Submitted By:	In this report is complete and accurate to the best of my knowledge: Printed Name Signature
This section is reserved f	for any additional comments by the reviewer:
Technical Review By:	Printed Name
	Signature 1/18/26
	Date /

AEC Site Map 864 Busenont Hans IBR 86 Kitche \$5 2BR 1st Hars 862 Ktolon 8 BR1 (810) Basemont 5 maple / 12-9-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 12-10-15 Start Time: 0730 AEC Representative: Fruley
Site Name: 5 Maple 1999
Site's Full Address: 900 S Maple from Albour 191
Work Areas (Be Specific): 860 - 880 Kitchen Only
Contaminant(s) of Concern: As 6cs tos
Abatement/Remediation Contractor:
Abatement/Remediation Contractor Foreman/Supervisor: Hndrew Fack
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
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

Containment: Yes Ye	□ N/A □ No	□N/A □N/A □N/A □N/A □N/A □N/A □N/A □N/A	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
∐Yes	□No	□N/A	Other:
Glovebags: XYes Yes XYes XYes XYes XYes	N/A No No No No No No No	□N/A □N/A □N/A □N/A □N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up: Yes Yes Yes Yyes Yyes Yyes	□N/A □No □No □No □No	□N/A □N/A □N/A □N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe a	my other	work area cond	litions that exist not outlined above:
Abatement/	remedi	ation activ	ities
		nediation activi	- and the second second
-			location from which it was removed and the quantity removed from each area
Contaminant: Wall Compound Location: 860 200 Sq			
wall Com	pour	_	880 <u>165 5g</u>
Were wet methods utilized for the removal of the contaminant: No If no, please explain			

lease provide a	brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.
4	
lease provide ar	n explanation of any special circumstances concerning abatement or remediation activities:
-	
lean up/clo	ose out activities
Yes Yes Yes Yes Yes Yes Yes Yes	Abatement/remediation being conducted One of the project teardown (after all clearances and inspections pass applicable standards) Abatement/remediation being conducted One of the project teardound and the project teardound the project tea
□Yes	No N/A Other:
Vaste hand	ling and disposal
No waste gen Jumber of bags Lined dumps Disposal by c Designated st Material doul	nerated , drums, or dumpsters utilized during shift: ter on site contractor off site torage area on site (other than dumpster); describe: ble bagged, fiber drums sled with appropriate labels
Are workers per	rforming activities in which personal protective equipment is required: Yes No please explain
Hal Ful Pos	stection (check all that apply): If face negative pressure air purifying respirator I face negative pressure air purifying respirator sitive pressure air purifying respirator ner:

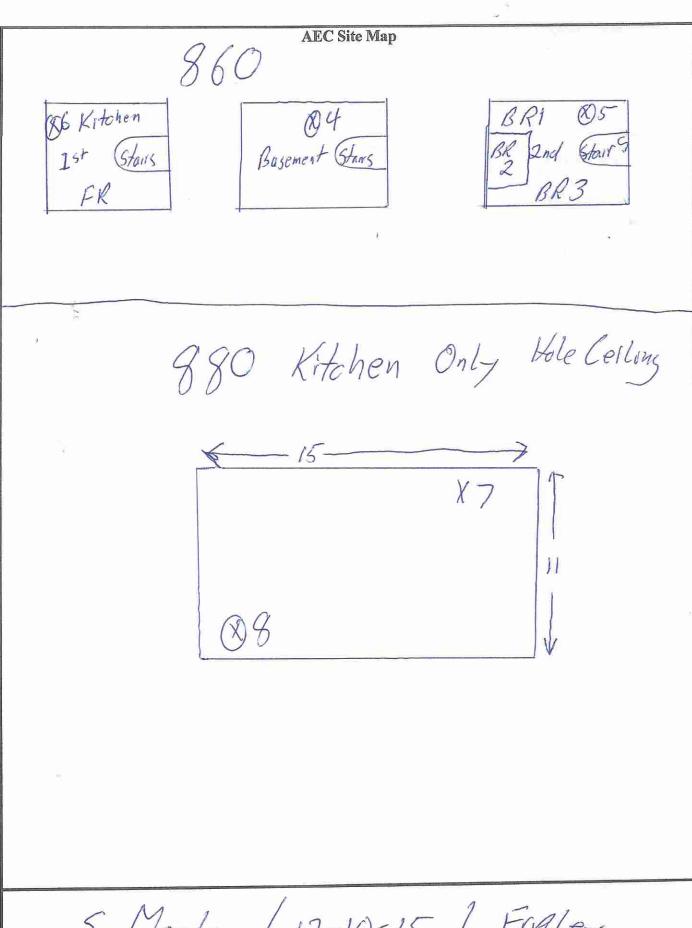
Date: 12-10 -15

Other personal protective equipment (check all that apply): Disposable clothing
Please list any other equipment utilized by workers and/or other safety precautions taken:
Consultant activities
Contaminant(s): ASBESTUS
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:
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:
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be monitored Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case scenario 2 or more workers sampled- Represents worst case scenario
Were workers below the OSHA TWA for the contaminant(s) sampled: If no, please explain

Clearance sampling	
Before clearance sampling the following criteria M	UST be met:
All surfaces HEPA vacuumed	
All surfaces wet cleaned	
✓ Visual inspection conducted	
No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and free	of any contaminated debris:
If no, please explain	,
II no, piease explain	
Did work area pass applicable clearance standards: Applicable Standard DEPA PCM Clearance Guidelin	
EPA TEM Clearance Guidelin A protocol	ne of 0.01 f/cc, utilizing NIOSH 7400 protocol ne of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Other:	
Abatement Personnel Roster	
Name:	SSN or State Card Number:
	11: ~2=
Hndrew GarzA	445727
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Onsite visit of government officials

Z N/A		
Name of Person	s):	
Employer/Depar	tment:	
Time on and off	site:	
Stated reason fo	visit:	
-		
Please use the following	section to note any comments or a	additional information not described in this report.
Submitted By:	Ron Fraley Printed Name Signature	
This section is reserved f	or any additional comments by the r	eviewer:
		The state of the s
	I	
Technical Review By:	Printed Name Signature	2
	Date //8/16	



5 Maple / 12-10-15 / Fraley

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 12-15-13 Start Time: 0730 AEC Representative: Timble
Site Name: 5 Maple
Site Name: Site Name: Sou S maple Ann Albar MI
Work Areas (Be Specific): 866
Contaminant(s) of Concern: Hs bestos
Abatement/Remediation Contractor:
Abatement/Remediation Contractor Foreman/Supervisor:
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area Work area setup activities performed Work area setup previously completed Abatement complete No set up activities required Abatement currently taking place
If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
Set up: N/A Yes

Date: 12 - 15 - 15

Containment:	□ N/A	Sealed poly walls and ceilings Sealed floor and drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated All points of potential fiber release sealed (doors, windows, etc.) Water available in containment Containment sealed with no breaches Negative pressure established Decontamination unit Remote or Attached to containment
□Yes □No	□N/A	[Remote or [Attached to contaminate of Attached
Glovebags:	□N/A □N/A □N/A □N/A □N/A	Drop cloths Signs and barrier tape labeled with appropriate contaminant HVAC system shutdown and isolated Glovebags sealed with amended water and negative air Other:
Clean up:	□N/A □N/A □N/A □N/A	HEPA vacuums utilized Wet methods utilized Work area demarcated and isolated from general traffic Other:
Please describe any other	work area condit	ions that exist not outlined above:
Please list the contaminar	nediation activiti	ocation from which it was removed and the quantity removed from each area:
Contaminant:		200 g
Were wet methods utiliz	ed for the remov	al of the contaminant:

The second secon	
ease provide an explanation of any s	pecial circumstances concerning abatement or remediation activities:
lean up/close out activities	
lean up/close out activities	2
	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 ☐Yes ☐No ☐N/A	All tools, ladders, etc. cleaned with no visible contamination
Tyes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Pinal laakdaym
Yes No N/A	Project teardown (after all clearances and inspections pass applicable
Yes No N/A	standards) Other:
Vaste handling and dispos	<u>al</u>
No waste generated	
umber of bags, drums, or dumpster	s utilized during shift:
Lined dumpster on site Disposal by contractor off site	
Designated storage area on site (or	ther than dumpster); describe:
Material double bagged, fiber dru	ms
Material labeled with appropriate	labels
Material wetted	on site as general construction debris
Other:	on site as general constitution
Personal protective equips	<u>nent</u>
Are workers performing activities in	which personal protective equipment is 1-4-
If no, please explain	
De testamentation (about all the	t apply):
Respiratory protection (check all that Half face negative press	are air purifying respirator
Full face negative pressu	ire air purifying respirator
Positive pressure air pur	ifying respirator
Other:	

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other: Safety equipment (check all that apply): Boots Gloves Hard hats Safety harnesses, lanyards, tie offs				
Please list any other equipment utilized by workers and/or other safety precautions taken:				
Consultant activities Contaminant(s): 6e5 70 3				
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:				
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:				
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section below) Personal samples (see personal sampling section below) Other:				
Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):				
Personal sampling Note: OSHA requires that at least 25% of the work force performing a specific task be monitored Criteria for worker selection: Only worker performing task Workers performing same tasks 1 worker samples-Represents worst case scenario 2 or more workers sampled- Represents worst case scenario Were workers below the OSHA TWA for the contaminant(s) sampled: If no, please explain				

Clearance sampling Before clearance sampling the following criteria MU All surfaces HEPA vacuumed All surfaces wet cleaned Visual inspection conducted No dust/debris observed Work area locked down Was work area inspected and found clean and free of	any contaminated debris:				
If no, please explain					
Did work area pass applicable clearance standards: Yes No Applicable Standard PAPA 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 Appendix A protocol Other:					
Abatement Personnel Roster					
News	SSN or State Card Number:				
Michael Hoston Clas Tregloca	431621 A36314				
<i>y</i>					
	400				

Onsite visit of government officials

□N/A	
	s):
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Stated reason for	visit:
Please use the following	section to note any comments or additional information not described in this report.
· <u>·</u>	
Submitted By:	Printed Name Signature
This section is reserved f	or any additional comments by the reviewer:
en distribution of the second	
Technical Review By:	Printed Name
	Signature //8//G
	Date

AEC Site Map

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Ritcheny D Shirs 15+ FR 06 Slausz Bigenent

Stairs 2nd
BR3

Smaple / 12-15-15 / Figler

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 1116 Start Time: 0730 AEC Representative: M. Rodge S
Site Name: South Maple
Site's Full Address: 886 S, maple Ann Aebox
Work Areas (Be Specific): Living AREA 24 FC- Bath
Contaminant(s) of Concern: As Bestos
Abatement/Remediation Contractor: EME
Abatement/Remediation Contractor Foreman/Supervisor: Annew Plak
The following narrative provides a daily account of the activities performed during the work shift Note: Please check all boxes that apply and include any additional information in the spaces provided
Scope of work
Full abatement Patch and repair Clean up Set up No work performed Other:
Work area
Work area setup activities performed
If set up or abatement was previously completed are all controls intact and properly working: Yes No If no, please explain
Set up: Yes
Set up: No set up activities required

Date: 1 11 16

Containment:	N/A	ORC T			
□Yes □Yes □Yes	No No	□N/A □N/A □N/A	Sealed poly walls and Sealed floor and drop		taminant
☐Yes		□N/A	HVAC system shutdo	wn and isolated	
☐Yes	□N ₀	□N/A		fiber release sealed (doors, v	vindows, etc.)
∐Yes ∏Yes	□No □No	□n/a □n/a	Water available in cor Containment sealed w		e ii
☐Yes	No No	IN/A	Negative pressure esta		
□Yes	□No	□N/A	Decontamination unit		
			Remote or	Attached to containing ion, 3 chambers w/shower, n	
□Yes	ΠNo	□N/A -	Other:		egan ro un, signo/
				-	
Glovebags:	N/A		D		
∐Yes □Yes	∐No ∏No	∐N/A □N/A	Drop cloths Sions and barrier tane	labeled with appropriate con	taminant
☐Yes	□No	□N/A	HVAC system shutdov	vn and isolated	A. T
☐Yes	□No	□N/A		amended water and negative	e air
Yes	No	□N/A	Other:		
Clean up:	□N/A				
Yes	□No	□N/A	HEPA vacuums utilize	d '	
Yes	□No	□N/A	Wet methods utilized	and isolated from general tra	offic
Yes	∐No ∏No	∐N/A □N/A	Other:	and isolated from general tra	imo
_	A			*1 *	
Please describe a	ny other	work area cond	litions that exist not outline	d above: NVT	
			#		
*		e			
A T - 4 4/-	.÷. E. a.	ation activi	thios	1 2 3	9
Abatement/i	emeun	AUDII SICUVI	1163	*1	
Abate	ment/rem	ediation activi	ties conducted No	abatement/remediation activ	ities conducted
-			**************************************		
Please list the cor	itaminant	removed, the	location from which it was	removed and the quantity re	moved from each area
Contaminant:		Loca	iont	Quantity:	
AS BESTO	S		ywall Systems	150	
1/0		-	3		21
		-			1
					V.
	15 ³⁴		1		
Were wet method	s utilized	for the remova	al of the contaminant:	XYes □No	
If no, pl∈	ase expla	in			
7					

Date: 1 11 16

2 10000 provide a offer accompany of free	nods used to remove the contaminant (hand tools, machine, needle guns, etc.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 No.	
	The state of the s
Please provide an explanation of any spec	ial circumstances concerning abatement or remediation activities:
	NA
202 2 2 20 10 10 10	
Clean up/close out activities	e i
	Abatement/remediation being conducted
Yes No NA	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 Yes No N/A	All tools, ladders, etc. cleaned with no visible contamination
Yes No N/A	Final cleaning after all abatement is complete
Yes No N/A	Final lockdown
Yes No N/A	Project teardown (after all clearances and inspections pass applicable standards)
☐Yes ☐No ☐N/A	Other:
To a series and diamonal	
Waste handling and disposal	
No waste generated	
Number of bags, drums, or dumpsters util	ized during shift:
Lined dumpster on site Disposal by contractor off site	
Designated storage area on site (other t	han dumpster); describe:
Material double bagged, fiber drums	3 P
Material labeled with appropriate labels	
Material wetted Waste generated was disposed of on sit	e as general construction debris
Other:	v 00 20001
1)	, a a a a a a a a a a a a a a a a a a a
Personal protective equipment	
	b personal protective equipment is required: Yes \(\sum No \)
Are workers performing activities in which	il betsough brocessive edulations as a fine
If no, please explain	
	. (31);
Respiratory protection (check all that appl	у):
Half face negative pressure air	purifying respirator
Full face negative pressure air Positive pressure air purifying	puritying respirator
Other:	A PARTIE OF THE

Date: 1 11 16

Other personal protective equipment (check all that apply): Disposable clothing Washable clothing Hoods Safety glasses Other:	Boots Gloves Hard hats Safety harnesses, lanyards, tie offs
Please list any other equipment utilized by workers and/or ot	ther safety precautions taken: NIA
Consultant activities	ē
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:	
	chain of custody:
Types of air monitoring performed (check all that apply): Baseline air samples Was any significant level of the contaminal	
If yes, please explain:Set up samples Work area samples Were samples below allowable levels for a	
If no, please explain: Ambient air samples Clearance samples (see clearance sampling section) Personal samples (see personal sampling section) Other:	on below) below)
Were there any other construction activities, carpeting, high to area or adjacent areas that could affect the sample results (be	raffic areas or increased dust concentrations in the work specific):
	1 3
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	scenario worst case scenario
Were workers below the OSHA TWA for the contan If no, please explain	minant(s) Sampled.

Date: 1 11 116

Clearance sampling	
Before clearance sampling the following criteria Mall surfaces HEPA vacuumed	RUST be met:
Visual inspection conducted No dust/debris observed	
Work area locked down	
Was work area inspected and found clean and free If no, please explain	of any contaminated debris: Yes No
Production and Production	art x
Did work area pass applicable clearance standards:	Flyes TNo
Applicable Standard	ne of 0.01 f/cc, utilizing NIOSH 7400 protocol ne of 70 S/mm ² , utilizing 40 CRF 763 Subpart E Appendix
Abatement Personnel Roster	
Name:	SSN or State Card Number:
Andrew ptak	The second secon
Dan Walerski	· · · · · · · · · · · · · · · · · · ·
	, II

Date: 1 11 16

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

Date

AEC Site Map

= AREA ABATED

(1ST FL

Living Anta

HAll

OPEN AREA

BALL HAM.

S. maple 880 pot to SCALL 111/16

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS



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

January 13, 2016

Mr. Andy Foerg Environmental Consulting Solutions 523 West Sunnybrook Royal Oak, MI 48073

RE:

AAHC-River Run Project - South Maple Meadow

Asbestos Abatement Closeout Documents

EME Job #: 14-553A

Dear Mr. Foerg:

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

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

- Asbestos Abatement Contractor License
- Certificate of Liability Insurance
- State of Michigan Asbestos Notifications
- Daily Construction Reports
- Employee Paperwork
- Waste Manifests

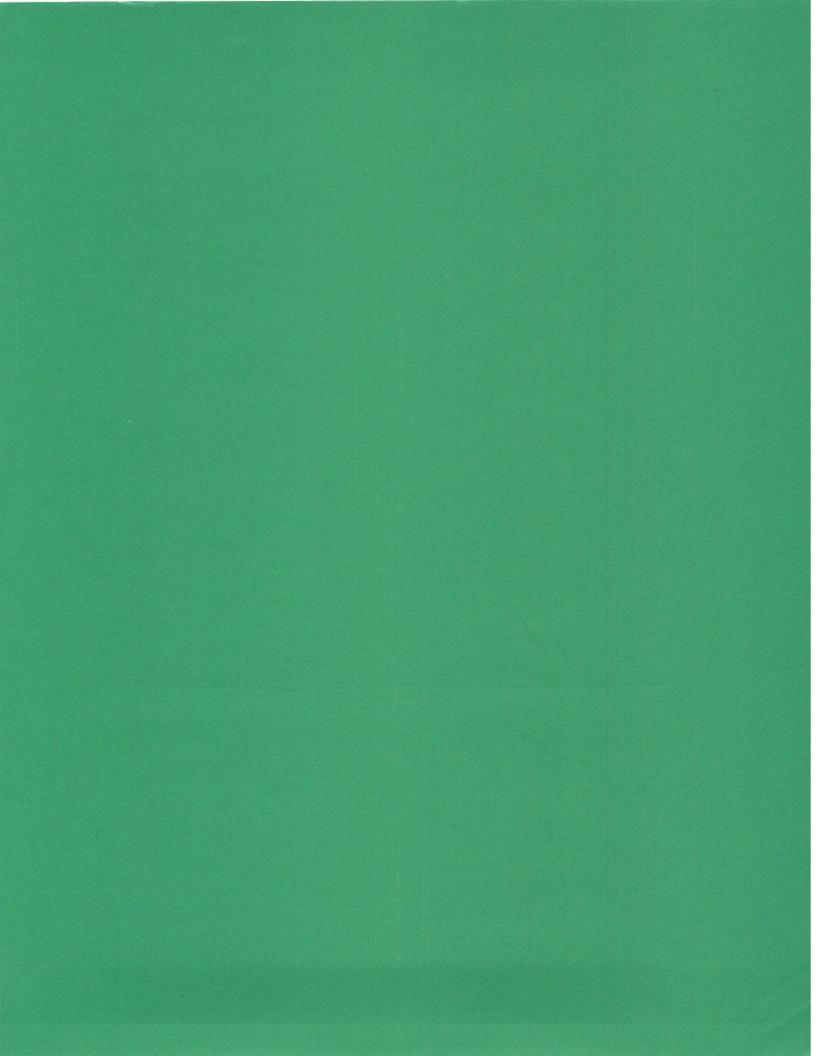
EME is looking forward to working with you in the future. If you have any questions or if I can be of further assistance please do not hesitate to call me at 313.791.2600.

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures



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

Contractor Number

Expiration Date

C2684

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 as bestos 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.

man 11-2-15



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).

		CERTIFICATE NUMBER:15-16	Liab REVISION NUMBER:			
Inkster	MI	48141	INSURER F:			
			INSURER E :			
25851 Trowbridg	e		INSURER D:			
		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	10172		
Suite 150			INSURER(S) AFFORDING COVERAGE	NAIC#		
37000 Grand Riv	er Ave.		E-MAIL ADDRESS: cbelcher@gswins.com			
Griffin Smalley		on	PHONE (A/C, No, Ext): (248) 471-0970 FAX (A/C, No): (248) 47			
PRODUCER			CONTACT Carolyn Belcher			

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.

NSR	TYPE OF INSURANCE	NSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
A	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
			G27138470003	10/1/2015	10/1/2016	MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					Employee Benefits	\$	1,000,000
	AUTOMOBILE LIABILITY		And the same of th			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$	
В	ALL OWNED SCHEDULED	AUTOS BAUT35C519	BA0135C519	10/1/2015	10/1/2016	BODILY INJURY (Per accident)	\$	
	y NON-OWNED				PROPERTY DAMAGE (Per accident)	\$		
					Uninsured motorist combined	\$	1,000,000	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	3,000,000
A	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	3,000,000
	DED RETENTION \$		G27140476003	10/1/2015	10/1/2016		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000
C	(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
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Environmental Resources Group LLC 28003 Center Oaks Court

Suite 106 Wixom, MI 48393

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patrick Williams/CTB

Catrica Wellaws

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

DEG

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

LARA

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

	·						- (- , - , - , - ,
	DEQ/LARA USE ONLY		11	ENT CONTRACTOR:		rnal Project#	
	Postmark Date/ Rec'd Date	/ /		IVIRONMENTAL MAINT			i, INC.
	Emergency Date/ Valid No			idress: <u>25851 TROWBR</u> /Zip: INKSTER			0405
	☐ OK ☐ Send Def Ltr. Date of Def Ltr.			vatson@teameme.com		MI , 48141	-2405
	With particular Season Consideration and the season of the			MIKE KELLY		ne: <u>(313</u>)79	1 - 2600
	FOLLOW UP/ Spoke w/			ION CONTRACTOR:	The second second		
	Comments:					rnal Project #	
			1 1	ddress:			
				/Zip:			
	Notification NoTrans No						
		(1% Project Fee)	5 FACILITY	OWNER: ("Facility" inc	ludes Brid	dnes)	Marine Visit Communication of the Communication of
	Project Cost: x 0.01 = License No.		1	aple Tower Ann Arbor L			Assoc., LP
	of Contractor:License No.:			dress: 727 Miller Ave.			
	sing Authority:			Zip: Ann Arbor		, MI , 48	103
	OTIFICATION:		E-mail:				
	ate of Notification: 06/29/2015		Contact: I	Robert Nickoloff	_ Pho	ne: <u>(313</u>)74	19 - 7692
	ate of Revision(s): 07/14/2015	-	6. FACILITY	DESCRIPTION:	· · · · · · · · · · · · · · · · · · ·		
N	otification Type Original X Revised Canceled	Annual	The same of the sa	me: South Maple Me	adows		
M	ark appropriate boxes: (both DEQ and LARA may ap	ply):	Location A	address/Description: 800	S. Map	le	-
	EQ (NESHAP) [260 In. ft./160 sq. ft. or more is thresh Planned Renovation – 10 working days notice	old]					
	Emergency Renovation			Ann Arbor	3500		
	Scheduled Demolition – 10 working days notice			/ASHTENAW Neares			
	Intentional Burn – 10 <u>working</u> days notice Ordered Demolition			ft.) 49500 No. of			
L	ARA (MIOSHA) [Will not accept annual notifications]		1	Present Use: Hou ocation(s) in Facility: Inte			Use: Same
	Demo, Reno, Encap. (>10 In. ft./15 sq. ft.) 10 calenda Emergency Renovation/Encapsulation	r days notice	Specific Et	ocation(s) in Facility. Inte	SHOI OIII	15	NAME OF THE OWNER OWNER OF THE OWNER OWNE
	ROJECT SCHEDULE:		7. DISPOSA	CITE.			
		D DATE		arleton Farms Landfil	1		
*	Renovation	DDAIL	1	ddress: 28800 Clark			
	Asb. Removal 07/17/2015 08/03/201	5		Zip: New Boston	MI		. 48164
	Demolition:	5			, 1011		, 40104
	Encapsulation:			RANSPORTER 1:	l seen to	ASTE TRANS	
		<i>-</i>		Maintenance Engineers		lic Services -	Wayne
	ork Schedule: Please indicate the anticipated days cork hours for the purpose of scheduling a compliance installed.		25851 Trowl Inkster			ogswell	40404
		rk Hours	IIIKSIEI	MI 48141	Wayne		48184
As	b. Removal: MO, TU, WE, TH, FR 8a-4:30					16824	
De	emolition:		9. ORDERED	DEMOLITIONS: (See Nemolition.") A copy of the	NESHAP e official (regulations to Order must a	r definition of
Fr	ncapsulation:		notification.		o omolai	Oraci mast at	company this
	ncludes setup, build enclosure, asbestos removal, demo	bilizing, etc.	Gov't Agen	cy Ordering Demo:			
	nclude only those dates you are conducting asbestos re		Name/Title	of Person Signing Orde	r:		
	Check here if this is a multi-phased project, attach a sch	nedule showing					
	the start/end date of each phase.		Date of Or	der:	Date (Ordered to Be	uin.
10 15	ASBESTOS PRESENT? X Yes No					Ordered to be	yıı
.0.10	ASBESTOS PRESENT? XYes No	to be remove	d prior to demolit	on Non-friable ACM	not		
	timate the amount of asbestos: Include RACM	RACM to be	RACM to be	removed prior to de	emo.	Processors and and	
	egulated Asbestos Containing Material) to be noved, encapsulated, etc. Also include the amount	Removed	Encapsulated	Category I Cate	gory II	Units of Ln. Ft.	Measure
an	d type (floor tile, roofing, etc.) of non-friable Category	4200				Sq. Ft.	☐ Ln. M. ☐ Sq. M.
	nd/or Category II ACM that will not be removed prior demolition. (NOTE: In a demolition, cementatious	1200					
AC	CM cannot remain in a structure, as it is likely to			11		Cu. Ft.*	Cu.M.*
be	come regulated in the demolition/handling process.	*Volume (cubic ft.	/meters) should i	be used only if unable to	measure	e by linear/sou	uare measure
11 1	nust be removed prior to demolition.)	(example: asbest	os has fallen off o	of surface).			

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11.	11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or l	3) for Demolition:							
	Piping Fittings Boiler(s) Tanks(s) Piping Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Beam(s) Seam(s) Other (describe) Drywall Joint Compound Other (describe)								
	Method of removal: Describe how the asbestos will be removed from the surface (example: glov								
	carefully lower, etc.): Negative Pressure Containment, Cut into sections								
	enclosures for cutting out drywall for plugs, vent fa	ns & plumbing tie-ins							
	B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete								
	bridge, etc., will be demolished:								
12.	12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visually proper disposal: Water spray used to control dust, Place in leak tight of Adequately wet material	sible emissions before, during, and after removal, and containers until proper disposal,							
	Adequately wet material								
13.	13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification	d RACM is found or previously non-friable asbestos							
14.	14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you de analytical sampling was used, describe method of analysis. (The determination of the presence or a renovation/demolition notification.): All suspect materials sampled and analyzed usin Point Counting	termined whether or not asbestos is in the facility. If bsence of asbestos must be made prior to submitting g Polarized Light Microscopy(PLM),							
	B) Name, address, and phone number of company performing asbestos survey: American Environmental	Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227							
	c) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/30/2								
15	15. EMERGENCY RENOVATIONS: Date/time of emergency:								
10.	10. EMERGENOT REPOYATIONS. Date/time of emergency.	Describe the sudden, unexpected event:							
	Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an u	nreasonable financial burden:							
16.	16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site of RACM above the threshold and/or during an ordered demolition. Evidence that this person has inspection at the renovation or demolition site. Michael Kolly: kallym1001, 07/14/2015	during the renovation and during demolition involving completed the required training will be available for							
	Michael Kelly: kellym1991 07/14/2015 Signature of Owner or Abatement Contractor Date Signature of Owner or D	emolition Contractor Date							
17.	17. Signature Requirements for Projects with Negative Pressure Enclosures: (r Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required linear feet/15 square feet or more of friable material which is performed within a negative pre have been advised by the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibility under Act 135 to have clearance air to the contractor of my responsibi	equired by LARA) for any asbestos abatement project involving 10 essure enclosure. I (the building owner or lessee) monitoring performed on this project.							
	Signature of Building Owner or Lessee Date Signature of Asbestos Andrew It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this and made part of your records before the project begins.	batement Contractor Representative Date section of the notification form must be completed, signed,							
18.	18. I certify that the above information is correct:								
	Michael Kelly 07/14/2015 Michael Kelly : kelly	vm1991 1 07/14/2015							
	Printed Name of Owner/Operator Date Signature of Owner/Ope	N V							
MAI									
For (1-4)	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements. For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/deg	dregulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail as below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program.							
For (1-4) http:	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements.) For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos For NESHAP Demolitions/Renova notifications to the appropriate addressinfo visit http://www.michigan.gov/asbestos All Counties (except Wayne Counties)	regulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail as below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program. Wayne County Only NESHAP Asbestos Program							
For (1-4) http: MIO LAR	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements. For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos MIOSHA Asbestos Program LARA, CSHD LARA, CSHD LORD LORD LORD LORD LORD LORD LORD LOR	regulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail ss below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program. Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD							
For (1-4) http: MIO LAR P.O	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements. For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos MIOSHA Asbestos Program LARA, CSHD P.O. Box 30671 For NESHAP Demolitions/Renova notifications to the appropriate addressinfo visit http://www.michigan.gov/deq All Counties (except Wayne Counties) (except Way	regulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail as below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program. Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD Cadillac Place, Suite 2-300 3058 West Grand Boulevard							
For (1-4) http: MIO LAR P.O	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements. For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos MIOSHA Asbestos Program LARA, CSHD P.O. Box 30671 Lansing, MI 48909-8171	regulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail as below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program. Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD Cadillac Place, Suite 2-300							
For (1-4) http: MIO LAR P.O Lans	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements. For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos MIOSHA Asbestos Program LARA, CSHD P.O. Box 30671 Lansing, MI 48909-8171 517.322.1320 (office), 517.322.1713 (fax)	Aregulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail as below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program. Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD Cadillac Place, Suite 2-300 3058 West Grand Boulevard Detroit, MI 48202							
For (1-4) http: MIC LAR P.O Land 517	MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements. For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos MIOSHA Asbestos Program LARA, CSHD P.O. Box 30671 Lansing, MI 48909-8171 517,241,7463 (Office) 517,241,7463 (Office)	Aregulations are applicable to your project.) ations, 40 CFR, Part 61, Subpart M, mail as below (by county of subject facility): For more click on Air, then Asbestos NESHAP Program. Aty) Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD Cadillac Place, Suite 2-300 3058 West Grand Boulevard Detroit, MI 48202							

- . - Child Donald Mathemat Mathematics Distribute Submitter TD: bellum1001

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



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



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

11/1	_OIIAI, 40 OI IN I all OI, Out	partivi					
1. NOTIFICATION:			4. DEMOLITION	CONTRACTOR:	Internal Proje	ect #:	
Date of Notification	n: 09/15/2015 Docui	ment #: 0000001504	Name:				
Date of Original:		nal Document #: 0000000140	Mailing Addr	ess:			
Notification Type:	☐ Original ☑ Re	evised Canceled	City/State/Zi	p:			
	boxes: (both DEQ and LAR		E-mail:				
	260 In. ft./160 sq. ft. or more	Contact:			Phone:		
Carried States Constitution Constitution	ovation - 10 working days no	otice	5. FACILITY OV	VNER:	Internal Proj	ject #:	
☐ Emergency F							
	emolition - 10 working days			ole Tower Ann Arbo		lousing Assoc. Li	0
	urn - 10 <u>working</u> days notice		Mailing Addr	ess: 727 Miller A	ve.		
☐ Ordered Den			City/State/Zi	p: Ann Arbor, MI	48103		
	[Will not accept annual noti	and the same of th	E-mail:				
☑ Demo, Reno	, Encap. (>10 ln. ft./15 sq. ft.)	10 <u>calendar</u> days notice	Contact: Ro	obert Nickoloff		Phone: 3	313-749-7692
☐ Emergency F	Renovation/Encapsulation						
Calculate LARA As	sbestos Project Fee:(1% Pro						
Total Project Cost:	\$0	x 0.01 = \$0.00		e: South Maple M			
Type of Contractor:	Type II	License No: C2684		dress: 800 S. Ma			
Licensing Authority	MIOSHA			p: Ann Arbor, MI			
2. PROJECT SCHED	ULE:		County: Wa		Age: 65	# of units: 28	
☐ Check here if th	nis is a multi-phased project, a	attach a schedule showing the start	/ond	ssroad: 7th Stree		" Of dimo.	
date of each ph			Size: (sq. ft.)		Floor No.:	1	
	START DATE	END DATE		: Housing Apartm	, , , , , , , , , , , , , , , , , , , ,		
* Renovation:	00/47/2015	09/18/2015	Prior Use:				
+ Asb. Removal:	09/17/2015	09/10/2013		ation(s) in Facility:	Interior Units		
+ Demolition:							
Encapsulation:						The second secon	
	build enclosure, asbestos remova se dates you are conducting asbe		7. DISPOSAL S				
		ated days of the week and work hou	rs	rleton Farms Landfi			
	of scheduling a compliance i		Location Add				
	Days of the Week	Work Hours	City/State/Zi	p: New Boston, M	11 48164		
Asb. Removal:	Th, F	7:30am-4:00pm	8. WASTE TRA				
	<u> </u>			epublic Services-Wa			
Demolition:				dress: 5499 Cogs			
				ip: Wayne, MI 48		Total Marie Ma	
Encapsulation:			1 1	vironmental mainte		rs Inc.	
Check here if the	work hours are not the same acre	oss the days of the week or vary from da	u to	dress: 25851 Tro			
	document with Detailed Work Ho		City/State/Zi	ip: Inkster, MI 48	1141		
3. ABATEMENT CON	TRACTOR: Interna	al Project #: 14-553G	9. ORDERED DI	EMOLITIONS: (See	NESHAP regulati	ons for definition of	"Ordered
	ental Maintenance Engineers		Demolition.") A	copy of the official Ord	der must accompa	ny this notification.	
Mailing Address:	25851 Trowbridge St.		Gov't Agenc	y Ordering Demo:			
	nkster, MI 48141-2465		Name/Title o	of Person Signing O	rder:		
E-mail: mikek@t	eameme.com		Date of Orde	er:	Date Order	red to Begin:	
Contact: Michael		Phone: 313-791-2600	But of orde				
		11010.					
10. ASBESTOS INFO			V D N- MEII-	-bl b	d mier to done	lition?	es 🗆 No
	ent? (i.e. Assumed or identified in	· · · · · · · · · · · · · · · · · · ·		isbestos be remove		1000,000,000	RR (172)
non-friable Categor	y I and/or Category II ACM that w	Regulated Asbestos Containing Material will not be removed prior to demolition. (NOTE: In a demolition, cei	mentatious ACM canr	not remain in a str	ucture, as it is likely	to become
		st be removed prior to demolition. Also, a					
RACM/AC	M RAC	CM to be	Non-friable ACM <u>not</u> re			1500 SENO SE	
to be remo	oved Enca	apsulated	Category I	Categor	y II	Units of	Measure
				- 1		☐ Ln. Ft.	☐ Ln. M.
			nuxe.most residents				
270						☑ Sq. Ft.	☐ Sq. M.
			and the second s		Marson and the Party of the Par		
						☐ Cu. Ft.*	☐ Cu. M.*
*Molumo (cubic fi (m.)	re) chould be used only if unch!	to measure by linear/square measure (a	xample: ashestos has felle	en off of surface)		1	
volume (cubic ft./mete	is) should be used only if unable	to measure by linear/square measure (e	verubie: eancaros usa igile	on or ourrace).			

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11.	11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/en A) RENOVATION: Mark all surfaces/types of RACM to be removed: □ Piping □ Fittings □ Boiler(s) □ Tanks(s) □ Beam(s) □ Duct(s) □ Tunnel(s) □ Ceiling Tile(s) □ Mag Block ☑ Other (describe): □ Drywall andf Joint Compound	Enca	psulation (for LARA): Mai		e encapsulated: Tanks(s) Ceiling Tile(s)	
	Method of removal: Describe how the asbestos will be removed: ☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into sections and ☐ Dry Removal (please provide attachment with a description and explan Mini Enclosures for cutting out drywall for plugs, vent fans & plumbing tie-in	nation	☐ Hand Scraping ☐ Other (describe):			
	B) DEMOLITION: Indicate if complete or partial demolition: Complete or Partial (describe part of facility to be demolished):					
	Method of Demolition: Describe the method of demolition of facility, bridg ☐ Excavator or other heavy equipment ☐ Disassembly by hand	· · · · · · · · · · · · · · · · · · ·	☐ Explosives ☐ (Other (describe):		
12.	12. ENGINEERING CONTROLS: Describe work practices and engineering controls ☑ Water spray to control dust ☑ Place in leak tight containers			fore, during, and after Other (describe):	r removal, and until p	proper disposal:
13.	13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the ever (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: ☑ Stop Work ☑ Wet material ☑ Contact DEQ and at			previously non-friable	e asbestos becomes ☐ Other (de:	
14.	14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If an or absence of asbestos must be made prior to submitting a renovation/der All suspect materials sampled and analyzed using Polarized Light Micro 	molition not	tification):	method of analysis. (The determination o	f the presence
	B) Name, address, and phone number of company performing asbestos sure Detroit, MI, 48227 C) Name, accreditation number of inspector, and date of inspection: Jef Fox			ants, LLC, 313-491-2	!600, 12838 Gavel,	
15.	15. EMERGENCY RENOVATIONS: Date/time of emergency: Describe the sudden, unexpected event:					
	Explain how the event caused unsafe conditions, and/or would cause equipme	ent damage	and/or an unreasonable fi	nancial burden:		
16.	16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart threshold and/or during an ordered demolition. Evidence that this person has site.	M, will be completed	on-site during the renovation the required training will be	n and during demoliti	on involving RACM at the renovation	above the
	Michael Kelly 09	9/15/2015			*	
*******	Signature of Owner or Abatement/Demolition Contractor	ate				
17.	17. Signature Requirements for Projects with Negative Pressure Enclosures: (re Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitor feet or more of friable material which is performed within a negative pressures ponsibility under Act 135 to have clearance air monitoring performed or	oring is requ ure enclosu	uired for any asbestos ab ure. I (the building owner	atement project invo	olving 10 linear feet/ advised by the con	15 square tractor of my
	Signature of Building Owner or Lessee Da	te	Signature of Asbestos A	patement Contractor	Representative	Date
	NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and	l made part o	of your records before the proj	ect begins.		
18.	8. I certify that the above information is correct:			Š.		
		15/2015	Michael Kelly			09/15/2015
- Troobs	Printed Name of Owner/Operator Date		Signature of Owner/Ope	rator		Date

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



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

LARA

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

1. NOTIFICATION:			4. DEMOLITION CONTRACTOR: Internal Project #:	4) 01 (0)
Date of Notification	on: 11/03/2015 Doc	cument #: 000008586	Name:	
Date of Original:	09/29/2015 Orig	ginal Document #: 0000002954	Mailing Address:	
Notification Type:	: ☐ Original ☑ [Revised Canceled	City/State/Zip:	
Mark appropriate	e boxes: (both DEQ and LA		E-mail:	
DEQ (NESHAP)	[260 In. ft./160 sq. ft. or mo	re is threshold	Contact: Phone:	
1	novation - 10 working days		E FACILITY ONLINE	
☐ Emergency			5. FACILITY OWNER: Internal Project #:	
☐ Scheduled [Demolition - 10 working day	vs notice	Name: Maple Tower Ann Arbor Limited Divd Housing Assoc. LP	
☐ Intentional B	Burn - 10 working days notic	ce	Mailing Address: 727 Miller Ave.	
☐ Ordered Der	molition		City/State/Zip: Ann Arbor, MI 48103 E-mail:	
	[Will not accept annual no		Delta III I II	7000
	o, Encap. (>10 ln. ft./15 sq. f	t.) 10 <u>calendar</u> days notice	Contact: Robert Nickoloff Phone: 313-748	3-7692
	Renovation/Encapsulation			
	sbestos Project Fee:(1% Pr		6. FACILITY DESCRIPTION:	
Total Project Cost:	\$0.00	x 0.01 = \$0.00	Facility Name: South Maple Meadows	
Type of Contractor	: Type II	License No: C2684	Location Address: 800 S. Maple	
Licensing Authority	MIOSHA		City/State/Zip: Ann Arbor, MI 48103	
2. PROJECT SCHED	ULE:		County: Washtenaw Age: 65	
		, attach a schedule showing the start/er	No. of Floors: 2 If Apt. # of units: 28 Nearest Crossroad: 7th Street	
date of each ph	nase. START DATE	END DATE	Size: (sq. ft.) 49500 Floor No.: 1	
* Renovation:		LND DATE	Present Use: Housing Apartments	
+ Asb. Removal:	11/03/2015	11/10/2015	Prior Use: Same	
+ Demolition:			Specific Location(s) in Facility: Interior Units	
Encapsulation:				
	build enclosure, asbestos remov		7. DISPOSAL SITE:	
	se dates you are conducting ast		Name: Carleton Farms Landfill	
	of scheduling a compliance	pated days of the week and work hours	Location Address: 28800 Clark Rd	
	Days of the Week	Work Hours	City/State/Zip: New Boston, MI 48164	
Asb. Removal:	M, Tu, W, Th, F	7:30am-4:00pm	8. WASTE TRANSPORTER(S):	
			Name: Republic Services-Wayne	
Demolition:			Location Address: 5499 Cogswell	
Encapsulation:			City/State/Zip: Wayne, MI 48164	
Liteapsulation.			Name: Environmental maintenance Engineers Inc.	
Check here if the v	vork hours are not the same acr	ross the days of the week or vary from day to	Location Address: 25851 Trowbridge St.	
	ocument with Detailed Work Ho	ours.	City/State/Zip: Inkster, MI 48141	
3. ABATEMENT CONT		al Project #: 14-553H	9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered	
Mailing Address:	ental Maintenance Engineer 25851 Trowbridge St.	rs, Inc.	Demolition.") A copy of the official Order must accompany this notification.	
			Gov't Agency Ordering Demo;	
City/State/Zip: In E-mail: mikek@te	esmeme com		Name/Title of Person Signing Order:	
Contact: Michael		Phone: 313-791-2600	Date of Order: Date Ordered to Begin:	
		Priorie. 313-731-2000		
10. ASBESTOS INFOR				
	nt? (i.e. Assumed or identified in			No No
non-mable Category	i aliuloi Galegoly II ACIVI that W	VIII not be removed prior to demolition (NOT	be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of TE: In a demolition, cementatious ACM <u>cannot</u> remain in a structure, as it is likely to becom	
rogulated in the define	mus process. It mus	st be removed prior to demolition. Also, all as	sbestos must be removed prior to an intentional burn.)	
RACM/ACM to be remov	2004		n-friable ACM <u>not</u> removed prior to demo.	
lo be remov	Enca	apsulated Cate	egory Category Units of Measure	
			☐ Ln. Ft. ☐ Ln.	. M.
350			☑ Sq. Ft. ☐ Sq	. M.
			□ Cu. Ft.* □ Cu	. M.*
*Volume (cubic fl./meters)	should be used only if unable t	to measure by linear/square measure (examp		

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PR	OJECT DESCRIPTION: Complete A) for Renovation (asbestos remova			
A)	RENOVATION: Mark all surfaces/types of RACM to be removed:	Encap	sulation (for LARA): Mark surfaces/types to be encapsulated:	
	☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)	☐ Pi _l		
	☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s		am(s)	
	☐ Mag Block ☑ Other (describe):	∐ Ot	her (describe):	
	Drywall and Joint Compound			
	Method of removal: Describe how the asbestos will be removed:			
	☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into sections	and remove	☐ Hand Scraping	
	☐ Dry Removal (please provide attachment with a description and ex	planation	✓ Other (describe):	
	Mini Enclosures for cutting out drywall for plugs, vent fans & plumbing	** (** ** ** ** ** ** ** ** ** ** ** **		
D)	DEMOLITION: Indicate if complete or partial demolition:			
D)	☐ Complete or ☐ Partial (describe part of facility to be demolished	4/-		
	Complete of C Fartial (describe part of lacility to be definitional	3).		
	Blackhad of Domalitians, Describe the method of domalition of facility	bridge etc:		
	Method of Demolition: Describe the method of demolition of facility, I ☐ Excavator or other heavy equipment ☐ Disassembly by	20. (22.1)	Explosives Other (describe):	
	☐ Excavator or other heavy equipment ☐ Disassembly by	nanu L	Explosives — Other (describe).	
12. EN	GINEERING CONTROLS: Describe work practices and engineering con	ntrols used to pre	event visible emissions before, during, and after removal, and until pro-	oper disposal:
	☑ Water spray to control dust ☑ Place in leak tight containers	☑ Adequa	ely wet material	
	EXPECTED ASBESTOS: Describe the steps you intend to follow in the		pected RACM is found or previously non-friable asbestos becomes fr	iable
(crumbled, pulverized, reduced to powder, etc.) and therefore regulated:		D. D. in a differentiate and D. Olhan (days	-21
	☑ Stop Work ☑ Wet material ☑ Contact DEQ ar	nd abatement co	ntractor Revise notification Other (desc	cribe):
				W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-
(000) 100 (000)	OCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:			
P	Indicate how you determined whether or not asbestos is in the facility	Total Silver in		the presence
	or absence of asbestos must be made prior to submitting a renovatio		State August Action August Action August Action August Action Act	
	All suspect materials sampled and analyzed using Polarized Light	Microscopy (PLI	Other (describe).	
	B) Name, address, and phone number of company performing asbestos	s survey: Americ	an Environmental Consultants, LLC, 313-491-2600, 12838 Gavel,	
	Detroit, MI, 48227			
	C) Name, accreditation number of inspector, and date of inspection: Je	f Fox, A34641, 0	5/30/2013	
	ERGENCY RENOVATIONS: Date/time of emergency:			
	Describe the sudden, unexpected event:			
F	Explain how the event caused unsafe conditions, and/or would cause ed	quipment damag	e and/or an unreasonable financial burden:	
-				
16. I CE	ertify that an individual trained in the provisions of 40 CFR Part 61, Subj	part M, will be or	-site during the renovation and during demolition involving RACM abo	ove the
thre	eshold and/or during an ordered demolition. Evidence that this person h	nas completed th	e required training will be available for inspection at the renovation or	demolition
site	3.			
1	Michael Kelly	11/03/2015		
	Signature of Owner or Abatement/Demolition Contractor	Date		
17. Sig	nature Requirements for Projects with Negative Pressure Enclosure	es: (required by	LARA)	
1 2 P	r Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air mo		the control of the co	square
fee	et or more of friable material which is performed within a negative pr	essure enclosu	re. I (the building owner or lessee) have been advised by the contr	actor of my
res	sponsibility under Act 135 to have clearance air monitoring performe	ed on this projec	et.	
			Mishael Velle	11/03/2015
-			Michael Kelly	
	Signature of Building Owner or Lessee	Date	Signature of Asbestos Abatement Contractor Representative	Date
1	IOTE: It is not mandatory that a signed copy be sent to LARA unless requeste	d.		
	or affected projects, this section of the notification form must be completed, signs		of your records before the project begins.	
18. I	certify that the above information is correct:			
N	Aichael Kelly	11/03/2015	Michael Kelly	11/03/2015
F	Printed Name of Owner/Operator	Date	Signature of Owner/Operator	Date
	CONTRACTOR OF THE SECOND PROPERTY OF THE SECO		2 minutes 1 minutes (1 minutes) (1 minutes	

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



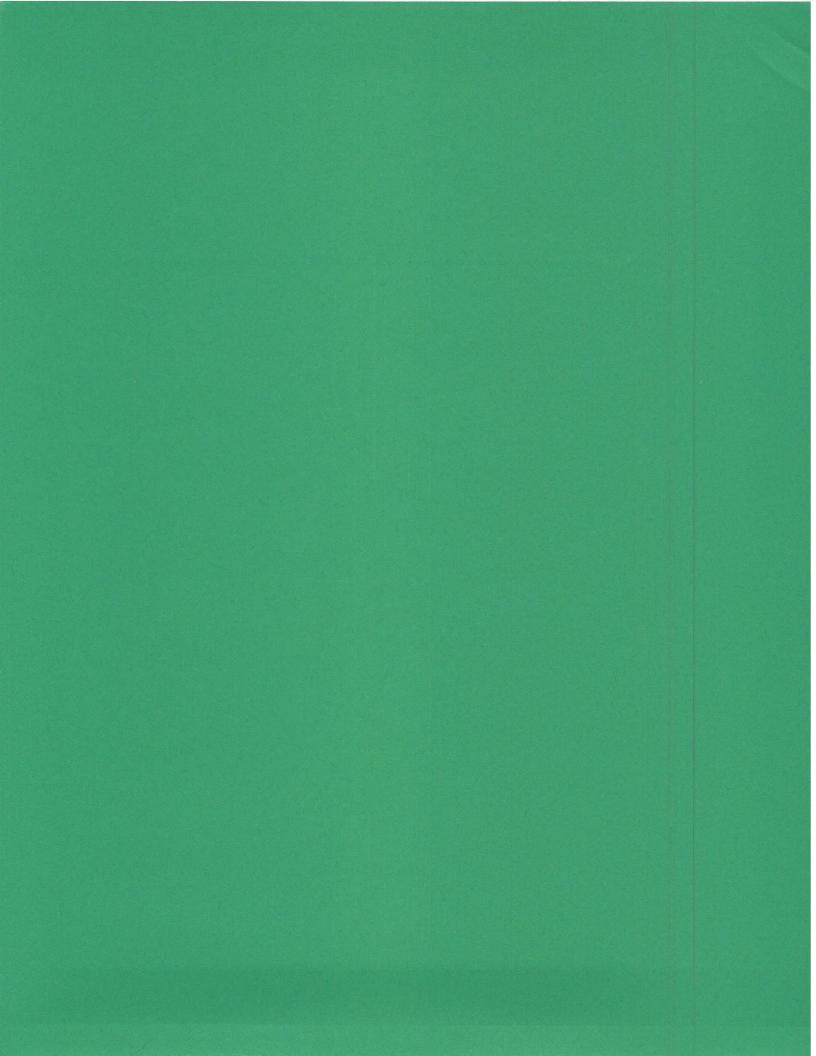
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY MICHIGAN DEPARTMENT OF EN

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

	EOTHAT, 40 OF ICT AIL OT, O	ubpait W		P.A. 135 OF 198	36, AS AMENDED, Section 220 (1-4	4) or (8)			
1. NOTIFICATION:			4. DEMOLITION	CONTRACTOR: In	ternal Project #:				
Date of Notification	n: 12/03/2015 Doc	ument #: 0000012191	Name:						
Date of Original:	11/11/2015 Orig	inal Document #: 0000009692	Mailing Addre	ess:					
Notification Type:	☐ Original ☑ [Revised Canceled	City/State/Zip:						
Mark appropriate	boxes: (both DEQ and LA	RA may apply):	E-mail:						
DEQ (NESHAP) I	260 In. ft./160 sq. ft. or mo	re is threshold	Contact:		Phone:				
	novation - 10 <u>working</u> days	Se of Angle Substitution of the Substitution							
☐ Emergency		notice	5. FACILITY ON	/NER:	nternal Project #:				
3 ,	emolition - 10 working day	s notice			nited Divd Housing Assoc. LP				
	urn - 10 working days notic		Mailing Addre	ess: 727 Miller Ave.					
☐ Ordered Der			City/State/Zip	o: Ann Arbor, MI 481	03				
	[Will not accept annual no	tifications)	E-mail:						
	, Encap. (>10 In. ft./15 sq. ft		Contact: Ro	bert Nickoloff	Phone: 313-749	-7692			
	Renovation/Encapsulation	dayo node							
	bestos Project Fee:(1% Pi	roject Fee)	C 5400 177/ DE/						
Total Project Cost:	\$0.00	x 0.01 = \$0.00							
Type of Contractor:				South Maple Meado	ows				
		License No: C2684	CONTRACTOR OF THE CONTRACTOR	ress: 800 S. Maple o: Ann Arbor, MI 4810	12				
Licensing Authority			County: Was						
2. PROJECT SCHED			No of Classes	1.94	If Apt. # of units: 28				
☐ Check here if the date of each ph		attach a schedule showing the start/en	Nearest Cross	sroad: 7th Street	n ripti n or anno.				
date of each pri	START DATE	END DATE	Size: (sq. ft.)	49500	Floor No.: 1				
* Renovation:			Present Use:	Housing Apartments					
+ Asb. Removal:	12/01/2015	12/09/2015	Prior Use: S	Same					
+ Demolition:			Specific Local	tion(s) in Facility: Inter	ior Units				
Encapsulation:									
* includes setup, t	uild enclosure, asbestos remov	al, demobilizing, etc.	7. DISPOSAL SIT	re.					
	se dates you are conducting ast			eton Farms Landfill					
		ated days of the week and work hours	1 1000000000000000000000000000000000000	ess: 28800 Clark Rd					
for the purpose	of scheduling a compliance Days of the Week	Inspection. Work Hours		New Boston, MI 48					
Asb. Removal:	M, Tu, W, Th, F	7:30am-4:00pm	8. WASTE TRAN						
ASD. INCHIOVAL.	101, 10, 14, 111, 1		11	oublic Services-Wayne					
Demolition:			+1	ess: 5499 Cogswell					
				Wayne, MI 48164					
Encapsulation:			11	ironmental maintenance	Engineers Inc				
Manual Control of the		L	11	ess: 25851 Trowbride					
Check here if the v	ork hours are not the same acr ocument with Detailed Work Ho	oss the days of the week or vary from day to		Inkster, MI 48141	go ot.				
			 						
3. ABATEMENT CONT	ental Maintenance Engineer	al Project #: 14-553I	9. ORDERED DEN	MOLITIONS: (See NESH	AP regulations for definition of "Ordered st accompany this notification.				
	25851 Trowbridge St.	s, inc.			st accompany this notification.				
	kster, MI 48141-2465		Gov't Agency (Ordering Demo:					
CONTROL (CONTROL CONTROL CONTR			Name/Title of Person Signing Order:						
E-mail: mikek@te			Date of Order: Date Ordered to Begin:						
Contact: Michael	(elly	Phone: 313-791-2600	L						
0. ASBESTOS INFOR	MATION								
	t? (i.e. Assumed or identified in		☐ No Will asb	estos be removed prior	to demolition?	No			
Estimate the amoun	t of asbestos: Include RACM (I	Regulated Asbestos Containing Material) to b	e removed encansulate	ed etc. Also include the am	ount and tune Moortile species at 1 -				
non-mable category	and/or Category II ACM that w	ill not be removed prior to demolition. (NOTI t be removed prior to demolition. Also, all asl	: In a demolition ceme	entatious ACM cannot rem.	ain in a structure, as it is likely to become	e			
RACM/ACN		M 4- L-			1.)				
to be remov	and the same of th	1.1.1	friable ACM <u>not</u> remo gory I	Category II	Units of Measure				
		1	T	50,1,1					
		ON PART TRANSPORT AND A SECOND			☐ Ln. Ft. ☐ Ln.	М.			
365									
			and the same of th		☑ Sq. Ft. ☐ Sq.	M.			
					D 0: 5: D				
					☐ Cu. Ft.* ☐ Cu.	. M.*			
Volume (cubic ft./meters)	should be used only if unable to	o measure by linear/square measure (examp	a. achortor has fallon of	ff of curfoon)					

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

 PROJECT DESCRIPTION: Complete A) for Renovation (asbestos rer A) RENOVATION: Mark all surfaces/types of RACM to be removed: 		or B) for Demolition: sulation (for LARA): Mark surfaces/types to be encapsulated:	
☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s			
Beam(s) Duct(s) Tunnel(s) Ceiling		eam(s) Duct(s) Tunnel(s) Ceiling Tile(s)	
☐ Mag Block ☑ Other (describe):	30.50	ther (describe):	
Drywall and Joint Compound			
Method of removal: Describe how the asbestos will be removed:			
☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into section	ions and remove	☐ Hand Scraping	
☐ Dry Removal (please provide attachment with a description an		✓ Other (describe):	
Mini Enclosures for cutting out drywall for plugs, vent fans & plumb		_	
B) DEMOLITION: Indicate if complete or partial demolition:			
☐ Complete or ☐ Partial (describe part of facility to be demoli	ished):		
Method of Demolition: Describe the method of demolition of faci	lity, bridge, etc.:		
☐ Excavator or other heavy equipment ☐ Disassemble		Explosives Other (describe):	
40 ENCINEEDING CONTROL O. D			-
12. ENGINEERING CONTROLS: Describe work practices and engineering			roper disposal:
✓ Water spray to control dust ✓ Place in leak tight contain	ners M Adequa	tely wet material Other (describe):	
13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in	the event that unex	pected RACM is found or previously non-friable asbestos becomes	friable
(crumbled, pulverized, reduced to powder, etc.) and therefore regula			
☑ Stop Work ☑ Wet material ☑ Contact DE	Q and abatement co	ntractor Revise notification Other (de	scribe):
14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTO			
A) Indicate how you determined whether or not asbestos is in the factor of a base			f the presence
or absence of asbestos must be made prior to submitting a renov			
All suspect materials sampled and analyzed using Polarized L	ignt Microscopy (PLI	M) Other (describe):	
B) Name, address, and phone number of company performing asbe	stos survey: Americ	an Environmental Consultants, LLC, 313-491-2600, 12838 Gavel,	
Detroit, MI, 48227 C) Name, accreditation number of inspector, and date of inspection.	. lof Eov. A24644 1	E/00/0042	
o) Hame, accreditation number of inspection, and date of inspection.	. Jei Fox, A34041, C	5/30/2013	
15. EMERGENCY RENOVATIONS: Date/time of emergency: Describe the sudden, unexpected event:			
Explain how the exact several wreefs and the exact the e		W	
Explain how the event caused unsafe conditions, and/or would cause	e equipment damag	e and/or an unreasonable financial burden;	
16. I certify that an individual trained in the provisions of 40 CFR Part 61, \$			
threshold and/or during an ordered demolition. Evidence that this pers site.	on has completed th	e required training will be available for inspection at the renovation of	r demolition
Michael Kelly	12/03/2015		
Signature of Owner or Abatement/Demolition Contractor	Date		
47 Circular Desire A &			
17. Signature Requirements for Projects with Negative Pressure Enclose		N31/013 (VIII.)	
Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance ai feet or more of friable material which is performed within a negativ			
responsibility under Act 135 to have clearance air monitoring perfo			ractor or my
		Michael Kelly	12/03/2015
Signature of Building Owner or Lessee	Date	Signature of Asbestos Abatement Contractor Representative	Date
NOTE: It is not mandatory that a signed copy be sent to LARA unless requi	ortod		
For affected projects, this section of the notification form must be completed, s		f your records before the project begins	
	o za, ana mado part		
18. I certify that the above information is correct:			
Michael Kelly	12/03/2015	Michael Kelly	12/03/2015
Printed Name of Owner/Operator	Date	Signature of Owner/Operator	Date





Today's Date/Day: S M T W T(F) S 7-17-15 Week Ending Date: Job#: Job Name: South Truck #/Driver: (ACM)/ Mold / Lead / Other 24

Work Area:

Daily	Construction	Report
-------	--------------	--------

General Work Description:		The type of a	bateme	nt cond	ucted:	Se	et-up pr	ocedure	es conducted:			
	n/a			ζY	N n/a					YN	n/a	
ACM Pipe/Fitting				noval					Signs/Banner Tape	9 7		
ACM Boiler/Tanks/Breeching			Encapsu	-					Criticals Set-up			
ACM Acoustical Ceiling	\vdash		Patch/Repair					Full/Mini Enclosure -				
ACM Ceiling Tiles/Glue Pods	\sqcup	Glove-bag Removal					Plywood 2"x4" Structures					
VAT Mastic Carpet	\vdash	Enclosure /							AFD's Set-up Vented	d -		
Transite Siding/	H	1	Removal/Replacement						plation of HVAC system			
Insulation/Vermiculite Lead Based Paint	H	LBP Remo				- 1			oly Walls Floors Drops			
Mold Remediation	\vdash	LBP HEPA			1 -	- 1		Portab	le/Full Decon Chamber			
Industrial/Universal Waste	\vdash	Aggressive H	ry Ice Bla	-		1		Floor	Water System Set-up		_	
Other 1+cg+ Shielik	H		ve Demo		+-	-			ic GFCI's/Temp. Pane old/Bakers/5'x7'/Manlift		_	
Personal protective equipment:		Clean-up acti		meon =		Inc	spection	2000	nd/Dakers/5 X7 /ividililit			
Y N	n/a	Oleum-ap aca	viues.	Y	N n/a	SALES OF SALES	CONTRACTOR OF STREET	NAME OF TAXABLE PARTY.	r Machines	V N		
Respiratory protection	III	Gross/Final Clean-up					4 4		rriers Intact And Sound		n/a	
Half-Face/Full-Face/PAPR's	\vdash	Load Out Activities				1			ON/Shower Inspection		_	
Disposable Suits	\vdash	Surfactants/Ledizoly				1		DLO	Employee PPE Used		\dashv	
Steel Toe/Rubber Boots		Wet Methods IA	2 Shock	wave	\vdash	1 1		FI	ectrical Safety In Place		\dashv	
Gloves Rubber/Cotton		HEPA Vacuu	um Segu	ence -	\vdash	1 1			Inspection Site Review		-	
Safety Glasses/Full Face		All Equip./T	0.5						sultant/EME Monitoring		\dashv	
Hard hats/Hearing Protection		Fir	nal Locko	down					Itant/Supervisor Visual			
Fall Protection		Work Ar	ea Teard	lown –					onnel Decontaminated			
Scaffold Safety Rails/Manlift		Final Works	ite Walk-	Thru /					Area Inspected/Secure		-	
Consultant Firm:	A.	As I E	1	n		Visual	Testing	o:			_	
Representative Name: / / / C		Mett	Kou	950	5			Numbe	r:			
Comments:	,			U								
			101	192	Time	Time) bps	7 - 7				
			1 6 355	I IIme			linne	Lotal				
Employee Name	A	Accred. #	Class S/W	Time		Time	Time	Total	Employee S	ionature		
	A	Accred.#	S/W	In	Out	In	Out	Hrs	Employee S	ignature		
	A	Accred. #				34500			Employee S	ignature		
Employee Name Project Manager: Supervisor	10	Accred.#		In	Out	ln	Out		Employee S	dignature	~	
Project Manager:	A2.	1587				34500			Employee S	dignature A	7	
Project Manager:	A2.	S587		In Si	Out	ln	Out 433	Hrs	Employee S	Signature	~	
Project Manager:	A2.	1587 1613		In 25	Out	ln	Out	Hrs	Employee S Andrew Howards	ignature P	Z	
Project Manager:	A2.	1587 1613	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S Andrew Dawn	Signature Park	7	
Project Manager: Supervisor A Fall STEUN LYE	A2. A4	1587 1613		In Si	Out	ln	Out 433	Hrs	Employee S Andrew Dievent	signature P	7	
Project Manager:	A2. A4	1587 1613	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S Andrew Devent	signature Perk	2	
Project Manager: Supervisor A Fall STEUN LYE	A2. Ac	1587 1613	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S Arrhun Down	ignature Pely Henry	7	
Project Manager: Supervisor A Fala STEURN LYE/	A2 AC	1587 1613	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S Andrew Down of	ignature If I	1	
Project Manager: Supervisor A Fall STEUN LYE	A2 AC	1587 1613	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S Andrew Down	ignature III		
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Project Manager: Supervisor A Fall STEUN LYE	A2 AG	1587 1613	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S	ignature Iff	1	
Project Manager: Supervisor A Fall STEUN LYE	A2 AC	16/3 17/	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S	ignature Iff	1	
Project Manager: Supervisor A Fala STEURN LYE/	A2 AC	1587 16/3	S/W	1n 23/1 30	Out	1n	Out 430	9,5 9,5	Employee S	ignature Held Henry	1	
Project Manager: Supervisor STEURN LYE Tionathy Highwan	A2 A4	1587 16/3	S/W	1n 630 630 730	Out	1n 1230 1230 1230 1230	Out 430	9,5 9,5 8	Stevent,	Poly Stein		
Project Manager: Supervisor STEURN LYE Tionathy Highwan	A2. A46	1587 16/3	S/W	In Solution Asbe	Out	In 1230 1230 1230 1230 1230 1230 1230 123	90 43°	9,5 9,5	Ster EME	Onsite		
Project Manager: Supervisor STEURN LYE Tionathy Highwan	A2. A46	1587 1613 V7	S/W	In (3°) (3°) (3°) (3°) Asberiable~	Out	1n 1230 1230 1230 1230	90 43°	9,5 9,5 9 = .	Status of Jo	Onsite		
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Project Manager: Supervisor STEURN LYE Time thy Highway	A2. A46	\$587 \$613	S/W	Asberiable~~	Out	aste Drur	Out 43° 43° 400 able~ s ms	Hrs 9,5 9,5 9 Dump Proj Note:	Ster EME Status of Joing - some	Onsite to return	'n	
Supervisor Struck Lyell Struck Lyell Innahy Luhano Safety Issues:	A2 A	5587 1613 V7	S/W	Asberiable~~ Bags Drums Bundles	Out	aste Non-Frie Bund	Out 43° 43° 400 able~ s ms dles	Proj	ster EME Status of Jol ect On-going - someonplete - no one will need	Onsite to return	'n	
Project Manager: Supervisor A Fall STEUN LYE	A2 A	5587 1613 V7	S/W	Asberiable~~ Bags Drums Bundles	Out	aste Non-Frie Bund	Out 43° 43° 400 able~ s ms dles	Proj	ster EME Status of Jol ect On-going - someonplete - no one will need	Onsite to return	'n	



General Work Description:

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 7-20-/5
Week Ending Date:
Job Name:
Job Name:
South Maple
Truck #/Driver:
ACM / Mold / Lead / Other

Set-up procedures conducted:

313.791.2600	Fax: 313.791.2601	www.teamEME.com
Daily C	Construction	Report

	-/-			V	N n/						YN	n/a
1	n/a		D	Y	11 11/	a			Ciana	/Panner Tana	_	11/a
ACM Pipe/Fitting	\vdash	-	Rem		\vdash	-				s/Banner Tape criticals Set-up		\vdash
ACM Boiler/Tanks/Breeching	\vdash	2	ncapsula	-		-				Mini Enclosure		$H \mid$
ACM Acoustical Ceiling	\vdash	4	Patch/Re		\vdash	- 1		DIV		x4" Structures		H
ACM Ceiling Tiles/Glue Pods		Glove-i	pag Rem Enclos	_	\vdash	- 1		Fly		Set-up Vented		H
VAT Mastic Carpet	\vdash	Domovol/		0.00000000	\vdash	- 1		loo				-
Transite Siding/	\vdash		Removal/Replacemen LBP Removal Chemica				Isolation of HVAC system - Poly Walls Floors Drops -					H
Insulation/Vermiculite	\vdash	LBP HEPA				-	Poly Walls Floors Drops / Portable/Full Decon Chamber /					
Lead Based Paint	\vdash	A STATE OF THE STA	lce Blas		\vdash	-		Portable		System Set-up		\vdash
Mold Remediation	\vdash				\vdash	- 1		Electri		s/Temp. Pane		-
Industrial/Universal Waste Other	\vdash	Aggressive Ha	e Demol		\vdash	-				s/1emp. Pane s/5'x7'/Manlift	-	$H \mid$
				1011			1		Id/ Dakci	3/0 X7 /IVIAIIIII		
Personal protective equipment:		Clean-up activ	rities:				Inspection					
	n/a			Y	N n/	a	# 0	f Neg. Air				n/a
Respiratory protection /	Ш	Gross/Fi		-	\vdash	4				act And Sound		\sqcup
Half-Face/Full-Face/PAPR's			Out Activ		\vdash	4 1		DEC		wer Inspection	1	\vdash
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Steel Toe/Rubber Boots ~	\sqcup	Wet Methods IAC				4				Safety In Place	-	
Gloves Rubber/Cotton /		HEPA Vacuu		_		4			1976	n Site Review		\sqcup
Safety Glasses/Full Face		All Equip./To				4				ME Monitoring		\sqcup
Hard hats/Hearing Protection		Fin	al Lockd	own		4 1		Consu	ltant/Sup	ervisor Visua	1	
Fall Protection		Work Are	ea Teard	own _				Perso	onnel De	econtaminated	-	
Scaffold Safety Rails/Manlift		Final Worksi	Final Worksite Walk-Thru					Work A	Area Insp	pected/Secure		
Consultant Firm:	1.	1				Vis	ual/Testing	j:				
Representative Name: AEC	14	H Vada	215			Acc	reditation	Numbe	r:			
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Comments:	T		A1	1971	apr 1	1 400	1 701	17-4-1	_		W	
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Employee Name	- /	Accred. #	S/W	ln	Out	111	n Out	Hrs		Employee S	oignatur	e
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Timetta / Highland	1A40	17//		7	-		111	17 -	2	T MAN	Alward	
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Safety Issues:	Access to the second			Ash	estos	Naste	./	Dump	ster	EME	Ons	ite
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		/ g Bags										
		8	10	Drums			Drums	Note:				
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				Bundles	1		Bundles	Cor	-		ed to retu	ırn
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I certify area has been visually Signature:	1	ted, all equipm		Bundles	and th	ere is	Bundles	Cor	-		ed to retu	ırn

Work Area:/

The type of abatement conducted:



Today's Date/Day: S M(T)W T F S 7-21-15	Job#: 14 553 A
Week Ending Date:	Job Name: South Manle
Truck #/Driver: 35 / Treglow 1 Work Area:	ACM / Mold / Lead / Other
880 8	88 890

General Work Description:		The type of abatement conducted:					Set-up procedures conducted:					
_Y N	n/a			Y	N r	The state of the last					Y	l n/a
ACM Pipe/Fitting			Ren	noval	T				Sigr	s/Banner Tape	T	
ACM Boiler/Tanks/Breeching		1	Encapsul	ation						Criticals Set-up		+
ACM Acoustical Ceiling		Patch/Repair								/Mini Enclosure		+
ACM Ceiling Tiles/Glue Pods		Glove	Glove-bag Removal				Plywood 2"x4" Structures					+
VAT Mastic Carpet			Enclosure ~				AFD's Set-up Vented					
Transite Siding/ 1-1cg Shall		Removal	/Replace	ment				Iso	olation o	f HVAC system	1	
Insulation/Vermiculite		LBP Remo	oval Cher	mical	TT			F	oly Wal	ls Floors Drops		\top
Lead Based Paint		LBP HEPA	Power 7	ools -	TT			Portab	le/Full D	econ Chamber		\top
Mold Remediation		Di	y Ice Bla	sting					Water	System Set-up		+
Industrial/Universal Waste		Aggressive H	land Clea	aning				Elect		's/Temp. Panel		+
Other Drywall		Selecti	ve Demo	lition						rs/5'x7'/Manlift		+
Personal protective equipment:		Clean-up acti	vities:	100		In	spectio	ns:				
YN	n/a			Y	N n	/a	1 # 0	of Neg. Ai	r Machir	nes	YN	n/a
Respiratory protection		Gross/F	inal Clea	n-up	T		· · · ·			act And Sound	-	T
Half-Face/Full-Face/PAPR's		Load	Out Activ	ities _	\vdash					wer Inspection		+
Disposable Suits -		Surfact	tants/Led	izolv						yee PPE Used		+
Steel Toe/Rubber Boots		Wet Methods IA	Shocky	vave		7		FI		Safety In Place	_	+
Gloves Rubber/Cotton	\Box	HEPA Vacuu	ım Seque	ence -						on Site Review	-	+
Safety Glasses/Full Face	\vdash	No. of the contract of the con	HEPA Vacuum Sequence — All Equip./Tools Cleaned —							ME Monitoring		+
Hard hats/Hearing Protection	1	2000 30	nal Lockd	-		\dashv \square				pervisor Visual	-	+
Fall Protection	t-t			CORNOL CONTROL	\vdash	\dashv \square				econtaminated		+
Scaffold Safety Rails/Manlift	H		Work Area Teardown – Final Worksite Walk-Thru							step of the control o	_	+
Consultant Firm:				i i i i i i		View	I/T Ai -	Maria de la companione de	Area ins	pected/Secure		
Popularitative Name: 150	MI	+ Rodge.					I/Testing					
,	/ 14/	Kouge.	<u> </u>			Accre	ditation	Numbe	r:			
Comments:												
Employee Name		ccred.#	Class	Time	Time	5 10 600 600 600	A PROPERTY OF SEC.	Total		P 1		
Project Manager:	-	CCIeu. #	S/W	In	Out	ln	Out	Hrs	-	Employee S	ignatu	re
rojest manager.								1	1			
Supervisor;						1 2 .	-	-				
Supervisor.	112	1147		,30	1200	13	1,30	6-	1	1	A	10
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limethy Highland	A40	477		7~	12	12	7	8:		Ten Kills	refts	
limithy Highland	1440	477		7~	il	12	7	8:		Total Park	wells.	
limithy Highland	A40	977		7~	12	12	7	8:		THE STATE OF THE S	nefts	
limithy Highland	A40	477		7~	11	12	7	8:		Ten (1)	e flo	
limethy Highland	A40	477		7~	1100	12	7	8		Total State of the	reflo	
limethy Highland	A40	477		7~	1100	ĬĽ	7	8		Tung //	e ds	
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afety Issues:	440	4//			estos V		7	S	ster	EME	Ons	iite
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afety Issues:	A40	4//		Asbe	estos I	Waste ~ Non-Fr	riable~~	Dump		Status of Job		
limithy Highland	A40	4//	28	Asberiable	estos I	Waste ~ Non-Fr	riable~~	Dump				
Safety Issues:	A40	4//	29	Asbe riable~~ Bags Drums	estos I	Waste ~ Non-Fr Bag	riable~~ gs ums	Dump Proj	ject On-	Status of Jok going - someo	ne to re	turn
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certify area has been visually i	AL a	ed, all equipme	28	Asbe riable~~ Bags Drums Bundles	estos V	Waste ~ Non-Fr Bag Dru Bui	riable~~ gs ums ndles	Dump Proj Note:	ject On-	Status of Jok going - someo	ne to re	turn



Today's Date/Day: SMTW)TFS 7-17-15	Job#: 14 553A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: 35/Treslava	ACM Mold Lead Other
Work Area: 802	804

General Work Description:		The type of abatement conducted:					Set-	-up pro	cedure	s condu	ıcted:			
	n/a			Υ	N n	/a						Υ	N	n/a
ACM Pipe/Fitting			Rem	oval						Signs/	Banner Ta	pe		
ACM Boiler/Tanks/Breeching		E	ncapsula	ation						Cr	riticals Set-	up _		
ACM Acoustical Ceiling			Patch/Re	epair					Full/Mini Enclosure					
ACM Ceiling Tiles/Glue Pods		Glove-l	pag Removal					Plywood 2"x4" Structures						
VAT Mastic Carpet				Enclosure /					AFD's Set-up Vented —				_	
Transite Siding/ Ital Shed		Removal/I		Decision of the last of the la		_					HVAC syste	-	\vdash	_
Insulation/Vermiculite		LBP Remo				_					Floors Dro	-	\vdash	\dashv
Lead Based Paint		LBP HEPA				-					con Chamb	-	\vdash	\dashv
Mold Remediation			y Ice Blas	- International		-					ystem Set- /Temp. Par		1-1	_
Industrial/Universal Waste	_	Aggressive Ha	and Clea /e Demol		-	-					s/5'x7'/Manl		\vdash	\dashv
Other Drysgli				111011				~~~0		Id/ Dakere	yo Xi Tiviani			
Personal protective equipment:		Clean-up activ	/ities:				insi	pection		Markins		V	Al	-1-
	n/a			Y	N n	/a	1	# or	Neg. Air			Y	N	n/a
Respiratory protection		Gross/Fi				-					ct And Sou	-	\vdash	\dashv
Half-Face/Full-Face/PAPR's			Out Activ	-	-	-			DEC		er Inspecti		\vdash	\dashv
Disposable Suits	\vdash	Wet Methods IAC	ants/Led	-		-			Ele	50.050	ee PPE Use afety In Pla	-	+	-
Steel Toe/Rubber Boots		HEPA Vacuu			-	\dashv \mid					n Site Revie	- and the same of	\vdash	\dashv
Gloves Rubber/Cotton	-	All Equip./T		-	-	-					//E Monitori	-	\vdash	_
Safety Glasses/Full Face Hard hats/Hearing Protection	-		nal Lockd	-		\dashv					ervisor Visu	_	\vdash	\neg
Fall Protection		Work Ar				-					contaminat	-		\neg
Scaffold Safety Rails/Manlift	-	Final Worksi			\vdash	\dashv					ected/Secu	-	\vdash	\dashv
		1 illai Worksi	to walk	Till a		Vie	ual/I	Testing	NAME OF TAXABLE PARTY.	area mep				
Consultant Firm:							sual/Testing: creditation Number:							
Representative Name:						ACC	crea	itation	Number	-				
Comments:						******								
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Employee Name		Accred.#	S/W	In	Out	' '	"	Out	nis	-	Employee	Sign		
Employee Name Project Manager:		Accred. #	S/W	in	Out		"	Out	nis		Employee	Sign		
Project Manager:		Accred. #	S/W									Sign		
	A2:	55 % 7	S/W	∠ ³⁰	1000			430	9,5	An	u/s		A	
Project Manager: Supervisor:	A2	5587 26314	S/W		1000	23				An	ul s		A	
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Project Manager: Supervisor:	A2 17	1587 36314 2977	S/W	C30	1000	123	30			An	w/s	2/ 2/		
Project Manager: Supervisor: A. Pfak Chro Treglown	A2 1	1587 36314 2977	S/W	€ 30 € 30	1000 1200	123	30)			An R	al es			
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Project Manager: Supervisor: A. Pfak Chro Treglown	A2:	3587 36314 2977	S/W	€ 30 € 30	1000 1200	123	30)			Au R	al s	A for	L. H.	
Project Manager: Supervisor: A. Pfgk Chro Tregland Timothy Highland	A2 A40	1587 36314 2977	S/W	∠3° -30 -3° -3°	1000 1200 120	123	330			Au R	LEME TEME		Onsi	tte
Project Manager: Supervisor: A. Pfak Chro Treglown	A2:	1587 36314 2977		(30) (30) (33) (10)	1000 1200 120) /2 ³ /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	30 30	430	9,5 9,5	Au R	Tank 1		L L	tte
Project Manager: Supervisor: A. Pfgk Chro Tregland Timothy Highland	A2:	1587 36314 2777		∠3° -30 -3° -3°	1000 1200 120) 12 ³ 12 ³ 12	30 30	4 ³⁰ 4 ³⁰ 4 ⁰⁰	9,5 9,5 5	And R	TEME	Job	Ons	
Project Manager: Supervisor: A. Pfgk Chro Tregland Timothy Highland	A2:	3587 36314 2977	~~~	(3°) (3°) (3°) (3°) (3°)	1000 1200 120) /2 ³ /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	30 30 30 Bagg	430 430 400	9,5 9,5 5 Dump	And R	EME Status of going - sor	Job	Ons:	urn
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Project Manager: Supervisor: A. Pfgk Chro Tregland Timothy Highland	A 2 A 4 A	5587 36314 3777	~~F	Asbright Asb	izau j Lo) /2 ³ /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	30 30 30 Bagg Drur Bund	430 400 400 30 400 30 400 sable~~ s ms	9,5 9,5 5 Dump	Ster Siject On-	EME Status of going - sor	Job neone	Onsi	urn



General Work Description:

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 7-13-15	Job#: 14 553 A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: 35 / Tresbun	ACM Mold / Lead / Other
Work Area: \$20 8	30

Set-up procedures conducted:

N n/a

Daily Construction Report

ACM Pipe/Fitting			Rem	oval					Signs/Banner Tape	e
ACM Boiler/Tanks/Breeching		E	ncapsula	ation					Criticals Set-up	p —
ACM Acoustical Ceiling			Patch/Re	epair					Full/Mini Enclosure	
ACM Ceiling Tiles/Glue Pods		Glove-	bag Rem	oval				Ply	wood 2"x4" Structures	
VAT Mastic Carpet			Enclo					120	AFD's Set-up Vented	
Transite Siding/ How Shirt		Removal/	100	-					lation of HVAC system	
Insulation/Vermiculite	\square	LBP Remo		Total Contraction of the Contrac		1			oly Walls Floors Drops	Constitution of the last of th
Lead Based Paint	\square	LBP HEPA						Portable	e/Full Decon Chambe	
Mold Remediation	\vdash	6	y Ice Blas					Electri	Water System Set-up ic GFCl's/Temp. Pane	In the second second
Industrial/Universal Waste Other Dry will	H	Aggressive H	and Clea ∕e Demol			-			ld/Bakers/5'x7'/Manlift	
Personal protective equipment:		Clean-up activ	-			le le	spection			
Y N	n/a	Olean-ap aca	/Idos	Y	N n/a	NAME OF TAXABLE PARTY.			Machines	Y N n/a
Respiratory protection		Gross/F	inal Clea	-		1	-		riers Intact And Sound	
Half-Face/Full-Face/PAPR's	H		Out Activ						ON/Shower Inspection	
Disposable Suits	\vdash		ants/Led						Employee PPE Used	
Steel Toe/Rubber Boots		Wet Methods IAC	Shocky	vave				Ele	ectrical Safety In Place	
Gloves Rubber/Cotton		HEPA Vacuu	ım Seque	ence				OSHA I	nspection Site Review	v
Safety Glasses/Full Face		All Equip./T	ools Clea	aned				Cons	ultant/EME Monitoring	g
Hard hats/Hearing Protection		Fir	al Lockd	own				Consu	ltant/Supervisor Visua	
Fall Protection		Work Ar	ea Teard	own _				Perso	onnel Decontaminated	d —
Scaffold Safety Rails/Manlift		Final Worksi	te Walk-	Thru				Work A	Area Inspected/Secure	e
Consultant Firm:	14		400000000000000000000000000000000000000		Visua	al/Testing	 :			
Representative Name: AFC	11.	4H Rod	35-6	5		Accre	editation	Numbe	r:	
Comments:		.,,	,							
			Class	Time	Time	Time	Time	Total		
2001 000										
Employee Name	F	Accred.#	S/W	In	Out	ln	Out	Hrs	Employee \$	Signature
Employee Name Project Manager:	A	Accred. #	S/W	In	Out	ln	Out	Hrs	Employee \$	Signature
Project Manager:	F	Accred. #	S/W		Out	In	Out	Hrs	Employee \$	Signature
	A2	Accred. #	S/W	In 30	Out	In 1230	2.6	4,5	Employee S	Signature
Project Manager:	A2	Accred.#	S/W				430	1 -	Employee S	Signature
Project Manager: Supervisor: A. P. fall Chris Treglown	A2 A3 A42	Accred.# 25587 3C314	S/W	630	IL ou	1230	430	4.5	Employee S	Signature
Project Manager:	A2 A3 A42	Accred.#	S/W		jL ^{ou}	12 ³⁰	430	4.5	Employee S	Signature
Project Manager: Supervisor: A. P. fall Chris Treglown	A2 A2 A42	15587 3C314	S/W	630	jL ^{ou}	12 ³⁰	430	4.5	Employee S	Signature
Project Manager: Supervisor: A. P. fall Chris Treglown	A2 A2 A42	Accred.# 25587 3C314	S/W	630	jL ^{ou}	12 ³⁰	430	4.5	Employee S	Signature
Project Manager: Supervisor: A. P. fall Chris Treglown	A2 A2 A42	Accred.#	S/W	630	jL ^{ou}	12 ³⁰	430	4.5	Employee	Signature
Project Manager: Supervisor: A. P. fall Chris Treglown	A2 A2 A42	Accred.#	S/W	630	jL ^{ou}	12 ³⁰	430	4.5	Employee	Signature
Project Manager: Supervisor: A. P. F. A. M. Chris Toeglown Innahy Hahland	A2 A2 A42	Accred.#	S/W	630 630 1030	1200 1200	12 ³⁰ 12 ³⁰ 12 ³¹	430	4.5 9.5 5	Angles Vink	All Straight
Project Manager: Supervisor: A. P. fall Chris Treglown	A2 A2 A42	Accred.# 25587 3C314		630 1030 1030	IL ai	12 ³⁰ 12 ³⁰ 12 ³⁰	430	4.5	Oster EME	Onsite
Project Manager: Supervisor: A. P. F. A. M. Chris Toeglown Innahy Hahland	A2 A2 A42	Accred.# 25587 3C314	~~-	L3V L3V LO3V Asbe-	IL ai	12 ³⁰ 12 ³⁰ 12 ³⁰	430 430 430 Lyou	9.5 9.5 5	Oster EME Status of Jo	Onsite
Project Manager: Supervisor: A. P. F. A. M. Chris Toeglown Innahy Hahland	A2 A2 A42	Accred.#		Asberiable~	IL ai	12 ³⁰	430 430 430 Lyau	9.5 9.5 5	Oster EME	Onsite
Project Manager: Supervisor: A. P. F. A. M. Chris Toeglown Innahy Hahland	A2 A2 A42°	Accred. #	~~-	Asberriable—Bags	IL ai	12 ³⁰	435 430 Lygu	9.5 9.5 5	ester EME Status of Jo ject On-going - some	Onsite ob eone to return
Project Manager: Supervisor: A. P. F. A. M. Chris Treglova Imalhy Hahland Safety Issues:	A2 A2 A42°	15587 2314 977	20	Asberiable~~ Bags Drums Bundles	IL ai	12 ³⁰ 12	Ly30 Ly30 Ly30 Ly30 Friable~ags rums undles	9.5 9.5 5 Dump	ester EME Status of Jo ject On-going - some	Onsite ob eone to return
Project Manager: Supervisor: A. P. F. A. M. Chris Toeglown Innahy Hahland	A2 A2 A42°	15587 2314 977	20	Asberiable~~ Bags Drums Bundles	IL ai	12 ³⁰ 12	Ly30 Ly30 Ly30 Ly30 Friable~ags rums undles	9.5 9.5 5 Dump	ester EME Status of Jo ject On-going - some	Onsite ob eone to return
Project Manager: Supervisor: A. P. F. A. M. Chris Treglova Imalhy Hahland Safety Issues:	A2 A2 A42°	15587 2314 977	20	Asberiable~~ Bags Drums Bundles	IL ai	12 ³⁰ 12	Ly30 Ly30 Ly30 Ly30 Friable~ags rums undles	9.5 9.5 5 Dump	ester EME Status of Jo ject On-going - some	Onsite ob eone to return

The type of abatement conducted:



Today's Date/Day: SMTWTFS7-24-	15 Job#: 14553A
Week Ending Date:	Job Name: 15 South Manle
Truck #/Driver:	ACM Mold / Lead / Other
Work Area	Acial Mold / Lead / Ol

828 883

General Work Description:	The type of a	abatement conducted;					Set-up procedures conducted:							
YN	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		Y N n/a											
ACM Pipe/Fitting			Rer	moval	1					Sign	ns/Banner Tap		N n/	
ACM Boiler/Tanks/Breeching			Encapsu	lation							Criticals Set-u		\top	
ACM Acoustical Ceiling			Patch/R	Repair						Ful	I/Mini Enclosur	-	_	
ACM Ceiling Tiles/Glue Pods		Glove	-bag Rer	noval	T				P	ywood 2	2"x4" Structure	s	+	
VAT Mastic Carpet	\square		Encl	osure							Set-up Vente	-	+	
Transite Siding/ Heg + Shick -		Remova	I/Replace	ment					Iso		of HVAC system		+	
Insulation/Vermiculite		LBP Rem	oval Che	mical	\Box						lls Floors Drop	-	+	
Lead Based Paint		LBP HEP	A Power	Tools /					Portab	le/Full D	Decon Chambe	r _	+	
Mold Remediation		D	ry Ice Bla	asting						Water	System Set-up		+	
Industrial/Universal Waste		Aggressive I					1		Elect	ric GFC	l's/Temp. Pane		1	
Other Drywall -		Select	tive Demo	olition -					Scaffe	old/Bake	ers/5'x7'/Manlift		+	
Personal protective equipment:		Clean-up act	ivities:				Ins	spectio	ns:				100	
_Y N	n/a			Y	N	n/a	1	# (of Neg. Ai	r Machi	nes	Y	V n/:	
Respiratory protection		Gross/	Final Clea	an-up							tact And Sound	_	T	
Half-Face/Full-Face/PAPR's		Load	Out Acti	vities	1						ower Inspection		+	
Disposable Suits /		Surfac	ctants/Led	dizolv	\Box						yee PPE Used		+	
Steel Toe/Rubber Boots		Vet Methods IA	Q Shock	wave					El		Safety In Place		\top	
Gloves Rubber/Cotton		HEPA Vacu	um Sequ	ence	П						on Site Review		\top	
Safety Glasses/Full Face		All Equip./	Tools Cle	aned _	П				Cons	sultant/E	EME Monitoring	-	+	
Hard hats/Hearing Protection		F	inal Lock	down							pervisor Visua	_	\top	
Fall Protection		Work A	rea Teard	down			1				econtaminated	-	\top	
Scaffold Safety Rails/Manlift		Final Works	Thru _	\Box	\neg					spected/Secure		+		
Consultant Firm:	terminal manual m	10 11	0 1			V	isual	/Testing	interest and the second					
Representative Name: AF		Matte	nelle	215				Carlot Control of the Control	Numbe	r:				
Comments:			J	()										
			Class	Time	Tin	e l'	Time	Time	Total	T		The section of the second	in a second	
Employee Name	Ac	cred.#	S/W	In	OL		In	Out	Hrs	1	Employee S	Signatu	ıre	
Project Manager:						\neg			1	 	,	3		
upervisor:	6 .			130		015	230	4-1		 				
A Phala	475	587		Y.	11	1	7"	42	95	11.	1 1	2	2	
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TO THE HOLLOW	1110	100	100	0/1	10	(i	2.1	1/20	10	100	gano	64	469)2	
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afety Issues:				Asbe	estos	Was	ste	1	Dump	ster	EME	On	site	
			~~F	riable~~	T	The state of the s	Same I supplied	iable~~		The Real Property lies	Status of Jo			
			210	Γ	\dashv				16	-		disease and the second	- 4	
			1	Bags			Bag	js	- Pro	ject On-	-going - some	one to re	eturn	
			Drums							Drums Note:				
				Drums Bundles	_		Dru	ms		***********	no one will ne			



Today's Date/Day: SMTWTFS フラダーバ	Job#: 14- 553 A
Week Ending Date:	Job Name:
Truck #/Driver:	ACM / Mold / Lead / Other
Work Area! 868	844

		II I Lopore	a mar better the process of the	- 1									
General Work Description:		The type of a	bateme	nt cond	lucted		Set-up p	rocedure	s con	ducted:		e literation is	
	n/a	Y N n/a									Y	N	n/a
ACM Pipe/Fitting				noval	11				Sig	ns/Banner Ta		-	
ACM Boiler/Tanks/Breeching	\perp		Encapsu		11					Criticals Set-			
ACM Acoustical Ceiling	\vdash		Patch/R		-	\perp		-		I/Mini Enclosu			
ACM Ceiling Tiles/Glue Pods	+	Glove	-bag Rer	at tall to the	4	_		PI		2"x4" Structui	-		
VAT Mastic Carpet Transite Siding/	\vdash	Damayal		osure	1	\dashv \blacksquare		20		s Set-up Vent		_	
Insulation/Vermiculite	+	Removal			++	\dashv \mid				of HVAC syste	- Commonweal	_	
Lead Based Paint	+	LBP Remo			++	$- \mid \mid$				lls Floors Dro		-	\square
Mold Remediation	+		y Ice Bla		++	\dashv \blacksquare		Portab		Decon Chamb System Set-	100	-	\vdash
Industrial/Universal Waste	+	Aggressive H	•	-	++	-		Floot		System Set- I's/Temp. Par	' -	-	\vdash
Other Heat Shed	+		ve Demo		++	-				ers/5'x7'/Manl		-	\vdash
Personal protective equipment:		Clean-up acti			a,		nspectio	and the same of th		213/0 XI /IVIAIII			
YN	n/a	Olean-up dec	video.	Y	N r	/a	and the same of th	of Neg. Ai	r Machi	nes	Y	N	n/a
Respiratory protection		Gross/F	inal Clea		-	ñ h		-		tact And Sou		<u> </u>	11/4
Half-Face/Full-Face/PAPR's	H		Out Acti		+	\dashv \mid				ower Inspecti	-	\vdash	-
Disposable Suits		Surfact	tants/Lec	dizolv	\vdash	\neg				oyee PPE Us	_	\vdash	
Steel Toe/Rubber Boots		Wet Methods IA	Q Shock	wave		\neg		El	•	Safety In Pla			
Gloves Rubber/Cotton		HEPA Vacuu	ım Sequ	ence -		7				ion Site Revie		П	
Safety Glasses/Full Face		All Equip./T	ools Cle	aned /		7		Cons	sultant/E	EME Monitorii	ng -		
Hard hats/Hearing Protection		Fir	nal Locko	down						pervisor Visu	_	\Box	
Fall Protection		Work Ar	ea Teard	down /				Pers	onnel D	econtaminate	ed /		
Scaffold Safety Rails/Manlift		Final Works	ite Walk-	Thru				Work /	Area Ins	spected/Secu	re		
Consultant Firm:	1101	1	The Paris of Marie		Visu	al/Testin	g:						
Representative Name: // [1	off Kode	1213			Accr	editation	Numbe	r:				
Comments:													
			Class	Time	Time	Tim	e Time	Total	T	•		Microsimia	
Employee Name		Accred. #	S/W	in	Out	ln	Out	Hrs	ļ	Employee	Signa	ature)
APtale	12	5587		930	12	1230	/	6.5	an	ula	-6		_
stefano D'Onofrio	A4	16920	W	730	12	1230	3	7,5	1	Conce		18	W.
Tim Hishland	14	1977		30	1250	236	430	9,5		0	00	6	/
												100000000000000000000000000000000000000	
						+							
						+							
Safety Issues:				Asb	estos	Waste	1	Dump	ster	EME	TT	Onsit	e
			~~F	riable~~	T.	~~ Non-F	riable~~		-	Status of J			
			22		+			70-			The same of		
			21	Bags	_		ags	_	ect On	-going - som	eone to	o retu	ırn
				Drums		D	rums	Note:			-	(Kindana)	THE RESERVE OF THE PERSONS ASSESSED.
				Bundles		-	undles			no one will r	eed to	retur	n
certify area has been visually i	nspect	ed, all equipm	ent is c	off site a	and th	ere is i	no debri	s or othe	er mat	erials left.			



Today's Date/Day: S M T W T F S 4-17-15	Job#: 14 553 A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: 35/1, M	ACM Mold / Lead / Other

25851 Trowbridge St., Inkster, MI 48141 Voice: 313.791.2600 Fax: 313.791.2601 www.teamE				W	ork Area	1: 8	80 ,	882	88	4 886	888	
Daily Constr	uctio	n Report				44		868	84			
General Work Description:		The type of a	batemen	t cond	lucted:	S		rocedur	The same of the same of			
ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/ Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Univeral Waste Other 1/2 1/2 1/2 1/2 Personal protective equipment: Y N Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Scaffold Safety Rails/Manlift Consultant Firm:	n/a	Glove- Removal LBP Remo LBP HEPA Di Aggressive H Selecti Gross/F Load Surfact Wet Methods IAG HEPA Vacuu All Equip./T	Remo Encapsula Patch/Re -bag Remo Enclos /Replacem oval Chem A Power To ry Ice Blass land Clean ve Demoli vities: Tinal Clean Out Activit tants/Lediz Q Shockwa um Sequer tools Clear hal Lockdo ea Teardo	Y oval tion pair oval sure ical cols ting ing tion Y -up -up ties colv ave nce ned wn wn wn	N n/a	ln	spectio	Plantable Fortable Flecting Scaffe Flecting Flec	Sign Full lywood 2 AFD's olation o Poly Wal ole/Full D Water ric GFCl old/Bake ir Machin rriers Int CON/Sho Emplo lectrical Inspecti sultant/Eultant/Su sonnel D	ns/Banner Tap Criticals Set-u l/Mini Enclosur L'"x4" Structure is Set-up Vente if HVAC syster Ils Floors Drop Decon Chambe System Set-u L's/Temp. Pane ers/5'x7'/Manlif	Y N n/a d d d d d d d d d d d d d d d d d d d	
Representative Name: AEC		eff fox	and	Lan				y. <u>Numbe</u>	er:			
Comments:				145	35011							
Employee Name roject Manager:	A	ccred.#	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs		Employee :	Signature	
A. Ptsh Innothy Hamana Christreglown	A 2 A 29 A 30	25587	* (30 30 730	12°V	1230	400	9 9 = 8	an.	la C	To and	
			~~Frie	Asbe	estos Wa		iable~~	Dump		EME		
afety Issues:			-			The state of the s		Project On-going - someone to return Note: Complete - no one will need to return				



Today's Date/Day: SMTWT(F)S 9-18-15	Job#: 1455-3 A
Week Ending Date: 9-20-15	Job Name: South Mufle
Truck #/Driver: 35 /T, m	ACM Mold / Lead / Other

Voice: 313.791.2600 Fax: 31		er, MI 48141 D1 www.teamEi	ME.com	NA.	DIR AIE	a. /	800	800	2 8	04		
Daily Constr	uctio	n Report				4	320	828	8	30		
General Work Description:		The type of a	bateme	nt cond	ucted:	S	et-up pi	rocedure	es condu	cted:		
ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/ Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Universal Waste Other Discussion Personal protective equipment: Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm:	Glove Removal LBP Removal LBP Removal LBP HEPA Do Aggressive H Selecti Gross/F Load Surfact Wet Methods IAM HEPA Vacuu All Equip./T Fin Work Ar Final Works	N n/a	Visua	Signs/Banner Tape Criticals Set-up Full/Mini Enclosure Plywood 2"x4" Structures AFD's Set-up Vented Isolation of HVAC system Poly Walls Floors Drops Portable/Full Decon Chamber Water System Set-up Electric GFCl's/Temp. Panel Scaffold/Bakers/5'x7'/Manlift Inspections:								
Comments:	1	*	Class	Time	Time	Time	Time	Total	1			
Employee Name roject Manager:	1	Accred. #	S/W	In	Out	ln	Out	Hrs	Eı	mployee	Sigr	nature
Chris Treglown Limitaly highand	A2 193 1429	5587 6314 77		6 ³⁰ 730	1200 1200	12 ³⁰	230	7.5 6.5 7.5	Am Ol	Les fints	7	All I
							-					



Today's Date/Day:	Job #: 14 553 A
Week Ending Date:	Job Name: South Mile
Truck #/Driver:	ACM Mold / Lead / Other
Work Area: 850, 80	06

Daily Construction Report

General Work Description: The type of abatement conducted: Set-up procedures conducted:

Y	l n/a			Y	N n/a					Y	N	n/a		
ACM Pipe/Fitting			Rem	ioval	Ĺ	7			Signs/Banner Ta	pe 7	П			
ACM Boiler/Tanks/Breeching			Encapsula	ation					Criticals Set-	up 🚽				
ACM Acoustical Ceiling			Patch/Re	epair] [Full/Mini Enclosu	re				
ACM Ceiling Tiles/Glue Pods		Glove	bag Rem	oval				Ply	ywood 2"x4" Structur	es				
VAT Mastic Carpet			Enclo	sure			AFD's Set-up Vented							
Transite Siding/ //45/C/		Removal	Replacer	ment			Isolation of HVAC system							
Insulation/Vermiculite		LBP Remo	oval Cher	nical				Poly Walls Floors Drops						
Lead Based Paint		LBP HEPA	Power T	ools				Portabl	le/Full Decon Chamb	er				
Mold Remediation			y Ice Blas					Water System Set-up						
Industrial/Universal Waste		Aggressive H							ic GFCI's/Temp. Par					
Other Hear Shert /		Selecti	ve Demo	lition /				Scaffo	old/Bakers/5'x7'/Manl	ft				
Personal protective equipment:		Clean-up acti	vities:			In	spection	ıs:						
_Y N	l n/a			Υ	N n/a		(#0	f Neg. Air	r Machines	Υ	Ņ	n/a		
Respiratory protection		Gross/F	inal Clea	n-up				Bar	rriers Intact And Sour	nd T	T			
Half-Face/Full-Face/PAPR's		Load	Out Activ	rities] [DEC	ON/Shower Inspection	on 7				
Disposable Suits		Surfac	tants/Led	izolv		1	Employee PPE Used							
Steel Toe/Rubber Boots		Wet Methods IA	Q Shockw	vave		1	Electrical Safety In Place							
Gloves Rubber/Cotton		HEPA Vacuu	ım Seque	ence		1	OSHA Inspection Site Review							
Safety Glasses/Full Face	T	All Equip./T	ools Clea	aned		1		Cons	sultant/EME Monitoring	ng 7				
Hard hats/Hearing Protection		Fit	nal Lockd	own		1	Consultant/Supervisor Visual							
Fall Protection		Work A	Work Area Teardown						onnel Decontaminate	d -		\neg		
Scaffold Safety Rails/Manlift	\top	Final Works	ite Walk-	Thru		1	Work Area Inspected/Secure							
Consultant Firm:			Visua											
Representative Name:							ditation		r:					
Comments:	NAME OF TAXABLE PARTY.										-			
	T		Class	Time	Time	Time	Time	Total	1		-			
Employee Name		Accred.#	S/W	In	Out	In	Out	Hrs	Employee	Signa	ture			
Project Manager:	+-		0,00		Out		Out	1113		Oigina				
Supervisor	+ 7	200		-		3,-	7		- 1		B			
A Pt. W	A	15547		100	1,00	12	6	10.5	Marka.	J.		-		
14/911	110	<u> </u>		6	10	10	1 -10	10,7	Donaly	1	dell	٧		
Kasar Allan	14"	7937		130	00	1736	400	10	Hart S					
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MA VI CI E				1,30	,,00	1,23	1,30	71	1		8000			
Mustin Stewart				8	16	12	19	1,5						
	-													
									1					
	-													
	-		10											
			95											
			125											
Safety Issues:				Asbe	estos W	/aste		Dump	oster EME		Onsit	Э		
Safety Issues:			~~F	Asbe		laste	iable~~	Dump	ester EME Status of J	CONTRACTOR DE LA CONTRA	Onsit	ð)		
Safety Issues:				riable~~		Non-Fr			Status of J	ob				
Safety Issues:			~~F	riable~~ Bags		Non-Fr	gs	Pro	AND THE RESIDENCE OF THE PERSON OF THE PERSO	ob				
Safety Issues:			24	riable~~ Bags Drums		Non-Fr Bag Dru	gs ıms	Pro	Status of J	ob eone to	retu	rn		
			24	riable~~ Bags Drums Bundles	~~	Non-Fr Bag Dru Bui	gs ıms ndles '	Pro Nøte:	Status of J ject On-going - som nplete - no one will r	ob eone to	retu	rn		
Safety Issues: I certify area has been visually	inape	cted, all equipm	24	riable~~ Bags Drums Bundles	~~	Non-Fr Bag Dru Bui	gs ıms ndles '	Pro Nøte:	Status of J ject On-going - som nplete - no one will r	ob eone to	retu	rn		
	inspe	cted, all equipm	24	riable~~ Bags Drums Bundles	~~	Non-Fr Bag Dru Bui	gs ıms ndles '	Pro Nøte:	Status of J ject On-going - som nplete - no one will r	ob eone to	retu	rn		



Today's Date/Day:	Job #: .
SM(T)WTFS /1-3-/5	14-5534
Week Ending Date:	Job Name:
11-8-15	South Manle
Truck #/Driver:	ACM Mold / Lead / Other
42/Ren	Compression of the control of the co
Work Area:	
822	

Daily	Con	structi	ion R	eport
	~~!!!	ori dori		

Duny Constitu	10110	-				PERSONAL PROPERTY.					THE VIEW CONT		
General Work Description:		The type of ab	atemer	t condu		Se	t-up pro	cedure	s conduc	ted:			
Y N	n/a		64-5	Y	N n/a							n/a	
ACM Pipe/Fitting			Rem						- 5	anner Tape			
ACM Boiler/Tanks/Breeching		1	ncapsula							cals Set-up		\vdash	
ACM Acoustical Ceiling		W	Patch/Re					DI.		i Enclosure			
ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet		Glove-t	ag Rem Enclos	-	_		Plywood 2"x4" Structures AFD's Set-up Vented /						
Transite Siding/ Dry W/6 1		Removal/F			_			Isol		AC system		H	
Insulation/Vermiculite	\vdash	LBP Remo			\vdash	1 1				oors Drops		H	
Lead Based Paint	H	LBP HEPA			\vdash	1				n Chamber		$H \mid$	
Mold Remediation	\vdash		Ice Blas						Water Sys	tem Set-up	\vdash	$H \mid$	
Industrial/Universal Waşte	\Box	Aggressive Ha	and Clea	ning		1		Electri	GFCI's/Te	emp. Panel			
Other Hent shell -		Selectiv	e Demol	ition		1		Scaffol	d/Bakers/5	'x7'/Manlift			
Personal protective equipment:		Clean-up activ	rities:			Ins	spection	s:					
	n/a	l ·		Υ	N n/a		/ # of	Neg. Air	Machines		YN	n/a	
Respiratory protection /		Gross/Fi	nal Clear	n-up /		1 📂		Barı	iers Intact	And Sound	1	\Box	
Half-Face/Full-Face/PAPR's		Load (Out Activ	ities				DEC	DN/Shower	Inspection	1		
Disposable Suits /			ants/Ledi	30(5,000)					Employee	PPE Used			
Steel Toe/Rubber Boots		Wet Methods IAC								ety In Place			
Gloves Rubber/Cotton		HEPA Vacuu							394	Site Review		\sqcup	
Safety Glasses/Full Face		All Equip./To								Monitoring		\sqcup	
Hard hats/Hearing Protection	\Box		al Lockd							visor Visual		\vdash	
Fall Protection		Work Are		100000000000000000000000000000000000000						ntaminated	1	\vdash	
Scaffold Safety Rails/Manlift		Final Worksit	e Walk-	hru					rea Inspec	ted/Secure		\perp	
Consultant Firm: Representative Name: AEC		T.10		1			/Testing	Section 1985					
Representative Name:		Jeff	- Fo	X		Accre	ditation	Numbe	r:				
Comments:													
			Class	Time	Time	Time	Time	Total					
Employee Name	-	Accred.#	S/W	In	Out	In	Out	Hrs	En	nployee S	ignatui	e	
Project Manager:													
Supervisor:	11	m				,00	5	4	1	1	0	2 h	
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Safety Issues:				Asbe	estos W	aste	V	Dump	ster	EME	Ons	site	
			~~F	riable~~	~-	- Non-Fr	iable~~		Sta	atus of Jo	b		
			12	Bags		Ва	gs	Pro	ject On-go	ing - some	one to re	eturn	
				Drums	\top	_	ıms	Note:					
				Bundles	+		ndles		nplete - no	one will ne	ed to ret	urn	
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I certify area has been visually	inspec	ted, all equipm	ient is o	off site	and the	ere is r	io debri	s or otr	ier mater	iais left.			
Signature: Andto	1 SAM	<u> </u>		700						11			
	0					THE R. W. L.							



Today's Date/Day:	Job#: 14-553A
Week Ending Date:	Job Name: Soft Maple
Truck #/Driver: 34/ Ken	ACM/ Mold / Lead / Other
Work Area: 808 81	0

General Work Description:		The type of ab	atemen	it condu	icted:		Set	-up pro	cedures	condu	icted:	184.50		de se e un l	
Y N	n/a			Y	N n/a							Υ	N	n/a	
ACM Pipe/Fitting		Removal									/Banner Tape	-			
ACM Boiler/Tanks/Breeching		E	ncapsula	ation			Criticals Set-up								
ACM Acoustical Ceiling			Patch/Repair						Full/Mini Enclosure						
ACM Ceiling Tiles/Glue Pods		Glove-bag Removal						Plywood 2"x4" Structures							
VAT Mastic Carpet		Enclosure -						AFD's Set-up Vented							
Transite Siding/ Wrywall		Removal/F	Replacen	nent	1		Isolation of HVAC system								
Insulation/Vermiculite		LBP Remov					Poly Walls Floors Drops								
Lead Based Paint		LBP HEPA					Portable/Full Decon Chamber								
Mold Remediation			Ice Blas								ystem Set-up		_	_	
Industrial/Universal Waste		Aggressive Ha									Temp. Panel	\vdash	\dashv	_	
Other Ital Shield			e Demol	ition] –			Figure			u/bakers	s/5'x7'/Manlift		Name and Address of the Owner, where the Owner, which the		
Personal protective equipment:		Clean-up activ	ities:				STORM TOURS	pection							
YN	n/a			Y	N n/a	.		# of	Neg. Air			Y	N	n/a	
Respiratory protection		Gross/Fi		-							ct And Sound	-	\perp		
Half-Face/Full-Face/PAPR's		Load Out Activities							DEC		er Inspection	-	_		
Disposable Suits			ants/Ledi			1 1					ee PPE Used	-	_		
Steel Toe/Rubber Boots		Wet Methods IAC									afety In Place	F F	\dashv	_	
Gloves Rubber/Cotton		HEPA Vacuu				1 1					n Site Review	-	-	_	
Safety Glasses/Full Face			All Equip./Tools Cleaned / Final Lockdown								/IE Monitoring	-	-	_	
Hard hats/Hearing Protection		A STANDARD CONTRACTOR AND A STANDARD CONTRAC									ervisor Visual		\dashv	-	
Fall Protection		Work Area Teardown									contaminated	-	_		
Scaffold Safety Rails/Manlift		Final Worksite Walk-Thru						Work Area Inspected/Secure							
Consultant Firm:	/							Testing	ı:						
Representative Name: AEC	1							ccreditation Number:							
Comments:	,	7)												
Comments.			Class	Time	Time	Tir	ma	Time	Total			-			
Employee Name	,	Accred.#	S/W		Out	9331	n	Out	Hrs	1	Employee S	iana	ture		
Project Manager:		Accieu. #	2/44	ln	Out		iii Out 1113								
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Supervisor	11	5587		100	1200	1)	30	430	10	alus	/		1	1	
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Safety Issues:				Asb	estos W	vast	e	V	Dump		EME		Onsi	te	
			~~F	riable~~	~	~ Noi	n-Fri	iable~~			Status of Jo	b			
			23	Bags			Bag	ıs	~ Pro	ject On-	going - some	one to	retu	urn	
				Drums			Dru		Note:		(0/2) 1555				
							_	ndles		nplete -	no one will ne	ed to	retur	'n	
				Bundles			SCHOOL STATE		The state of the s	Michigan Street					
I certify area has been visually	inspect	ted, all equipm	ent is o	off site	and the	ere i	s no	o debris	s or oth	er mate	erials left.				
Signature: Andre /	X L														
orginature. Image of N	AL TO														



Today's Date/Day: SMJWTFS //-/ゔー/ゔ Week Ending Date:

Job #:

Truck #/Driver:

Job Name: ACM / Mold / Lead / Other

Work Area:

Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com **Daily Construction Report**

25851 Trowbridge St., Inkster, MI 48141

General Work Description:		The type of abatement conducted:						t-up pro	cedure	s conducted:					
	n/a		Y N n/a									n/a			
ACM Pipe/Fitting			Rem			1				Signs/Banner Tape		\Box			
ACM Boiler/Tanks/Breeching		8	ncapsula	_		1				Criticals Set-up		\vdash			
ACM Acoustical Ceiling			Patch/Repair							Full/Mini Enclosure		\vdash			
ACM Ceiling Tiles/Glue Pods		Glove-bag Removal						Plywood 2"x4" Structures							
VAT Mastic Carpet	\square	Enclosure -						AFD's Set-up Vented							
Transite Siding/ Dry Wall		Removal/F		-		-	Isolation of HVAC system								
Insulation/Vermiculite		LBP Remov			\vdash	4	Poly Walls Floors Drops								
Lead Based Paint	\square	LBP HEPA		_	\vdash	-	Portable/Full Decon Chamber								
Mold Remediation	\vdash	Aggressive Ha	Ice Blas		\vdash	\dashv				Water System Set-up c GFCI's/Temp. Panel		+			
Industrial/Universal Waste Other	H	Selectiv			\vdash	-				d/Bakers/5'x7'/Manlift	\vdash	+			
Personal protective equipment:		Clean-up activ					Inc	pection							
Y N	n/a	Greati-up activ	illes.	Y	N n/a	a	1113	A STATE OF THE PARTY OF THE PAR	The second second	Machines	Y N	n/a			
Respiratory protection	177	Gross/Fi	nal Clea		1 1 1 1 1 1 1	Ť	-	<u></u>		riers Intact And Sound					
Half-Face/Full-Face/PAPR's	H	1	Out Activ			1				ON/Shower Inspection		\vdash			
Disposable Suits			ants/Ledi			1				Employee PPE Used		\Box			
Steel Toe/Rubber Boots		Wet Methods IAQ				1			Ele	ectrical Safety In Place	-				
Gloves Rubber/Cotton		HEPA Vacuum Sequence								nspection Site Review		П			
Safety Glasses/Full Face		All Equip./To				1			Cons	ultant/EME Monitoring	7				
Hard hats/Hearing Protection			al Lockd	-		1			Consul	tant/Supervisor Visual	-				
Fall Protection		Work Are	ea Teard	own _		7			Perso	onnel Decontaminated	-				
Scaffold Safety Rails/Manlift		Final Worksit	e Walk-	Thru -		1			Work A	rea Inspected/Secure	-	\Box			
Consultant Firm:								sual/Testing:							
Representative Name: AFC									creditation Number:						
Comments:															
			Class	Time	Time	Ti	me	Time	Total						
Employee Name	Į.	Accred. #	S/W	In	Out		n	Out	Hrs	Employee S	ignatu	re			
Project Manager:															
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Supervisor:	10.		0	130	1200	1 .:	30	400	9	1. 1	0.	1			
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Safety Issues:			FID 5 - NSO 201 - CONTROL		-		- Allester	V	Dump			site			
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			25	Bags			Bag	gs	`ro	ject On-going - some	one to re	eturn			
				Drums			Dru	ıms	Note:						
				Bundles		***************************************	Bur	ndles	Cor	nplete - no one will ne	ed to re	urn			
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Signature: Changland	Se fig														
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Today's Date/Day: S M T W T/F S 12-4-15	Job#: 14 553 A
Week Ending Date:	Job Name; Maple
Truck #/Driver: 34/ Dagny Ho	ACM Mold / Lead / Other
Work Area: 846 8	44 850

	A NEW YORK	The type of ab	atemer	nt condu	icted:	S	et-up pro	cedure	s cond	luctea:				
YN	n/a		Maria de Cara	Υ	N n/a						Y N r	n/a		
ACM Pipe/Fitting		Removal							Sign	s/Banner Tape				
ACM Boiler/Tanks/Breeching		E	Encapsulation							Criticals Set-up	7			
ACM Acoustical Ceiling		1	Patch/Re	epair		1			Full	Mini Enclosure	-	_		
ACM Ceiling Tiles/Glue Pods		Glove-b	Glove-bag Removal					Plywood 2"x4" Structures						
VAT Mastic Carpet			Enclosure —					AFD's Set-up Vented						
Transite Siding/ Daywall		Removal/F	Removal/Replacement						Isolation of HVAC system =					
Insulation/Vermiculite		LBP Remo	val Chen	nical			Poly Walls Floors Drops -							
Lead Based Paint		LBP HEPA	Power T	ools			Portable/Full Decon Chamber -							
Mold Remediation		Dry	/ Ice Blas	sting					Water	System Set-up				
Industrial/Universal Waste		Aggressive Ha								's/Temp. Panel				
Other Heat shield		Selectiv	e Demo	ition —					ld/Bake	rs/5'x7'/Manlift				
Personal protective equipment:		Clean-up activ	rities:			lr	spection	s:						
_ Y N	n/a			Y	N n/a		(# of	Neg. Air	Machir	nes	Y N n	/a		
Respiratory protection		Gross/Fi	nal Clea	n-up				Bar	riers Int	act And Sound	w=			
Half-Face/Full-Face/PAPR's /		Load (Out Activ	rities				DEC	ON/Sho	wer Inspection				
Disposable Suits		A contract of the contract of	ants/Led						Emplo	yee PPE Used	-			
Steel Toe/Rubber Boots /		Wet Methods IAC						Ele	ctrical	Safety In Place				
Gloves Rubber/Cotton -		HEPA Vacuu								on Site Review				
Safety Glasses/Full Face /		All Equip./To								ME Monitoring				
Hard hats/Hearing Protection		Fin	al Lockd	own				Consul	tant/Su	pervisor Visual				
Fall Protection		Work Are	ea Teard	own _				Perso	onnel D	econtaminated	250			
Scaffold Safety Rails/Manlift		Final Worksit	te Walk-	Thru				Work A	rea Ins	pected/Secure				
Consultant Firm:			sual/Testing:											
Representative Name: AE	1	ance H	// //					creditation Number:						
Comments:										1/1				
Comments.			Class	Time	Time	Time	Time	Total						
Employee Name		Accred. #	S/W	In	Out	In	Out	Hrs		Employee S	ianature			
		toolog. II	3/44		Out	- ""	Out	1113		Limpioyee e	riginature			
Project Manager:						ı	4					1		
Project Manager:														
				-1.1			30							
Supervisor:	As	1587		1.30	1700	113	0 4 30	5.5			<u>Au</u>	1		
	AL	5587		(30	17ª	16	9	5,5	A	inde	Pty	2		
Supervisor: A. Ptgk				6	11	123	9		<u>A</u>	inder	Pth	2		
		5587 1866	(3	()) S	1200	16	9	5.5 9.5	A.	meles A C	Ft.	Z J.		
Supervisor: A. Ptgk			(3)	6	1200	16	9	9,5		inslex C	Ptu)	Z Je		
Supervisor: A. Ptgk			Ç S	()) S	11	16	9 4 30		W.	insles CAP	Plan	Z J.		
Supervisor: A. Ptgk			ÇS (()) S	1200	16	9 4 30	9,5	W.	insles Adf	Ptu)	J.		
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Supervisor: A. Ptgk			(S)	()) S	1200	16	9 4 30	9,5	N	miles Odf	Pth	L L		
Supervisor: A. Ptgk			(3)	()) S	1200	16	9 4 30	9,5	N	mber Odf	Plan	J.		
Supervisor: A. Ptgk			(3)	()) S	1200	16	9 4 30	9,5	N	Carles C	Pala	J.		
Supervisor: A. Ptgk			(3)	()) S	1200	16	9 4 30	9,5	N	May C	Plan	L L		
Supervisor: A. Ptgk			(3)	()) S	1200	16	9 4 30	9,5	N	inder Odf	Par	L Geo		
Supervisor: A. Ptgk			(3)	()) S	1200	16	9 4 30	9,5	N	ANG	Par Par	J.		
Supervisor: A.Ptgk Danny Carvalho M. Stewart			Ç3	30	1200	12 70	9 4 30	95	h	Carlle C	Physical Consideration of the	9.0		
Supervisor: A.Ptgk Danny Carvalho M. Stewart				Asbe	iz oo	12 30 11 2 11 2 11 2 11 2 11 2 11 2 11 2	9 4 30 9	9,5	h	EME	Onsite	9.0		
Supervisor: A.Ptgk Danny Carvalho M. Stewart			~~F	Asberiable~~	iz oo	12 30 11 2 11 2 11 2 11 2 11 2 11 2 11 2	9 4 30	9,5 8		Status of Jo	b			
Supervisor: A.Ptgk Danny Carvalho M. Stewart				Asbe	iz oo	12 30 11 2 11 2 11 2 11 2 11 2 11 2 11 2	9 4 30 9	9,5 8			b			
Supervisor: A.Ptgk Danny Carvalho M. Stewart			~~F	Asberiable~~	iz oo	/2 30 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	7 4 30 4 30 4 30 4 4 4 4 4 4 4 4 4 4 4 4	9,5 8 Dump	ject On	Status of Jo	one to retur	'n		
Supervisor: A.Ptgk Danny Carvalho M. Stewart			~~F	Asberiable~~	iz oo	/2 30 / 1/2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	Triable~~	9,5 8 Dump	ject On	Status of Jo	one to retur	'n		
Supervisor: A. Ptgk Danny Carvalho M. Stewart Safety Issues:	AS	18997	23	Asberriable~~ Bags Drums Bundles	estos W	aste Non-F Ba Di Bu	Friable~~ ags rums undles	Proj Note:	ect On	Status of Jo	one to retur	'n		
Supervisor: A. Ptgk	AS	18997	23	Asberriable~~ Bags Drums Bundles	estos W	aste Non-F Ba Di Bu	Friable~~ ags rums undles	Proj Note:	ect On	Status of Jo	one to retur	'n		



Job#: 14553A
Job Name: South Mable
ACM/ Mold / Lead / Other

		on Keport													
General Work Description:		The type of al	oateme	nt cond	ucted		Set-up procedures conducted:								
YN	n/a			Y	Νr	/a						ΥN	n/a		
ACM Pipe/Fitting				noval -						Sigr	ns/Banner Tap	e /			
ACM Boiler/Tanks/Breeching		1	Encapsul	-							Criticals Set-u	p			
ACM Acoustical Ceiling	\vdash		Patch/R		\vdash				Full/Mini Enclosure						
ACM Ceiling Tiles/Glue Pods	\vdash	Glove-	bag Rem		\vdash	_			PI		2"x4" Structure				
VAT Mastic Carpet	\vdash		Enclo		\perp	_					Set-up Vente				
Transite Siding/	\vdash	Removal			\vdash	_					f HVAC syster				
Insulation/Vermiculite	\vdash	LBP Remo			\vdash	_					lls Floors Drop				
Lead Based Paint Mold Remediation	+-+	LBP HEPA			\vdash	-	1		Portab		econ Chambe				
Industrial/Universal Waste	\vdash		y Ice Bla		\vdash	_					System Set-u				
Other Heat Shick	+-	Aggressive H	ve Demo		\vdash	-			Scaff	IC GFC	l's/Temp. Pane ers/5'x7'/Manlif		\vdash		
Personal protective equipment:		Clean-up acti		illion			Inche	ection	The second second	Ju/Dake	ers/5 X1 /Iviariiii				
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Respiratory protection		Gross/F	inal Clea	-	1 ' ' '	<u> </u>					tact And Soun	_	11/a		
Half-Face/Full-Face/PAPR's			Out Activ		\vdash	\dashv					ower Inspection		_		
Disposable Suits	\vdash		ants/Led		\vdash	-	1		DLO		yee PPE Use				
Steel Toe/Rubber Boots	\vdash	Wet Methods IA0		-	\vdash		1		FI		Safety In Plac				
Gloves Rubber/Cotton	\Box	HEPA Vacuu				-					on Site Review	_			
Safety Glasses/Full Face		All Equip./T				\dashv					EME Monitorin		-		
Hard hats/Hearing Protection		T	nal Lockd	_		-					pervisor Visua				
Fall Protection	\Box	Work Ar	ea Teard	lown -		-					econtaminate	-	\dashv		
Scaffold Safety Rails/Manlift	H	Final Works				-					spected/Secur		_		
Consultant Firm:	Constitution in the	0				Vis	ual/Te	sting			pooto di coda				
Representative Name: AF	/	Kan						_	Numbe	r:					
Comments:															
	ĺ		Class	Time	Time	Ti	me T	Time	Total						
Employee Name		Accred. #	S/W	In	Out	1		Out	Hrs		Employee	Signatur	9		
Project Manager:															
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Supervisor:	A			30	12	1 3	12 1	721	5 1		-, 1	0	. 1		
Supervisor: A PLAN	AI	5587		130	12	17	12 12	130	9.5	1	Justa.	P	1		
Supervisor: A. Hak	A	5587		6	12	16		30	9.5	4	melry	Pla	1		
Supervisor: A. Ptak Danny Carvaiho	A)	5587 9856	2	(0)	1200	16	30 4			4	melra	The			
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A.Ptak			3	30	1200	16	30 4	30	9,5		To S	Ph.			
A.Ptak			2)	30	1200	16	30 4	30	9,5		To C	Ph.			
A.Ptak			3	30	1200	16	30 4	30	9,5		To C	Ph.			
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Allak Danny Carvalho Pan Walerski			3	6 30 b	1200		90 H	30 1	9,5		mer Company	Ph.	6		
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Allak Danny Carvalho Pan Walerski			~~F	6 30 b	12 00 12 00	Wast	90 H	30	9,5		EME Status of Jo	The second second	te		
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Allak Danny Carvalho Pan Walerski			~~F	Asberiable~	12 00 12 00	Wast	e v	20 1	9,5 8		Status of Jo	b			
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Allak Danny Carvalho Pan Walerski	AIC	0018	~~F	Asberiable~~ Bags Drums Bundles	12 00 12 00	Waster Nor	e van-Friable Bags Drums Bundle	90° /	Pro Note:	ject On	Status of Jo-going - some	ob cone to ret	ırn		



General Work Description:

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

Name: Maple
Mold / Lead / Other
-

Set-up procedures conducted:

Y N n/a

Daily Construction Report

N n/a

ACM Pipe/Fitting			Rem	oval							s/Banner	-		
ACM Boiler/Tanks/Breeching		E	ncapsula	ation						(Criticals Se	et-up	1	
ACM Acoustical Ceiling		Patch/Repair									Mini Enclo		-	
ACM Ceiling Tiles/Glue Pods		Glove-	bag Rem	oval					Ply	wood 2'	'x4" Struct	ures		
VAT Mastic Carpet			Enclo	sure -			AFD's Set-up Vented							
Transite Siding/		Removal/Replacement						Isolation of HVAC system						
Insulation/Vermiculite		LBP Removal Chemical						Poly Walls Floors Drops -						
Lead Based Paint		LBP HEPA	Power T	ools -			Portable/Full Decon Chamber							
Mold Remediation		Dr	y Ice Blas	sting		1 1	Water System Set-up							
Industrial/Universal Waste		Aggressive H	and Clea	ning		1	Electric GFCl's/Temp. Panel							
Other Heat Shize		Selectiv	e Demo	lition /					Scaffo	ld/Bake	rs/5'x7'/Ma	anlift		
Personal protective equipment:		Clean-up activ	rities:				Insp	ection	ıs:					
YN	n/a			Y	N n/a	and the second	1		Neg. Air	Machin	es		Y N	n/a
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Safety Glasses/Full Face		All Equip./Tools Cleaned /									ME Monito	_		
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The type of abatement conducted:

Y N n/a



Today's Date/Day: S M T W T F S 17-9-15	Job#: 14553 A
Week Ending Date:	Job Name: South Maple
Truck #/Driver:	ACM/ Mold / Lead / Other
Work Area: 864	862

Daily Constru	ictioi	Report												
General Work Description:		The type of ab	atemen	t condu	icted:		Set-up procedures conducted:							
ACM Pipe/Fitting ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/	n/a	E Glove-t Removal/f LBP Remo LBP HEPA Dry	Remoncapsula Patch/Repag Remoncapsula Enclose Replacent val Chemi Power To	y oval ation spair oval sure enent nical ools	N n/a		Set-u	ib bro	Ply Isol Po Portable	Signs C Full/M wood 2": AFD's sation of bly Walls c/Full De	/Banner Tap riticals Set-L //ini Enclosul x4" Structure Set-up Vente HVAC systel Floors Drop scon Chambe System Set-u	re / es s d / en / les / es / es / es / es / es / es / e	N	n/a
Industrial/Universal Waste Other Hear Shick		Aggressive Ha									s/Temp. Pan s/5'x7'/Manli	-	\dashv	-
Personal protective equipment:		Selective Demolition /					Inspe	ection						
Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm:		Surfacta Wet Methods IAC HEPA Vacuu All Equip./To	Out Activ ants/Ledi Shockw m Seque pols Clea al Lockdo ea Teardo	zolv vave ence own own	N n/a			esting	DECO Ele OSHA lu Cons Consul Perso Work A	iers Inta DN/Shov Employ ctrical S nspectio ultant/El tant/Sup nnel De trea Insp	es act And Soun ver Inspectic vee PPE Use afety In Placen Site Revie ME Monitorin vervisor Visus contaminate bected/Secur	on / d / dee	N	n/a
Representative Name: 1415	14	250		Va		Acc	creditation Number:							
Employee Name Project Manager:	A	ccred.#	Class S/W	Time In	Time Out	Tin Ir	200	Time Out	Total Hrs		Employee	Signa	ture	
Supervisor: A. Ptgh Chris Treglown Drew Garza	A25 A36 A49	587 6314 8777		30 6 30 6	1200				5.5 5.5 4.5	A.	July July	J.	Tee)	1
Safety Issues:			~~F 26	Asbo riable~~ Bags Drums	estos W	- Nor	e V n-Friab Bags Drums		Note:	ject On-	EME Status of J going - som	ob eone to		ırn
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Job#: 14-553A
Job Name: South Male
ACM Mold / Lead / Other

350

860

ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/ Dry VAI Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Universal Waste Other Heat Shield Personal protective equipment: Y N n/a Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm: Representative Name: Employee Name	Remova LBP Rem LBP HEP C Aggressive I Select Clean-up act Gross/I Load Surfact Wet Methods IA HEPA Vacu All Equip./	Encapsul Patch/R Patch	epair noval ssure ment mical cools sting uning lition Y n-up cities zizolv vave ence own own		a In	espectio	Ply Iso Portable Electr Scaffo ns: Of Neg. Air DEC Cons Consu Perse Work A	Fu ywood AFD' blation of boly Wa le/Full I Water ic GFC bld/Bak r Machi rriers In ON/Sh Emple ectrical lnspect sultant/St onnel Darea Ins	ins/Banner Tapi Criticals Set-up Ill/Mini Enclosure 2"x4" Structure: S Set-up Venter of HVAC system alls Floors Drops Decon Chambe r System Set-up Cl's/Temp. Pane ers/5'x7'/Manlift ines atact And Sound ower Inspection ower Inspection oyee PPE Used Safety In Place ion Site Review EME Monitoring upervisor Visual peccontaminated spected/Secure	р /	N	
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ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/ Dry VA Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Universal Waste Other Jea Shield Personal protective equipment: Y N n/a Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm: Representative Name: AF (Comments:	Remova LBP Rem LBP HEP C Aggressive I Select Clean-up act Gross/I Load Surfact Wet Methods IA HEPA Vacu All Equip./ Fi Work A	e-bag Rem Enclosial/Replaced noval Cher A Power Tory Ice Bla Hand Cleative Demo divities: Final Cleative Cleative Demo Grants/Ledia Cleative Cleati	noval ssure ment mical ools sting lition Y n-up rities zizolv vave ence own oown	N n/a	Visua	//Testing	Portable Electrescafforms: of Neg. Air Bar DEC Const Const Const Person Work A	ywood AFD' plation of poly Water Water of GFC pld/Baker r Machi rriers In ON/Shr Emplo ectrical Inspect sultant/St onnel C Area Ins	2"x4" Structures is Set-up Vented of HVAC system alls Floors Drops Decon Chambe r System Set-up Paneers/5'x7'/Manlift ines attact And Sound ower Inspection oyee PPE Used Safety In Place ion Site Review EME Monitoring upervisor Visual Decontaminated	Y / / / /	N	n/a
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				Orums		ms						
		E	Bundles		ndles	Complete - no one will need to return						



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

Daily Construction Report

Today's Date/Day: S M T) W T F S / 2-15-15	Job#: 14553A
Week Ending Date: / 2 · 20 -/ 4	Job Name:
Truck #/Driver/Houston	ACM Mold / Lead / Other
Work Area:	68

Daily Constri	uctio	n Report												
General Work Description:		The type of a	abatement conducted:					Set-up procedures conducted:						
ACM Pipe/Fitting ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/	n/a	Glove- Removal. LBP Removal. LBP HEPA Dr. Aggressive H Selecti Gross/F Load Surfact Wet Methods IAG HEPA Vacua	Rem Encapsul Patch/R -bag Rem Enclo (Replace N Power Try Ice Bla land Cleave Demo vities:	y noval lation epair noval osure ment mical Tools esting earling elition y an-up vities dizolv wave ence aned ~	N	n/a		spection	Ply Iso P Portabl Electr Scaffo 1S; If Neg. Air Bar DEC CSHA I	Sign (Full/ (wood 2' AFD's llation of oly Wall- e/Full De Water ic GFCI' old/Baker Machin riers Into ON/Sho Employ ectrical Selnspectic sultant/E	s/Banner Tap Criticals Set-u Mini Enclosur "x4" Structure Set-up Vente HVAC syster s Floors Drop econ Chambe System Set-u s/Temp. Pane rs/5'x7'/Manlif	e	N n	
Fall Protection Scaffold Safety Rails/Manlift Consultant Firm: Representative Name:			ea Teard	down				I/Testing	Person	onnel De Area Insp	econtaminated pected/Secure			
Comments:	,											***		
Employee Name roject Manager:	Д	Accred.#	Class S/W	Time In	Tir O		Time In	Time Out	Total Hrs		Employee \$	Signat	ure	
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			- 27	Bags Drums			Ва		Note:	ject On-	going - some	one to		
certify area has been visually i	nspect	ed, all equipm	ent is c	Bundles off site a	and	ther		ndles o debris			no one will ne erials left.	ed to re	eturn	



General Work Description:

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

Today's Date/Day: S M/T W T F S 6-29-15	Job #: 14 553 A
Week Ending Date:	Job Name:
Truck #/Driver: Alex Sweet Personal Work Area:	ACM Mold / Lead / Other

Set-up procedures conducted:

Daily Construction Report

Y 1	l n/a			Y	N n/a	3				Y	N	n/a
ACM Pipe/Fitting			Rem	ioval		7			Signs/Banner Tape			
ACM Boiler/Tanks/Breeching		E	Encapsula	ation		7 1			Criticals Set-up			
ACM Acoustical Ceiling	+	9	Patch/Re	-	\vdash	1 1			Full/Mini Enclosure			_
ACM Ceiling Tiles/Glue Pods	+		bag Rem		\vdash	1 1		Ply	wood 2"x4" Structures	\vdash		_
VAT Mastic Carpet	+		Enclo		\vdash	1			AFD's Set-up Vented	\vdash		\dashv
Transite Siding/	+	Removal/			\vdash	1		Iso	lation of HVAC system	\vdash	\dashv	-
Insulation/Vermiculite	+	LBP Remo	65		\vdash	1 1			oly Walls Floors Drops	\vdash	\dashv	-
Lead Based Paint	+	LBP HEPA				1			e/Full Decon Chamber	\vdash	-	\dashv
Mold Remediation	+		y Ice Blas			1		, 0, 100,	Water System Set-up		\dashv	
Industrial/Universal Waste	+	Aggressive H	5		 	1 1		Electr	ic GFCI's/Temp. Panel	\vdash	\dashv	
Other	1		ve Demo	-		1 1			ld/Bakers/5'x7'/Manlift		-	\dashv
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Υ Ν				Y	N n/a	ASSESSMENT OF THE PERSON NAMED IN	A SANCE OF THE PARTY OF THE PAR	ALCOHOLD BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO	Machines	Y	N	n/a
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Safety Glasses/Full Face	+	All Equip./T	98			1			sultant/EME Monitoring		-	
Hard hats/Hearing Protection	+	10000000000000000000000000000000000000	nal Lockd	-	\vdash	- 1			Itant/Supervisor Visual	\vdash	\rightarrow	-
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Representative Name: 14 /		- fince	_//	5550	= //	ACC	reditation	Numbe	<u>r:</u>			
Comments:												
			Class	Time	Time	Tin	ne Time	Total				
Employee Name		Accred. #	S/W	ln	Out	Ir	Out	Hrs	Employee S	igna	ture	
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The type of abatement conducted:



Today's Date/Day: S M W T F S 6-30-/5	Job#: 14-553A
Week Ending Date:	Job Name: South Menle
Truck #/Driver:	ACM / Mold / Lead / Other

Daily Construction Report

	-	The State of the S					NAME OF TAXABLE PARTY.				-	
General Work Description:		The type of ab	atemer	nt cond	ucted:	Se	t-up pro	ocedure	s cond	ucted:		
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ACM Pipe/Fitting			Rem	ioval					Signs	s/Banner Tap	e	
ACM Boiler/Tanks/Breeching			ncapsula						C	riticals Set-u	р	
ACM Acoustical Ceiling			Patch/Re	epair		1			Full/N	Mini Enclosur	е	
ACM Ceiling Tiles/Glue Pods		Glove-	bag Rem	oval				Ply	wood 2":	x4" Structure	s	
VAT Mastic Carpet			Enclo	sure		1			AFD's	Set-up Vente	d	
Transite Siding/		Removal/	Replacer	ment		1		Iso	lation of	HVAC syster	n	
Insulation/Vermiculite		LBP Remo	val Chen	nical						Floors Drop		
Lead Based Paint	\dashv	LBP HEPA	Power T	ools						con Chambe		-
Mold Remediation	\dashv \mid		y Ice Blas							System Set-u		
Industrial/Universal Waste	\dashv \mid	Aggressive H						Flectri		s/Temp. Pane		+
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Personal protective equipment:		Clean-up activ			a de la m	Ins	pection					
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Half-Face/Full-Face/PAPR's	-		Out Activ		-					ver Inspectio		+-1
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Supervisor: Alex Sweet	A4	579	0.4	230			930	2	7	1	7	<i></i>
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Supervisor: HICK Sweet	A4	579		230			<i>4</i> ³⁰	2			7	/
Supervisor: ALC Sweet	A4	579		232			930	2				/
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Today's Date/Day: S M T ,W T F S 7-1-15	Job#: 14 553A
Week Ending Date:	Job Name:
Truck #/Driver: Alex Sweet / Lenonal	ACM Mold / Lead / Other
Work Area: Loop	

The type of abatement conducted: The type of abatement conducted: ACM PiperFitting ACM PiperFitting ACM BiperFitting ACM Acoustical Ceiling ACM Acoustical Ceiling ACM Acoustical Ceiling ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods VAT Mastic Carput Transite Siding) ACM Ceiling Titises (Sule Pods Vater Vale Vale Vale Vale Vale Vale Vale Vale	Daily Consti	uctio	on Report											
ACM Pipe/Fitting ACM Bole/Tanks/Breaching ACM	General Work Description:		The type of a	abatement conducted: Set-u					et-up procedures conducted:					
ACM Bolier/Tanks/Breeching ACM Acoustical Ceiling ACM Acoustical Cei		l n/a			Y	N	n/a	7			W	Υ	N	n/a
ACM Celling Tiles(5)/Le Pods ACM Celling Tiles(5)/Le Pods ACM Celling Tiles(5)/Le Pods ACM Celling Tiles(5)/Le Pods AFD'S Set up Verted Schoelang Removal Replacement Lead Based Paint Lead Based Paint Lead Based Paint Lead Based Paint Mold Remediation Industrial/Universal Waste Cliebre Tools Disposable Suits State of Tools Western Disposable Suits State ToorRivber Boots Universal Waste Disposable Suits State ToorRivber Boots West Methods IAO Shockwave HEPA Vacuum Sequence Disposable Suits Stafely Cliebrach West Methods IAO Shockwave HEPA Vacuum Sequence Disposable Suits Stafely Cliebrach Western Fall Protection Fall F				Rem	ioval						Signs/Banner Tape	T	T	
ACM Ceiling Tiles/Glue Pods VATM Batis Carple VATM Batis Carple Fencisure Removal/Replacement Insulation/Vermiculie Lead Based Pairt Mold Remediation Mold Remediation Industrial/Universal Waste Personal protective equipment: Clean-up activities: V N n/a Respiratory protection Disposable Suits Surfactants/Leadizo Disposable Suits Surfactants/Leadizo Mold Remediation Industrial/Universal Waste Ober Surfactants/Leadizo Disposable Suits Surfactants/Leadizo Disposable Suits Surfactants/Leadizo Mold Remediation Industrial/Universal Waste V N n/a Respiratory protection Respiratory protection Disposable Suits Surfactants/Leadizo Disposable Suits Surfactants/Leadizo Mold Remediation Disposable Suits Disposable Suits Surfactants/Leadizo Mold Remediation Disposable Suits				Encapsula	ation	T		l l			Criticals Set-up		\forall	
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Transite Siding/ Insulation/vermiculite Lead Based Paint Lead Cleaning Aggressive Hand Cleaning Selective Demoitton Personal protective equipment: V N n/a Respiratory protection Half-Face/FAPR's Disposable Sults Sited Toansubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face HEPA Vacuum Sequence HEPA Vacuum Sequence HEPA Vacuum Sequence HEPA Vacuum Sequence Final Lockdown Final Protection Final Protectio			Glove							PI	ywood 2"x4" Structures		\Box	
Brands B	The state of the s	\perp			-						AFD's Set-up Vented	T	T	
Lead Based Paint Mold Remediation Industrial/Universal Waste Other Clean-up activities: Portable/Full Decon Chamber Water System Set-up Electric ScPC13/Temp. Panel Scaffold/Bakers/Sx7/Manifit Clean-up activities: V N n/a Respiratory protection Clien-up Consultants/Leadron Universal Waste V N n/a Respiratory protection Clien-up Consultants/Leadron Consultants/Lead		+		TO ME THE BUILDING THE PARTY OF		\perp								
Mold Remediation Industrial/Universal Waste Aggressive Hand Cleaning Selective Demoiltion Aggressive Hand Cleaning Selective Demoiltion Selective Demo		4-4			The second	_					TO SECURE THE SECURITY OF THE PROPERTY OF THE SECURITY OF THE			
Industrial/Universal Waste Other Oth		-				_				Portab			\perp	
Selective Demolition Scaffold/Bakors/5x7/Manlift		+				_				1.52 (1990)				
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Respiratory protection Half-Face/Full-Face/FAPR's Disposable Suits Stell Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Scaffold Safety Rails/Manifit Final Worksite Walk-Thru Work Area Teardown Final Worksite Walk-Thru Wisual/Testing: Comments: Delayer Accred. # S/W In Out In Out Hrs Employee Signature Accred. # S/W In Out In Out Hrs Employee Signature Asbestos Waste Dumpster Employee Signature Project On-going - someone to return Dommen to return t					luon			+			old/Bakers/5'x/'/Manlift			
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Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fail Protection Fail Protection Safety Rails/Manifit Scaffold Safety Rails/Manifit Final Worksite Walk-Thru Visual/Testing: Consultant/Firm: Representative Name: Comments: Employee Name Accred. # Accred. # Accred. # Asbestos Waste Dumpster Employee Signature Drums Drums Drums Note: Bupdles Bags Project On-going - someone to return Drums Note: Bupdles Complete - no one will need to return Project Project On-going - someone to return Drums Note: Bupdles Complete - no one will need to return	Vaccor Control	-			'	_								
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	gnature:	Japane												



General Work Description:

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 7-2-15	Job#: 14-553 A
Week Ending Date:	Job Name: South Mable
Truck #/Driver: Al Pr. Sweet / Person	ACM, Mold / Lead / Other

Set-up procedures conducted:

Daily Construction Report

						Name of the last	and the same of			
<u>Y</u> N	n/a			Υ	N	n/a	T			Y N n/a
ACM Pipe/Fitting			Rem	oval	T					Signs/Banner Tape
ACM Boiler/Tanks/Breeching	\top	. E	Encapsula	ation	\Box					Criticals Set-up
ACM Acoustical Ceiling	\top		Patch/Re	epair	\top		1			Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	\top	Glove-	bag Rem	oval	\vdash				Plv	wood 2"x4" Structures
VAT Mastic Carpet	\top	100000000000000000000000000000000000000	Enclo	_	+	\dashv			,	AFD's Set-up Vented
Transite Siding/	+	Removal/			++	\dashv			Iso	lation of HVAC system
Insulation/Vermiculite	+	LBP Remo			+	\dashv	ı			oly Walls Floors Drops
Lead Based Paint	+	LBP HEPA			+	\dashv				e/Full Decon Chamber
Mold Remediation	+		y Ice Blas		+	-			FUITADI	SERVICE A LICENSE THE DESCRIPTION OF THE PROPERTY OF THE PROPE
	+		5.8		+	-				Water System Set-up
Industrial/Universal Waste	+	Aggressive H			\vdash	_				ic GFCI's/Temp. Panel
Other			ve Demo	luon						ld/Bakers/5'x7'/Manlift
Personal protective equipment:		Clean-up activ	vities:				Ins	pection	IS:	
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Respiratory protection	T	Gross/F	inal Clea	n-up				- Commence of	Bar	riers Intact And Sound
Half-Face/Full-Face/PAPR's	\Box	Load	Out Activ	ities					DEC	ON/Shower Inspection
Disposable Suits		Surfact	ants/Led	izolv						Employee PPE Used
Steel Toe/Rubber Boots		Wet Methods IAC	Shockw	ave	T^{\dagger}	\neg			Fle	ectrical Safety In Place
Gloves Rubber/Cotton	\dagger	HEPA Vacuu		_	+	\dashv				nspection Site Review
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Comments:										
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certify area has been visually Signature:	inspe	ected, all equipm		Board State Company of the Company	and t	here	THE RESERVE TO THE PERSON NAMED IN	MINISTER STATE OF THE PERSON NAMED IN		

The type of abatement conducted:



General Work Description:

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 7-3-/5	Job#: 14-553 A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: Andrey Ptale / Personal	ACM / Mold / Lead / Other

Set-up procedures conducted:

Daily Construction Report

Y	IN n/	а	1		Y	N	n/a					Y	l n/a
ACM Pipe/Fitting				Rem	noval	T					Signs/Banner Tape	T	
ACM Boiler/Tanks/Breeching		7		Encapsul	ation						Criticals Set-up	_	\top
ACM Acoustical Ceiling		7		Patch/R	epair		\Box				Full/Mini Enclosure	+	+
ACM Ceiling Tiles/Glue Pods		7	Glove-	bag Rem	noval					Ph	ywood 2"x4" Structures	_	+
VAT Mastic Carpet				Enclo	-	T				20 0	AFD's Set-up Vented	\neg	+
Transite Siding/		7	Removal	Replace	ment	1		1		Isc	lation of HVAC system	\dashv	+
Insulation/Vermiculite		7	LBP Remo	val Cher	nical	T					oly Walls Floors Drops	\dashv	+
Lead Based Paint		7	LBP HEPA	Power T	ools	1					le/Full Decon Chamber	\dashv	+
Mold Remediation		7	Dr	y Ice Bla	sting			1			Water System Set-up	+	+-
Industrial/Universal Waste		7	Aggressive H	•		1				Flectr	ic GFCI's/Temp. Panel	+	+
Other	1			ve Demo		1					old/Bakers/5'x7'/Manlift	\dashv	+
Personal protective equipmen	t:		Clean-up acti	vities:				Ins	spection				
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Respiratory protection	\top	7	Gross/F	inal Clea	Name and Address of the Owner, where	<u> </u>		-	" ~		rriers Intact And Sound	1	11//0
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Disposable Suits	_	1		ants/Led			-			DLC	Employee PPE Used	+	+
Steel Toe/Rubber Boots	+	1	Wet Methods IAC		-		\dashv	100		E	ectrical Safety In Place	+	+
Gloves Rubber/Cotton	_	-	HEPA Vacuu			\vdash	-				Inspection Site Review	-	+
Safety Glasses/Full Face	+	-	All Equip./T		-	\vdash	-				sultant/EME Monitoring	_	+
Hard hats/Hearing Protection	+	1	1000 1000 0000	al Lockd		\vdash	-					-	+
Fall Protection	+	-		ea Teard		\vdash	-				Itant/Supervisor Visual	-	+
Scaffold Safety Rails/Manlift	+	\dashv	Final Worksi			\vdash	\dashv				onnel Decontaminated	_	+
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Work Area:

The type of abatement conducted:



Job#: 14-553A
Job Name:
ACM Mold / Lead / Other

ROOP

Daily Construction Report

General Work Description:	- F	The type of abatement conducted: S						Set-up procedures conducted:						
Ϋ́N	n/a			Y	N n/	a					Υ	N	n/	
ACM Pipe/Fitting			Rem	ioval					Signs/	Banner Tape			-	
ACM Boiler/Tanks/Breeching			Encapsula	B					Cr	riticals Set-up				
ACM Acoustical Ceiling		1	Patch/Re	epair					Full/M	lini Enclosure				
ACM Ceiling Tiles/Glue Pods		Glove	-bag Rem	ioval				PI	ywood 2"x	4" Structures				
VAT Mastic Carpet		1	Enclo	sure			AFD's Set-up Vented							
Γransite Siding/		Remova	l/Replacer	nent	TT	7	Isolation of HVAC system						-	
Insulation/Vermiculite		LBP Rem	oval Chen	nical		7	Poly Walls Floors Drops							
Lead Based Paint		LBP HEP	A Power T	ools		7	Portable/Full Decon Chamber						_	
Mold Remediation		D	ry Ice Blas	sting		7				ystem Set-up		-	PRODUCTION OF THE PERSON NAMED IN	
Industrial/Universal Waste		Aggressive I	land Clea	ning		1		Electr		Temp. Panel	\dashv	\dashv	-	
Other		Selective Demolition				7				/5'x7'/Manlift	\dashv	\dashv	-	
Personal protective equipment:		Clean-up acti				in	spectio	SMA Commence of the commen						
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Half-Face/Full-Face/PAPR's	+	8	Out Activ		+-	- 1				t And Sound	-	\rightarrow	******	
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Today's M T	s Date/Day: W T F S 7 - 81	Job#: 14553A
Week	Ending Date:	Job Name: South Maple
Truck	#/Driver: / Persona	ACM / Mold / Lead / Other
Work /	Area: Loof	9

Daily Construction Report

Daily Consti	ructio	n Kepon	300								(SIS)
General Work Description:		The type of al	oatemer	nt cond	ucte	d:	Se	et-up pro	ocedure	es conducted:	
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ACM Pipe/Fitting			Rem	-						Signs/Banner Tape	
ACM Boiler/Tanks/Breeching		E	Encapsula	-						Criticals Set-up	
ACM Acoustical Ceiling			Patch/Re	Destinations	_					Full/Mini Enclosure	
ACM Ceiling Tiles/Glue Pods	\perp	Glove-	bag Rem	-	_				Ply	wood 2"x4" Structures	
VAT Mastic Carpet	\perp	l	Enclo		_					AFD's Set-up Vented	
Transite Siding/		Removal		-						lation of HVAC system	
Insulation/Vermiculite	\perp	§	LBP Removal Chemical LBP HEPA Power Tools							oly Walls Floors Drops	
Lead Based Paint	+			- Commence	-	_			Portabl	e/Full Decon Chamber	
Mold Remediation	+	B c	y Ice Blas	_	-	_			E14-	Water System Set-up	
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Scaffold Safety Rails/Manlift		Final Worksi	te waik-	nru				1.00		Area Inspected/Secure	
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certify area has been visually	inspect	ted, all equipm	ent is o	off site a	and	there	e is n	o debris	s or oth	er materials left.	
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Today's Date/Day: S M T W T/F S 7-10-15	Job#: 14-5531
Week Ending Date:	Job Name: South Mable
Truck #/Driver: A Ptal / Personal	ACM / Mold / Lead / Other

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Daily	Constru	uction	Report

General Work Description:			The type of aba	atement	condu	ıcte	d:	Set	-up proc	edures	conduct	ed:			
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ACM Pipe/Fitting				Remo	val	П					Signs/Ba	nner Tape			
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VAT Mastic Carpet	-	\vdash	Removal/F							Isola	tion of HVA	AC system			
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Other					1011	100 To 2015 TO		in less	pections						
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Disposable Suits				ants/Lediz								PPE Used			\dashv
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Gloves Rubber/Cotton	1			HEPA Vacuum Sequence						OSHA Ir	spection S	ite Review			
Safety Glasses/Full Face	+	\vdash		All Equip./Tools Cleaned						Const	ultant/EME	Monitoring			
	-	+		al Lockdo	-		\Box			Consult	ant/Superv	isor Visual			
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Fall Protection	-	\perp			-	+-	\vdash	1				ted/Secure			
Scaffold Safety Rails/Manlift			Final Worksi	te waik-i	nru		1 ,	/iaual	/Testing		rea mepee			CONTRACT OF THE PARTY OF THE PA	
Consultant Firm:											2				
Representative Name:							F	Accred	ditation l	vumber	•			VIII.	
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Today's Day 'Day: S M T (W) F S 7-12-14	Job#: 14-553A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: 35/Treslown	ACM / Mold / Lead / Other

313.791.2000	Fax. 313.191.2001	www.teamilivil.com
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Daily Con	ıst	ru	ıcti	on Report												
General Work Description:				The type of ab	atemen	t condu	icted:	Se	t-up pro	cedures	conducted:					
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ACM Pipe/Fitting	I				Rem	-		1 1			Signs/Banner Tape	\rightarrow				
ACM Boiler/Tanks/Breeching				1	ncapsula						Criticals Set-up	+				
ACM Acoustical Ceiling	1				Patch/Re		\vdash	- 1		Dha	Full/Mini Enclosure	+				
ACM Ceiling Tiles/Glue Pods	4	_		Glove-	bag Rem	The same of the sa	\vdash	-		Ply	wood 2"x4" Structures	+				
VAT Mastic Carpet	+	_		Removal/	Enclo		\vdash	- 1		AFD's Set-up Vented Isolation of HVAC system						
Transite Siding/	+	\dashv	-	LBP Remo			\vdash	- 1		Poly Walls Floors Drops						
Insulation/Vermiculite	+	\dashv		LBP HEPA			\vdash	1	Poly Walls Floors Drops Portable/Full Decon Chamber							
Lead Based Paint Mold Remediation	+	\dashv	$\overline{}$		y Ice Blas	_	\vdash	1			Water System Set-up	+				
Industrial/Universal Waste	+	\dashv	\vdash	Aggressive H	•		\vdash	1			GFCI's/Temp. Panel	+				
Other	+	\dashv			re Demol			1			d/Bakers/5'x7'/Manlift	廿				
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Gloves Rubber/Cotton	4			HEPA Vacuu		-		1			nspection Site Review	+				
Safety Glasses/Full Face	4	_		All Equip./T		-	\vdash	- 1			ultant/EME Monitoring	-				
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Consultant Firm:	-	1		Matt Ro	1				/Testing	3						
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Today's Date/Day: S M T W T F S 7-13-11	Job#: 14-553 A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: 35/Tres/own	ACM Mold / Lead / Other
Work Area: Loof	

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General Work Description:					The type of ab	atemen	t condu		The second second	Set	-up pro	cedures	conducted:		,		/-	
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ACM Acoustical Ceiling	_	_	\vdash			Patch/Re		-	\dashv			Plw	vood 2"x4" Stru	-	+	+	\dashv	
ACM Ceiling Tiles/Glue Pods	_	_	$\vdash\vdash$		Glove-t	ag Remo	-		\dashv			AFD's Set-up Vented						
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Supervisor: Limithy Highland					220		730		+	_	1030	3 -		tuf	#			
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Today's Date/Day: SM T W T F S 7-27-15	Job#: 14-553A
Week Ending Date:	Job Name: Sisth Maple
Truck #/Driver:	ACM Mold / Lead / Other
Work Area: Loof	

Daily Construction Report													
General Work Description: The type of			batemer	nt condi	ucted:	5	Set-up pro	cedure	s con	ducted:			
ACM Pipe/Fitting ACM Pipe/Fitting ACM Boiler/Tanks/Breeching ACM Acoustical Ceiling ACM Ceiling Tiles/Glue Pods VAT Mastic Carpet Transite Siding/ Insulation/Vermiculite Lead Based Paint Mold Remediation Industrial/Universal Waste Other Personal protective equipment:	Glove- Removal LBP Remo LBP HEPA Di Aggressive H	Rem Encapsula Patch/Re -bag Rem Enclo /Replacer oval Chen A Power T ry Ice Blas land Clea	Y oval ation epair oval sure ment nical cools sting ning lition	N n/a	- - - - - - - - - - - -	nspection	Ply Iso P Portabl Electr Scaffo	Ful wood : AFD's lation c oly Wa e/Full [Water ic GFC ld/Bake	ns/Banner Tape Criticals Set-up I/Mini Enclosure 2"x4" Structures s Set-up Vented of HVAC system Ills Floors Drops Decon Chamber r System Set-up I's/Temp. Panel ers/5'x7'/Manlift		N	n/a	
Respiratory protection Half-Face/Full-Face/PAPR's Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety Glasses/Full Face Hard hats/Hearing Protection Fall Protection Scaffold Safety Rails/Manlift Consultant Firm: Representative Name:		Load Surfac Wet Methods IA HEPA Vacui All Equip./T	on Seque ools Cleanal Lockd rea Teard ite Walk-	vities izolv vave ence ence own own	N n/a	Visua	al/Testing	DEC Ele OSHA Consu Consu Pers Work	riers In ON/Sho Emplo ectrical Inspect sultant/I Itant/St onnel E Area Ins	nes tact And Sound ower Inspection oyee PPE Used Safety In Place ion Site Review EME Monitoring upervisor Visual Decontaminated spected/Secure	Y	N	n/a
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Supervisor: Timethy Highland	ALI	£177		i 30			1230	6		Tuff,	Alic	ff a	
Safety Issues:				riable~~ Bags Drums	estos W	- Non-F Ba	-riable~~ ags rums	Note:	ject Or	Status of John-going - someo	one to		ırn
I certify area has been visually Signature:	16 1	ed, all equipm		Bundles off site a	and the		_{undles} no debris				:u (0 f	etur	



Today's Date/Day: SMDWTFS7-28-16	Job#: 4553A
Week Ending Date:	Job Name: Sout Maple
Truck #/Driver:	ACM Mold / Lead / Other
Work Area: Roof	

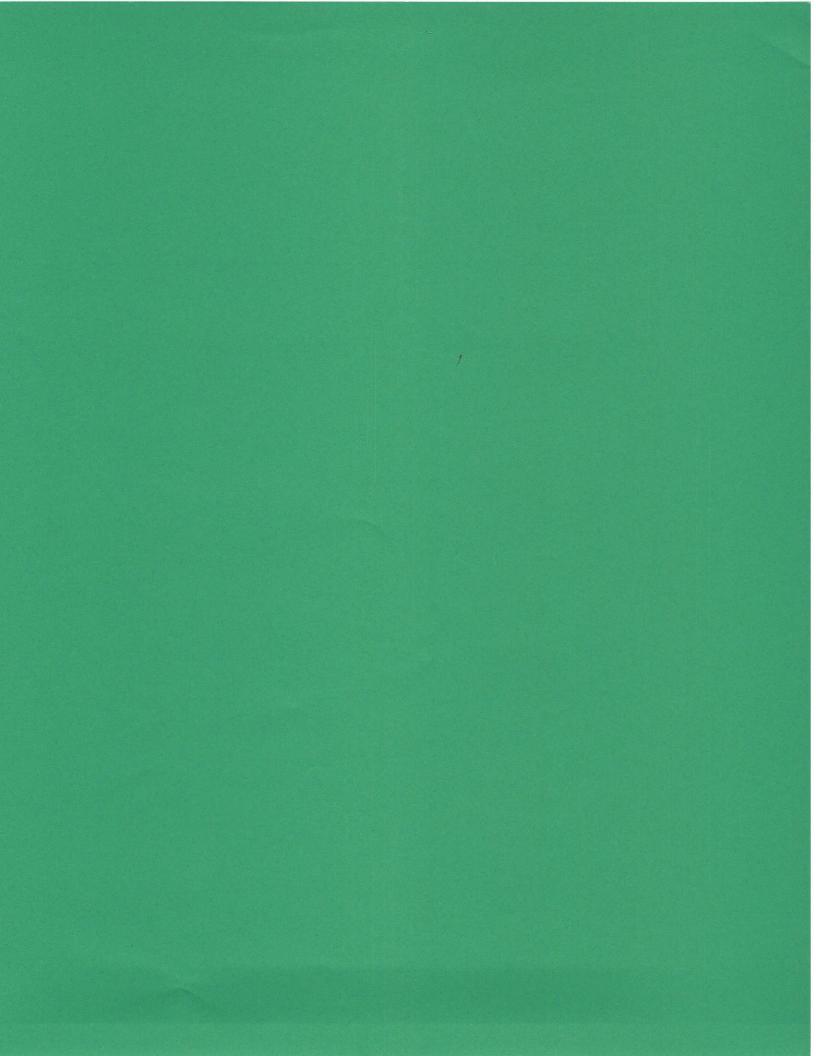
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Respiratory protection Half-Race/Full-Race/PAPR's Load Out Activities Disposable Suits Steel Toe/Rubber Boots Gloves Rubber/Cotton Safety (Isasses/Full Face HEPA Vacuum Sequence All Equip/Tools Cleaned Consultant/EME Monitoring Consulta		Table 1 Committee of the Committee of th								
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Consultant Firm: Representative Name: AFC Matt Rodge Co Accreditation Number: Comments: Employee Name Accred. # S/W In Out In Out Hrs Employee Signature Project Manager: Supervisor: A				$\overline{}$				-		
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Employee Name Accred. # S/W In Out In Out Hrs Employee Signature Supervisor: A Ptalk A 25587 A 30 5 Andrew Mass Safety Issues: Asbestos Waste Dumpster EME On Status of Job	Consultant Firm:	1. 16 0	A							
Employee Name Accred. # S/W In Out Im Time Time Total Hrs Employee Signature Froject Manager: Supervisor: A Ptalk A 25587 A 30 5 Andrew Mass Safety Issues: Asbestos Waste Dumpster EME On Status of Job	Representative Name: A F C	Matt Kou	900	A	ccreditation	n Number	•			
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Bags Bags Project On-going - someone to re			+		Rage			one	to ref	turr
			Bags Drums		_		just on going - some	5.10		-4111
						Note:				
Bundles Bundles Complete - no one will need to ref		10.000	Drums							-



Today's Pate/Day: S M T W T F S 7-19-15	Job #: 14-553A
Week Ending Date:	Job Name: South Maple
Truck #/Driver: Andrew Persona Work Area:	ACM Mold / Lead / Other

Daily Construction Report

General Work Description: The type of abatement conducted:			S	et-up pro	cedure	conduct	ed:							
Annual transport of the second	n/a			Y	N	n/a	T					Υ	N	n/a
ACM Pipe/Fitting			Rem	oval	T					Signs/Bar	nner Tape			
ACM Boiler/Tanks/Breeching	П	E	ncapsula	ition						Critic	als Set-up			
ACM Acoustical Ceiling			Patch/Re	pair						Full/Mini	Enclosure			
ACM Ceiling Tiles/Glue Pods		Glove-	bag Rem	oval					Ply	wood 2"x4"	Structures			
VAT Mastic Carpet			Enclo							AFD's Set-				
Transite Siding/		Removal/	Replacer	nent						ation of HVA	_		_	
Insulation/Vermiculite		LBP Remo								oly Walls Flo		\rightarrow		
Lead Based Paint	Ш	LBP HEPA							Portable	e/Full Decon	_	_	_	_
Mold Remediation			y Ice Blas	_	1					Water Syste	en e	\rightarrow	-	-
Industrial/Universal Waste	\vdash	Aggressive H			-	_				c GFCI's/Te d/Bakers/5')		\rightarrow	-	-
Other			ve Demol	iuori				/*		u/Dakers/3/3/	Cr /wariiit			
Personal protective equipment:		Clean-up activ	vities:				lin	spection						
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Consultant Firm: Representative Name: AEC Matt Co			0 /	- 17				CONTRACTOR OF STREET						
Representative Name: / 12		11971 R	auge	3/5			Accre	ditation	Number	r:				
Comments:														
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Employee Name	- 4	Accred. #	S/W	In	10	ut	In	Out	Hrs	EIII	ployee Si	gna	ture	
Project Manager:														
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Supervisor:	1	1:507		730		-	-	100	5.5	11	Ler &	1/	_	
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Signature: July	A All													



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 Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Roger T. Allen, Ill

OR

Accreditation Number

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. 7805 0.02.02.15

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Danny Carvalho

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for: Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041 Alt. Phone# (313) 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 / In

State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos C

TUEBOR

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. 5827 0.02.02.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION 40 Hours, 5-Day Asbestos Contractor Supervisor Initial Course

CERTIFICATE OF C

Stefano Partenio Donofrio

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for: Asbestos Contractor Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION: 2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041 Alt. Phone# (313) 673-8256

Examination Date: February 13, 2015 Friday

SCORE GREATER THAN: 70%

COURSE DATES: February 09-13, 2015 Monday- Friday

EXPIRATION DATE: February 13, 2016

EPA REG. V #515 Sponsor / Instru

State of Michigan

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

Asbestos Contractor/Supervisor

THEROR

Stefano P. D'Onofrio

Accreditation Number Expiration Date A46920 03/02/2016

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. 6625 04.04.15

JMIS Asbestos Training Center & Environmental Service

Training Division

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

CERTIFICATE OF COMPLETION THIS CERTIFIES Andrew Michael Garza

55.

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of Mi. Regulations as amended

LOCATION

2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 20, 2015 Monday

Score: > 70%

Course Date:

April 20, 2015, Monday

Expiration Date:

April 20, 2016

E.P.A. Reg. V. #S15 Sponsor / Instructor

State of Michigan

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Andrew M. Garza

Accreditation Number A45727

Expiration Date 105/22/2016

作的

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.

Accrec was fores

Certification No. 2740 10.10.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION

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

CATE OF CO

THIS CERTIFIES "

Keith Nicholas Hedlund

- SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for: Asbestos Contractor/Supervisor . .

In Accordance with EPA 40 C&R Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE Section 15 (a) (3) is Volume 59 623 M A.P. & STATE OF Asi, Regulations, as amended nended and TSCA TITLE 11/ASHARA

LOCATION:
2868 E Grand Blvd Detroit, 3rd 48202
Plants: (313) 879-9079 Fax: (313) 879-9041
Alt. Phenell (313) 973-8256

xamination Date: October 26, 2015 Monday SCORE GREATER THAN: 70% COURSE DATES: October 26, 2015 Monday EXPIRATION DATE: October 26, 2016

EPA REG. V #515 Sponsor/Instructo

State of Michigan

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

Asbestos Contractor/Supervisor

Keith W. Hedlund

Expiration Date

Accreditation Number A46570

14/05/2016

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. 0031 0.05.05.15

JMŞ Asbestos Training Center & Environmental Service

TRAINING DIVISION

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Timothy Ray Highland

SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for: Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR 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: May 15, 2015 Friday SCORE GREATER THAN: 70% COURSE DATES: May 15, 2015 Friday EXPIRATION DATE: May 15, 2016

EPA REG. V #515 Sponsor/Instructor

State of Michigan

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

Asbestos Contractor/Supervisor

TLEBOR

Timothy R. Highland

Accreditation Number A42977

Expiration Date 406/19/2016

DOB:

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

Accreditation card is not valid if altered

Certification No. 3412 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

Michael David Houston II

SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for: Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA Section 15 (a) (3) i.e. Volume 59 \$23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2868 E. Grand Elvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041 Alt. Phone# (313) 673-8256

Examination Date: September 14, 2015 Monday SCORE GREATER THAN: 70% COURSE DATES: September 14, 2015 Monday EXPIRATION DATE: September 14, 2016



EPA REG. V #515 Sponsor/Instructor

State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Ashestos Program

Asbestos Contractor/Supervisor

TIEBOR

Michael D. Houston, II



Accreditation Number Expiration Date A31621

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 care is not valid if altered

Certification No. 9650 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 Steven Douglas Lyell

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II / ASHARA Section 15 (a) (3) i.e Volume 59 #23 M.A.P. & State of Ml. Regulations as amended

LOCATION

2858 E. Grand Blvd. Detroit, MI 48202 Phore: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 20, 2015 Monday

Score: > 70%

Course Date:

April 20, 2015, Monday

Expiration Date:

April 20, 2016

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

State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

ctor/Supervisor Asbestos Con

Steven D. Lyell

TUEBOR

Accreditation Number A4613

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. 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



Andrew A. Ptak

Accreditation Number

A25587

TUEBOR

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

TIFICATE 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 II /ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION: 2868E. Grand Blvd. Dorroli, 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 / Instru

State of Michigan

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos

Martin P. Stewart

Expiration Date

DOB:

Accreditation Number A45497

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

:22

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of Mi. Regulations as amended

LOCATION

2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 28, 2015, Tuesday

Score: > 70%

Course Date:

April 28, 2015, Tuesday

Expiration Date:

April 28, 2016

Marsha Sairo

E D A Dog V #615 Sponsor / 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



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. 8137 12.11,15

JMS Asbestos Training Center & Environmental Service Training Division 1 Day 8 Hours Ashestos Abatement Worker Refresher Course

> CERTIFICATE OF COMPLETION THIS CERTIFIES **Christopher Daniel Treglown** SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Abatement Worker

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II / ASHARA Section 15 (a) (3) I.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

> LOCATION 2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: December 11, 2015, Friday

Score: > 70%

Course Date:

December 11, 2015, Friday

Expiration Date:

December 11, 2016

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

State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abai

TUEBOR

Christopher D. Treglown

Accreditation Number A36314

Expiration Date 101/29/2016

DOB:

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

Accreditation card is not valid if altered.

Certification No. 9654 06.06.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES .

Daniel Robert Walerski

SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for: Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION: 2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041 Alt. Phone# (313) 673-8256

Examination Date: June 17, 2015 Wednesday

SCORE GREATER THAN: 70%

COURSE DATES: June 17, 2015 Wednesday

EXPIRATION DATE: June 17, 2016

EPA REG. V #515 Sponsor/Instruc

State of Michigan

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

Asbestos Contracto

Daniel R. Walerski

Accreditation Number Expiration Date A10018

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

ERTIFICATE OF COMPLETION

THIS CERTIFIES .

Kenneth D. Wayland

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION: 2868 E. Grand Blvd. Detroit, MI 48202 Phone: (313) 870-9079 Fax: (313) 870-9041 Alt. Phone# (313) 673-8256

Examination Date: September 28, 2015 Monday

SCORE GREATER THAN: 70%

COURSE DATES: September 28, 2015 Monday

EXPIRATION DATE: September 28, 2016



EPA REG. V #515 Sponsor/Instructor

State of Michigan Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Kenneth D. Wayland

TUEBOR

Accreditation Number A26616

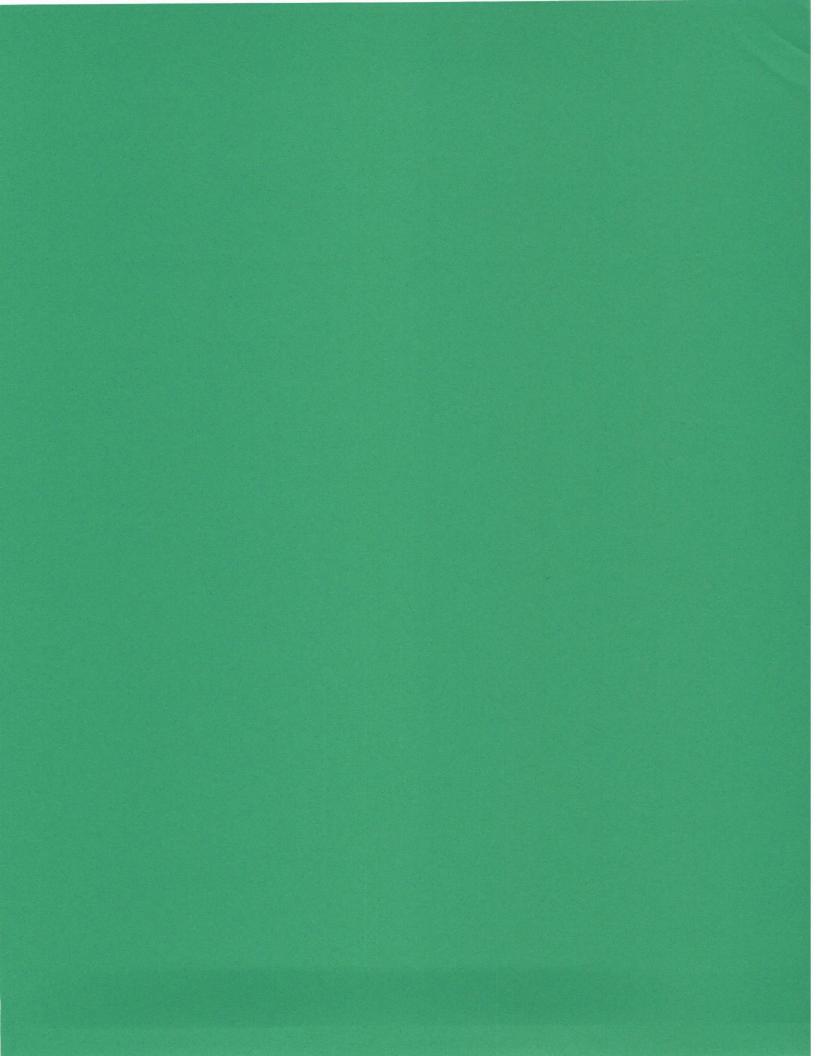
Expiration Date



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.



	Michigan Dep	artment of Natural	Resourc	es
	Check here if dumpster is located Ai	r Quality Division		Internal Job #: 14-553A
	on a jobsite (not at the office)			Landfill Approval #: 30691314442
		WASTE SHIPMENT DO	CUMENT	
41		Owner's Name:		Contact Name
1)	Worksite name & address:	Maple Tower Ann Arbor Limited		
	South Maple Meadows	727 Miller Ave.		Contact Telephone #
	800 S. Maple	Ann Arbor, MI 48103	1-	313.749.7692
	Ann Arbor, MI 48103	Alli Alboi, Wii 40100	F	710.110.1002
2)	Operator's Name:	Operator's Address:		Operator's Telephone #:
•		25851 Trowbridge	(313) 791-2600
	Environmental Maintenance Engineers, Inc.	Inkster, MI 48141		
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addre	ess:	Disposal Site Telephone #:
,		28800 Clark Rd.		734) 654-0001
	Carleton Farms Landfill	New Boston, MI 48164		
4)	Responsible Agency:			
	Air Quality Division, Michigan Department of I	Natural Resources		
	P.O. Box 30028			
	Lansing, MI 48909			
5)	Description of Materials:			
.5.	Hazard Class: 9 Identification Number	er: NA2212 Packing Gro	up: III	
	Additional Description:			
6)	Containers:			
	# of Containers: Typ	e of Containers (drums, bags,	etc) Total Qty	. (cu ft., cu yds., lbs., tons):
	Friable Asbestos 14	B955		
\Rightarrow	Non-Friable Asbestos			· · · · · · · · · · · · · · · · · · ·
\Box	Other:			
7)	Special Handling Instructions and Addition			Accessed to the second
	Handled in accordance with all EPA, NESHA			
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.	labeled, and are in all respects in proper	condition for trans	scribed above by proper sport by highway
	Printed/Typed Name: Jeff Cheney		Title: Proje	ect Manager
	Signature:		Date: 7-	17-15
9)	Transporter (Acknowledgement of Receip	t of Materials):		
	Name: Environmental Maintenance En	gineers, Inc.		
	Address: 25851 Trowbridge, Inkster, MI	48141	Phone Numb	er: (313) 791-2600
\Rightarrow	Printed/Typed Name: Andrew Pr	la b	Title: Supe	ervisor
	Signature: Andrew		Date: 7	17-15
10)	Transporter 2 (Acknowledgement of Rece	ipt of Materials):	•	
	Name: Republic Services - Wayne			
	Address: 5400 Cogswell, Wayne, MI 483	184	Phone Numb	
	Printed/Typed Name:		Title: Drive	er

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:

Printed/Typed Name:	Title:
Signature:	Date:

	Michigan Der	partment of Natural	Resourc	es				
	Check here if dumpster is located	ir Quality Division		Internal Job #: 14-553A				
	on a jobsite (not at the office)	Landfill Approval #: 30691314442						
	ASBESTOS WASTE SHIPMENT DOCUMENT							
1)	Worksite name & address:	Owner's Name:		Contact Name				
,	South Maple Meadows	Maple Tower Ann Arbor Limited Di	d Housing	Kathleen Kelchner				
	800 S. Maple	727 Miller Ave.		Contact Telephone #				
	Ann Arbor, MI 48103	Ann Arbor, MI 48103	1	313.749.7692				
		1						
2)	Operator's Name:	Operator's Address:		Operator's Telephone #:				
	Environmental Maintenance Engineers, Inc.	25851 Trowbridge		(313) 791-2600				
۵۱	W . 5'	Inkster, MI 48141						
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addre	ss:	Disposal Site Telephone #:				
	Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164		(734) 654-0001				
4)	Responsible Agency:	INEW BOSTON, IVII 40104						
*/	Air Quality Division, Michigan Department of	Natural Resources						
	P.O. Box 30028	114(4) 4 (4) (4)						
	Lansing, MI 48909							
5)	Description of Materials:							
	Hazard Class: 9 Identification Numb	er: NA2212 Packing Gro	ıp: III					
	Additional Description:			*				
6)	Containers:							
k		pe of Containers (drums, bags,	etc) Total Qt	y. (cu ft., cu yds., lbs., tons):				
	Friable Asbestos	13455						
\Box	Non-Friable Asbestos							
7)	Other: Special Handling Instructions and Addition	anal Information:						
' '	Handled in accordance with all EPA, NESHA							
8)	Operator's Certification: I hereby declare that the		nd accurately de	scribed above by proper				
,	shipping name and are classified, packed, marked, and condition for transport by highway according to applicat	labeled, and are in all respects in proper	condition for tran					
	Printed/Typed Name: Jeff Cheney			ect Manager				
	Signature: Date: 7-17-15							
9)	Transporter (Acknowledgement of Receip							
	Name: Environmental Maintenance Engineers, Inc.							
	Address: 25851 Trowbridge, Inkster, MI		Phone Numb					
\Box	Printed/Typed Name: Andrew Printed Supervisor							
	Signature: Date: 7-17-15							
10)	Transporter 2 (Acknowledgement of Rece	eipt of materials):		The second secon				
	Name: Republic Services - Wayne Address: 5400 Cogswell, Wayne, MI 48	104	Phone Numb	per: (734) 216-8240				
			Title: Driye					
	Signature: Milly Mills		/	22/15				
11)	Waste disposal site owner or operator: Co							
,	as noted in item 10.	,						

Printed/Typed Name:

Signature:

Title:

	Michigan Department of Natural Resources								
r		is leasted Δ	r Quality Division	Internal Job #: 14-553A					
- 1	Check here if dumpster	Landfill Approval #: 30691314442							
l	on a jobsite (not at the o	office)	MACTE CHIDMENT DO						
		ASBESTOS	WASTE SHIPMENT DO	Contact Name					
1)	Worksite name & addr	ess:	Owner's Name:	•					
	South Maple Meadows		Maple Tower Ann Arbor Limited	Divd Housing Kathleen Kelchher					
	800 S. Maple		727 Miller Ave.	Contact Telephone # 313.749.7692					
	Ann Arbor, MI 48103		Ann Arbor, MI 48103	313.749.7692					
			1	Operator's Talanhana #:					
2)	Operator's Name:		Operator's Address:	Operator's Telephone #: (313) 791-2600					
	Environmental Mainten	ance Engineers, Inc.	25851 Trowbridge	(313) 791-2000					
			Inkster, MI 48141	ss: Disposal Site Telephone #:					
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addre	(734) 654-0001					
	Carleton Farms Landfill		28800 Clark Rd.	(134) 034 0001					
			New Boston, MI 48164						
4)	Responsible Agency:								
	Air Quality Division, Mic	chigan Department of	Natural Resources						
	P.O. Box 30028								
	Lansing, MI 48909								
5)	Description of Materia		NACO40 Booking Cro	m: III					
	Hazard Class: 9	Identification Numb	er: NA2212 Packing Gro	up: 111					
	Additional Description	n:							
6)	Containers:		CO 11: /dwww. bass	eta) Total Oty (ou ft ou yds lbs tons):					
		12.5	0 /	etc) Total Qty. (cu ft., cu yds., lbs., tons):					
\Box	Friable Asbestos	114	D493						
\Rightarrow	Non-Friable Asbestos								
\Box	Other:		and Information:						
7)	Special Handling Inst	ructions and Additi	AD 9 OSHA Populations						
	0 1 0 0 4151 - 41	and the section declare that	AP, & OSHA Regulations the contents of this consignment are fully a	and accurately described above by proper					
8)	ahinning name and are class	sified nacked marked ar	d labeled, and are in all respects in proper	Condition for danapart 2, ing.					
	condition for transport by hig	ghway according to applica	able international and government regulation	113.					
	Printed/Typed Name:	Jeff Cheney		Title: Project Manager					
	Signature:								
9)	Transporter (Acknow	ledgement of Recei	pt of Materials):						
		nental Maintenance E		Phone Number: (313) 791-2600					
		rowbridge, Inkster, M	1 48141	Title: Supervisor					
\Box	Printed/Typed Name:	Andrew	1 Fall						
	Signature: Andrew Ptul Desire of Materials):								
10									
	Name: Republic Services - Wayne Address: F400 Corporal Wayne Mt 48184 Phone Number: (734) 216-8240								
		gswell, Wayne, MI 4	8184	Title: Driver					
	Printed/Typed Name	<u> </u>		Date:					
	Signature:		Cortification of receipt of ashestos	materials covered by this manifest except					
11	as noted in item 10.		Definition of receipt of aspestos						
	Printed/Typed Name	:		Title:					

Signature:

3419

Michigan Department of Natural Resources

	Check here if dumpste	r is located A	ir Quality D	Division			Internal Job #: 14-553	ВА
	on a jobsite (not at the	office)				Lar	ndfill Approval #: 306913	14442
		ASBESTOS	WASTE SHI	PMENT DO	DCUM	ENT		
1)	Worksite name & add	ress:	Owner's Name:	:		Con	tact Name	
٠, ١	South Maple Meadows		Maple Tower An		Divd H	ousing Kath	leen Kelchner	
	800 S. Maple		727 Miller Ave.			-	tact Telephone #	
	Ann Arbor, MI 48103		Ann Arbor, MI 4	18103		313.	749.7692	
	,,							100
2)	Operator's Name:		Operator's Add	lress:		Ope	rator's Telephone #	<i>‡</i> :
	Environmental Mainten	once Engineers Inc	25851 Trowbride	ge		(313	791-2600	
	Environmental Mainter	lance Engineers, inc	Inkster, MI 4814	41				
3)	Waste Disposal Site ((WDS) Name:	Waste Disposa	l Mailing Addr	ess:	Disp	osal Site Telephon	e#:
	Carleton Farms Landfi	11	28800 Clark Rd			(734) 654-0001	
	Canelon Famis Landii	11	New Boston, MI	48164				
4)	Responsible Agency:							
	Air Quality Division, Mi	chigan Department of	of Natural Resource	es				
	P.O. Box 30028							
	Lansing, MI 48909							
5)	Description of Materi	als:						
	Hazard Class: 9	Identification Num	ber: NA2212	Packing Gro	oup: III			
	Additional Description	n:						
6)	Containers:							
		# of Containers: T	ype of Containers	(drums, bags	, etc) To	tal Qty. (c	u ft., cu yds., lbs., t	ons):
\Rightarrow	Friable Asbestos	ilu	8495					
\Rightarrow	Non-Friable Asbestos	1, (3					
	Other:							
7)	Special Handling Inst	tructions and Addit	ional Information:					
	Handled in accordance	e with all EPA, NESH	IAP, & OSHA Regu	lations				
8)	Operator's Certificati	on: I hereby declare tha	t the contents of this con	nsignment are fully	and accur	ately describ	ed above by proper	
	shipping name and are clas condition for transport by hig					for transport	by nighway	
	Printed/Typed Name:	AND THE RESIDENCE OF THE PARTY			Title:	Project N	Manager	
	Cianaturo:	1111111111			Date:	7-	24-15	
9)	Transporter (Acknow	ledgement of Rece	ipt of Materials):					
,		nental Maintenance		1000				
		rowbridge, Inkster, M			Phone	Number:	(313) 791-2600	
\Rightarrow	Printed/Typed Name	Anlege	Prak		Title:	Supervis	or	
\Rightarrow	Signature: Manual	an after	114		Date:	7-24	4-15	
10)	Transporter 2 (Ackno	wledgement of Re	ceipt of Materials)	:				
	Name: Republic	Services - Wayne						
	Address: 5400 Co	gswell, Wayne, MI	18184		Phone	Number:	(734) 216-8240	
	Printed/Typed Name	· JaHa	TALLEY		Title:	Driver		
	Signature:	1			Date:	8-5-1		
11)	Waste disposal site as noted in item 10.	owner or operator:	Certification of rece	eipt of asbestos	materia	ls covered	by this manifest exce	∌pt
	Printed/Typed Name	: Wlon	MUM		Title:	SCO	le	

Signature:

Michigan Department of Natural Resources **Air Quality Division** Internal Job #: 14-553A Check here if dumpster is located Landfill Approval #: 30691314442 on a jobsite (not at the office) ASBESTOS WASTE SHIPMENT DOCUMENT **Contact Name** Owner's Name: Worksite name & address: Maple Tower Ann Arbor Limited Divd Housing Kathleen Kelchner South Maple Meadows Contact Telephone # 727 Miller Ave. 800 S. Maple 313.749.7692 Ann Arbor, MI 48103 Ann Arbor, MI 48103 Operator's Telephone #: Operator's Address: 2) Operator's Name: (313) 791-2600 25851 Trowbridge Environmental Maintenance Engineers, Inc. Inkster, MI 48141 Waste Disposal Mailing Address: Disposal Site Telephone #: Waste Disposal Site (WDS) Name: 3) (734) 654-0001 28800 Clark Rd. Carleton Farms Landfill New Boston, MI 48164 Responsible Agency: Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909 5) Description of Materials: Packing Group: III Identification Number: NA2212 Hazard Class: Additional Description: Containers: # of Containers: Type of Containers (drums, bags, etc) Total Qty. (cu ft., cu yds., lbs., tons): Friable Asbestos Non-Friable Asbestos Other: Special Handling Instructions and Additional Information: Handled in accordance with all EPA, NESHAP, & OSHA Regulations Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations. Title: Project Manager Printed/Typed Name: Jeff Cheney Date: Signature: Transporter (Acknowledgement of Receipt of Materials): Environmental Maintenance Engineers, Inc. Phone Number: (313) 791-2600 Address: 25851 Trowbridge, Inkster, MI 48141 Title: Supervisor Printed/Typed Name: Date: 7-28-15 Signature: 11 10) Transporter 2 (Acknowledgement of Receipt of Materials): Republic Services - Wayne Name: (734) 216-8240 **Phone Number:** Address: 5400 Cogswell, Wayne, MI 48184 Title: Driver Printed/Typed Name: Date: Signature: 11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except

Title:

Date:

as noted in item 10.

Signature:

Printed/Typed Name:

Michigan Department of Natural Resources Air Quality Division

	Check here if dumpster is located	ar Quality Division		Internal Job #: 14-553A				
	on a jobsite (not at the office)		Landfill Approval #: 30691314442					
	ASBESTOS WASTE SHIPMENT DOCUMENT							
1)	Worksite name & address:	Owner's Name:		Contact Name				
	South Maple Meadows	Maple Tower Ann Arbor Limited	Divd Housing	Kathleen Kelchner				
- 1	800 S. Maple	727 Miller Ave.		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				
	Environmental Maintenance Engineers, Inc.	Inkster, MI 48141						
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addre	ss:	Disposal Site Telephone #:				
	Carleton Farms Landfill	28800 Clark Rd.		(734) 654-0001				
	Cancion I arms Landin	New Boston, MI 48164						
4)	Responsible Agency:			-				
	Air Quality Division, Michigan Department o	f Natural Resources						
	P.O. Box 30028							
	Lansing, MI 48909			_				
5)	Description of Materials:							
	Hazard Class: 9 Identification Num	ber: NA2212 Packing Grou	ıp: III					
	Additional Description:							
6)	Containers:							
		ype of Containers (drums, bags,	etc) Total Q	ty. (cu ft., cu yds., lbs., tons):				
\Box	Friable Asbestos 25	B995						
\Rightarrow	Non-Friable Asbestos							
\Box	Other:							
7)	Special Handling Instructions and Addition							
	Handled in accordance with all EPA, NESH			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
8)	Operator's Certification: I hereby declare that shipping name and are classified, packed, marked, ar	the contents of this consignment are fully and labeled, and are in all respects in proper	nd accurately di condition for tra	escribed above by proper nsport by highway				
	condition for transport by highway according to applica	able international and government regulation	ns.					
	Printed/Typed Name: Jeff Cheney		-	ject Manager				
	Signature:		Date:	1-26-11				
9)	Transporter (Acknowledgement of Rece							
	Name: Environmental Maintenance I		.	(242) 704 2600				
,\	Address: 25851 Trowbridge, Inkster, M		Phone Num					
	Printed/Typed Name: And 1841 149			pervisor 14-15				
└ /	Signature: Ambu Par	1.1	Date: 7-	(8-17				
10)	Transporter 2 (Acknowledgement of Rec	ceipt of Materials):						
	Name: Republic Services - Wayne	0494	Phone Num	ber: (734) 216-8240				
	Address: 5400 Cogswell, Wayne, MI 4		Title: Driv					
		10007		5-15				
441	Signature: Waste disposal site wher or operator:	7						
11)	as noted in item 10.	A A	natorialo ooy	or o				
	Printed/Typed Name:	IVA	Title:					
	Signature:	CHIND	Date:	915115				
		(11) 11 ~						

Printed/Typed Name:

Signature:

	Mi	ichigan De	partment of Natural	Resour	ces			
	Check here if dumpster is	located	Air Quality Division		Internal Job #: 14-553A			
	on a jobsite (not at the office) Landfill Appr							
1	ASBESTOS WASTE SHIPMENT DOCUMENT							
1)	Worksite name & address		Owner's Name:		Contact Name			
.,	South Maple Meadows		Maple Tower Ann Arbor Limited	Divd Housing	Kathleen Kelchner			
	800 S. Maple		727 Miller Ave.		Contact Telephone #			
	Ann Arbor, MI 48103		Ann Arbor, MI 48103		313.749.7692			
	The second secon							
2)	Operator's Name:		Operator's Address:		Operator's Telephone #:			
8 1	Environmental Maintenan	ce Engineers Inc	25851 Trowbridge		(313) 791-2600			
	LITVITOTITIETILAT WAITLETIATE	ce Engineers, inc	Inkster, MI 48141	and the second s				
3)	Waste Disposal Site (WI	DS) Name:	Waste Disposal Mailing Addre	ess:	Disposal Site Telephone #:			
	Carleton Farms Landfill		28800 Clark Rd.		(734) 654-0001			
	Carleton r arms Earlann		New Boston, MI 48164					
4)	Responsible Agency:				1			
	Air Quality Division, Michi	gan Department o	of Natural Resources					
	P.O. Box 30028							
	Lansing, MI 48909				J			
5)	Description of Materials			III	1			
		entification Num	ber: NA2212 Packing Gro	up: III				
	Additional Description:			XX	I			
6)	Containers:		(0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-4-VT-4-1 O	we for the survival like tomals			
			ype of Containers (drums, bags,	etc) I otal Qi	y. (cu it., cu yas., ibs., tons).			
	Friable Asbestos	10	Usg)					
\Box	Non-Friable Asbestos Other:							
7)	Special Handling Instruc	ctions and Addit	ional Information:					
1)	Handled in accordance wi							
8)			t the contents of this consignment are fully a	and accurately d	escribed above by proper			
o,	shipping name and are classifie	d, packed, marked, a	nd labeled, and are in all respects in proper	condition for tra	nsport by highway			
			able international and government regulatio		ject Manager			
	Printed/Typed Name: Je	en Cheriey			1-11-11			
۵)	Signature: Transporter (Acknowled	Igement of Rece	int of Materials):	Date.	1-17-17			
9)		ntal Maintenance						
		bridge, Inkster, N		Phone Num	ber: (313) 791-2600			
		4 1 07	ik		pervisor			
	Signature: And sex	The Contract of the Contract o		- 0	14-15			
10)	Transporter 2 (Acknowle	edgement of Re			V			
,		ervices - Wayne						
		vell, Wayne, MI 4	8184	Phone Num	ber: (734) 216-8240			
	Printed/Typed Name:			Title: Driv	ver			
	Signature:			Date:				
11)	Waste disposal site owr as noted in item 10.	ner or operator:	Certification of receipt of asbestos r	materials cov	ered by this manifest except			

Title:

Date:

Michigan Department of Natural Resources

Air Quality Division Check here if dumpster is located Internal Job #: 14-553A on a jobsite (not at the office) Landfill Approval #: 30691314442 ASBESTOS WASTE SHIPMENT DOCUMENT 1) Worksite name & address: Owner's Name: **Contact Name** South Maple Meadows Maple Tower Ann Arbor Limited Divd Housing Kathleen Kelchner 800 S. Maple 727 Miller Ave. Contact Telephone # Ann Arbor, MI 48103 Ann Arbor, MI 48103 313.749.7692 Operator's Name: 2) Operator's Address: Operator's Telephone #: 25851 Trowbridge (313) 791-2600 Environmental Maintenance Engineers, Inc. Inkster, MI 48141 Waste Disposal Site (WDS) Name: Waste Disposal Mailing Address: Disposal Site Telephone #: 28800 Clark Rd. (734) 654-0001 Carleton Farms Landfill New Boston, MI 48164 Responsible Agency: Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909 Description of Materials: Hazard Class: 9 Identification Number: NA2212 Packing Group: III Additional Description: Containers: # of Containers: Type of Containers (drums, bags, etc) Total Qty. (cu ft., cu yds., lbs., tons): Friable Asbestos 10 Non-Friable Asbestos Other: Special Handling Instructions and Additional Information: Handled in accordance with all EPA, NESHAP, & OSHA Regulations Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations. Printed/Typed Name: Jeff Cheney Title: Project Manager Signature: Date: -14-18 Transporter (Acknowledgement of Receipt of Materials): Environmental Maintenance Engineers, Inc. 25851 Trowbridge, Inkster, MI 48141 Address: Phone Number: (313) 791-2600 Printed/Typed Name: Andrew Title: Supervisor Signature: Kiml Res Date: 9-18-15 10) Transporter 2 (Acknowledgement of Receipt of Materials): Name: Republic Services - Wayne 5400 Cogswell, Wayne MI 48184 Address: Phone Number: (734) 216-8240 Printed/Typed Name: Chanles Title: Driver Date: 9-24-15 11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except

Title:

Date:

as noted in item 10. Printed/Typed Name:

Signature:

	N	/lichigan De	partment of Natural	Resourc	es			
[Check here if dumpster	is located A	ir Quality Division		Internal Job #: 14-553A			
	on a jobsite (not at the o				Landfill Approval #: 30691314442			
l	ASBESTOS WASTE SHIPMENT DOCUMENT							
4)	18/ - ul-aifa manaa 9 adda		Owner's Name:		Contact Name			
1)	Worksite name & addi	ess.	Maple Tower Ann Arbor Limited					
	South Maple Meadows		727 Miller Ave.	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contact Telephone #			
	800 S. Maple Ann Arbor, MI 48103		Ann Arbor, MI 48103		313.749.7692			
	Allii Alboi, Wii 40103		/ Will / Wilson, Will To Too					
2)	Operator's Name:		Operator's Address:		Operator's Telephone #:			
_,		Fusingers Inc	25851 Trowbridge		(313) 791-2600			
	Environmental Mainten	ance Engineers, inc.	Inkster, MI 48141					
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addre	ess:	Disposal Site Telephone #:			
1			28800 Clark Rd.		(734) 654-0001			
	Carleton Farms Landfill	9	New Boston, MI 48164					
4)	Responsible Agency:							
	Air Quality Division, Mic	chigan Department of	f Natural Resources					
	P.O. Box 30028							
	Lansing, MI 48909							
5)	Description of Materia	als:			I i			
	Hazard Class: 9	Identification Num	ber: NA2212 Packing Gro	up: III				
	Additional Description	n:						
6)	Containers:			J	(()			
			ype of Containers (drums, bags,	etc) I otal Qt	y. (cu ft., cu yas., ibs., tons).			
\Box	Friable Asbestos	24	1995					
\Box	Non-Friable Asbestos							
\Box	Other:		11.6					
7)	Special Handling Inst							
- 1	Handled in accordance	with all EPA, NESH	AP, & OSHA Regulations the contents of this consignment are fully	and accurately de	escribed above by proper			
8)	chinning name and are class	sified packed marked ar	nd labeled, and are in all respects in prope	condition for trai	nsport by highway			
	condition for transport by hig	hway according to applica	able international and government regulation	ons.				
	Printed/Typed Name:	Jeff Cheney			ect Manager			
	Signature:			Date: 10	-12-15			
9)	Transporter (Acknow							
		nental Maintenance E		Phone Num	ber: (313) 791-2600			
\		owbridge, Inkster, M	7/ /.		pervisor			
	Printed/Typed Name:	lindrews &	t q K	 	12-15			
\Box	Signature: (And	her frank	- Ly	Date. 10	16-75			
10)	Transporter 2 (Ackno		eipt of Materials).					
		Services - Wayne	919/	Phone Num	ber: (734) 216-8240			
		gswell, Wayne, MI 4	0104	Title: Driv				
	Printed/Typed Name:			Date:				
441	Signature:	owner or operator: (Certification of receipt of asbestos		ered by this manifest except			
11)	as noted in item 10.			Tenan				

Printed/Typed Name:

Signature:

Title:

Date:

		Michigan De	partment of Natura	Resources
	Check here if dumpst	er is located	Air Quality Division	Internal Job #: 14-553A
	on a jobsite (not at the	e office)	,	
		ASBESTOS	WASTE SHIPMENT D	Landfill Approval #: 30691314442
1)	Worksite name & add	dress:	Owner's Name:	
	South Maple Meadows	S		Contact Name
	800 S. Maple		727 Miller Ave.	d Divd Housing Kathleen Kelchner
	Ann Arbor, MI 48103		Ann Arbor, MI 48103	Contact Telephone #
			7411741001, 1411 40103	313.749.7692
2)	Operator's Name:		Operator's Address:	O
	Environmental Mainter	popos Faciana I		Operator's Telephone #: (313) 791-2600
	Ziviroriineritai iviairitei	nance Engineers, Inc.	Inkster, MI 48141	(313) 791-2000
3)	Waste Disposal Site	(WDS) Name:	Waste Disposal Mailing Add	Picnocal City Televil
	Carleton Farms Landfi		28800 Clark Rd.	ress: Disposal Site Telephone #: (734) 654-0001
			New Boston, MI 48164	(704) 004-0001
4)	1 30110)			
	Air Quality Division, Mi	ichigan Department o	f Natural Resources	
	P.O. Box 30028			
	Lansing, MI 48909			
5)	Description of Materi	als:		
	Hazard Class: 9	Identification Numb	per: NA2212 Packing Gro	III : aud
	Additional Description	n:		
6)	Containers:			
		# of Containers: Ty	pe of Containers (drums, bags	etc) Total Qty. (cu ft., cu yds., lbs., tons):
\Box	Friable Asbestos	24	Buss	,,
\Box	Non-Friable Asbestos			
	Other:			
7)	Special Handling Inst	ructions and Addition	onal Information:	
0)	Changled in accordance	with all EPA, NESHA	AP, & OSHA Regulations	
8)	shipping name and are class	on: I hereby declare that I	the contents of this consignment are fully	and accurately described above by proper
	condition for transport by hig	hway according to applical	the contents of this consignment are fully d labeled, and are in all respects in proper ble international and government regulation	condition for transport by highway
	Printed/Typed Name:	Jeff Cheney		Title: Project Manager
	Signature:	4		Date: 10-12-15
9)	Transporter (Acknow	ledgement of Receip	ot of Materials):	
	Name: Environm	nental Maintenance Er	ngineers, Inc.	
_	Address: 25851 Tr	owbridge, Inkster, MI	48141	Phone Number: (313) 791-2600
	Printed/Typed Name:		tak	Title: Supervisor
	Signature:		\Rightarrow	Date: 10-12-15
	Transporter 2 (Acknow		eipt of Materials):	
1		Services - Wayne		
	Address: 5400 Cog	swell, Wayne, MI 48	184	Phone Number: (734) 216-8240
-	Printed/Typed Name:			Title: Driver
	Signature:	Lenense		Date: 10-28-15
11)	as noted in item 10.	wner or operator: Co	ertification of receipt of asbestos i	materials covered by this manifest except

Title:

Date:

Printed/Typed Name/

Signature:

Michigan Department of Natural Resources Air Quality Division Internal Job #: 14-553A Check here if dumpster is located Landfill Approval #: 30691314442 on a jobsite (not at the office) ASBESTOS WASTE SHIPMENT DOCUMENT **Contact Name** Owner's Name: Worksite name & address: Maple Tower Ann Arbor Limited Divd Housing Kathleen Kelchner South Maple Meadows Contact Telephone # 800 S. Maple 313.749.7692 Ann Arbor, MI 48103 Ann Arbor, MI 48103 Operator's Telephone #: Operator's Address: Operator's Name: (313) 791-2600 25851 Trowbridge Environmental Maintenance Engineers, Inc. Inkster, MI 48141 Disposal Site Telephone #: Waste Disposal Mailing Address: Waste Disposal Site (WDS) Name: (734) 654-0001 28800 Clark Rd. Carleton Farms Landfill New Boston, MI 48164 4) Responsible Agency: Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909 5) Description of Materials: Identification Number: NA2212 Packing Group: III Hazard Class: **Additional Description:** Containers: # of Containers: Type of Containers (drums, bags, etc) Total Qty. (cu ft., cu yds., lbs., tons): Friable Asbestos Non-Friable Asbestos Other: Special Handling Instructions and Additional Information: Handled in accordance with all EPA, NESHAP, & OSHA Regulations Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations. Title: **Project Manager** Printed/Typed Name: Jeff Cheney Date: Signature: Transporter (Acknowledgement of Receipt of Materials): Environmental Maintenance Engineers, Inc. Name: (313) 791-2600 Phone Number: 25851 Trowbridge, Inkster, MI 48141 Address: Title: Supervisor Printed/Typed Name: A Date: Signature: / Run / Jun 10) Transporter 2 (Acknowledgement of Receipt of Materials): Republic Services - Wayne Name: (734) 216-8240 Phone Number: 5400 Cogswell, Wayne, MI 48184 Address: Title: Driver Printed/Typed Name: 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:

Signature:

Title:

Date:

	Michigan Dep	artment of Natural F	Resourc	es
Γ		r Quality Division		Internal Job #: 14-553A
		additty Division		Landfill Approval #: 30691314442
L	on a jobsite (not at the office)	WASTE SHIPMENT DO	CLIMENT	
				Contact Name
٠, ۴	Worksite name & address:	Owner's Name: Maple Tower Ann Arbor Limited I		
1	South Maple Meadows	Property Service and the servi	Ipriisuon pvic	Contact Telephone #
- 1	800 S. Maple	727 Miller Ave.	gan a	313.749.7692
	Ann Arbor, MI 48103	Ann Arbor, MI 48103		313.749.7092
_ [On state Address		Operator's Telephone #:
2)	Operator's Name:	Operator's Address:		(313) 791-2600
	Environmental Maintenance Engineers, Inc.	25851 Trowbridge	-	(010) 101 2000
- 1		Inkster, MI 48141		Disposal Site Telephone #:
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Address		(734) 654-0001
	Carleton Farms Landfill	28800 Clark Rd.	1	(704) 601 6001
		New Boston, MI 48164		
4)	Responsible Agency:			
	Air Quality Division, Michigan Department of	Natural Resources		
	P.O. Box 30028			
	Lansing, MI 48909			
5)	Description of Materials:		111	l.
	Hazard Class: 9 Identification Numb	er: NA2212 Packing Grou	ip: III	*
	Additional Description:			
6)	Containers:		-AnlTotal Ot	w (out ou vide the tone).
		pe of Containers (drums, bags,	etc) I otal Qt	y. (cu it., cu yus., ibs., tolis).
\Rightarrow	Friable Asbestos / 7	B955		
\Rightarrow	Non-Friable Asbestos			
\Rightarrow	Other:			
7)	Special Handling Instructions and Addition			
	Handled in accordance with all EPA, NESHA		and accurately de	escribed above by proper
8)	Operator's Certification: I hereby declare that the shipping name and are classified, packed, marked, and condition for transport by highway according to applications.	I labeled, and are in all respects in proper	condition for trai	nsport by highway
	Printed/Typed Name: Jeff Cheney		Title: Pro	ject Manager
	Signature:		Date: //	- 7- 1+
9)	Transporter (Acknowledgement of Receip	ot of Materials):		*
•	Name: Environmental Maintenance E			
	Address: 25851 Trowbridge, Inkster, MI	48141	Phone Num	
	Printed/Typed Name: Andrew Pt	ak		pervisor
	Signature: lender Porte		Date:	11-3-15
10		eipt of Materials):		
	Name: Republic Services - Wayne			. (724) 246 9240
	Address: 5400 Cogswell, Wayne, MI 48		Phone Num	
	Printed/Typed Name: /EREENCE	ERVING	Title: Dri	ver

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

Signature:

Signature:

Printed/Typed Name:

11-16-15

Date:

Title:

Date:

Michigan Department of Natural Resources er is located Air Quality Division

Check here if dumpster is located

Internal Job #: 14-553A

Landfill Approval #: 30691314442 on a jobsite (not at the office)

ASBESTOS WASTE SHIPMENT DOCUMENT

1)	Worksite name & add	ress:	Owner's Name:			Conta	act Name
,	South Maple Meadows	Annual Machine Co. III Machine Co.	Maple Tower Ann A	Maple Tower Ann Arbor Limited Divd Housing		Kathle	een Kelchner
1	800 S. Maple		727 Miller Ave.				act Telephone #
- 1	Ann Arbor, MI 48103		Ann Arbor, MI 481	03		313.7	49.7692
	Alli Alboi, Wi 40100		,				
2)	Operator's Name:		Operator's Addres	ss:		Opera	ator's Telephone #:
_,			25851 Trowbridge			(313)	791-2600
	Environmental Mainten	ance Engineers, In	C. Inkster, MI 48141				
3)	Waste Disposal Site (WDS) Name:	Waste Disposal N	lailing Addre	ss:		osal Site Telephone #:
-,			28800 Clark Rd.			(734)	654-0001
	Carleton Farms Landfill		New Boston, MI 4	8164			
4)	Responsible Agency:					7	
<i>'</i>	Air Quality Division, Mic	chigan Department	of Natural Resources				
	P.O. Box 30028						
	Lansing, MI 48909						
5)	Description of Materia	als:				7	
	Hazard Class: 9	Identification Nu	mber: NA2212	Packing Grou	ıp: III	4	
	Additional Description	n:					
6)	Containers:		Andrew State Control of the Control				<u> </u>
		# of Containers:		rums, bags,	etc) Total Q	ty. (cu	ft., cu yds., lbs., tons):
	Friable Asbestos	48	B495				
	Non-Friable Asbestos		~				
	Other:						
7)	Special Handling Inst						
	Handled in accordance	with all EPA, NES	HAP, & OSHA Regulat	ions			
8)	Operator's Certification shipping name and are class condition for transport by high	sified packed marked.	and labeled, and are in all re	spects in proper	condition for tra	nsport b	d above by proper by highway
	Printed/Typed Name:				Title: Project Manager		anager
	Signature:	Jeli C	and the Control of the Co. S. 20 Sept. And Miles to the September of S		Date: //	-10-	- 11-
9)	Transporter (Acknow	ledgement of Rec	eipt of Materials):				
,		nental Maintenance			(4)		
	Address: 25851 Tr	owbridge, Inkster,	MI 48141				(313) 791-2600
\Box	Printed/Typed Name:	Andrew 1	tak			perviso	
	Signature: Andre	Polit			Date: //-	10-	15
10)	Transporter 2 (Ackno	wledgement of R	eceipt of Materials):			***************************************	
	Name: Republic	Services - Wayne					(TO 1) 010 0010
	Address: 5400 Cog	gswell, Wayne, MI	48184		Phone Num	the Residence of the Party Street, Str	(734) 216-8240
	Printed/Typed Name:					ver	
	Signature:				Date:		
11)	Waste disposal site of as noted in item 10.	wner or operator	: Certification of receipt	of asbestos r		ered b	y this manifest except
	Printed/Typed Name:		The second of th		Title:		
Signature: Date:							

Michigan Department of Natural Resources

Air Quality Division

Check here if dumpster is located

Printed/Typed Name:

Signature:

Internal Job #: 14-553A

	Worksite name & add	ress:	Owner's Name:		Contact Name
	South Maple Meadows		Maple Tower Ann Arbor Lim	ited Divd Housi	Mathleen Kelchner
	800 S. Maple		727 Miller Ave.		Contact Telephone #
	Ann Arbor, MI 48103		Ann Arbor, MI 48103		313.749.7692
				1	3.33.7.332
)	Operator's Name:		Operator's Address:		Operator's Telephone #:
	Environmental Mainten	ones Engineers Inc	25851 Trowbridge		(313) 791-2600
	Livilorimental Mainten	ance Engineers, inc.	Inkster, MI 48141		
	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Ad	ddress:	Disposal Site Telephone #
	Carleton Farms Landfill		28800 Clark Rd.		(734) 654-0001
	Carleton Farms Landini		New Boston, MI 48164		
	Responsible Agency:			· · · · · · · · · · · · · · · · · · ·	
	Air Quality Division, Mic	higan Department of	Natural Resources	***************************************	
	P.O. Box 30028				
	Lansing, MI 48909				
	Description of Materia	ıls:			-
	Hazard Class: 9	Identification Numb	er: NA2212 Packing	Group: III	7
	Additional Description	i:		į	T
	Containers:				_
		# of Containers: Type	pe of Containers (drums, ba	gs. etc) Total (Qty. (cu ft., cu yds., lbs., tons
>	Friable Asbestos	48	B45 5		
	Non-Friable Asbestos				**:
1	Other:				
1	Other.				
1		ructions and Additio	onal Information:		posterior de la companya de la comp
/	Special Handling Instr	ructions and Addition with all EPA, NESHA	onal Information: P, & OSHA Regulations		
V	Special Handling Instr Handled in accordance Operator's Certificatio shipping name and are classi	with all EPA, NESHA n: I hereby declare that the fied, packed, marked, and	P, & OSHA Regulations he contents of this consignment are fill labeled, and are in all respects in pro-	oper condition for tr	described above by proper ansport by highway
/	Special Handling Instr Handled in accordance Operator's Certification shipping name and are classic condition for transport by high	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and the applicable applicable way according to applicable.	P, & OSHA Regulations	oper condition for tr	described above by proper ansport by highway
/	Special Handling Instr Handled in accordance Operator's Certificatio shipping name and are classi condition for transport by high Printed/Typed Name:	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and the applicable applicable way according to applicable.	P, & OSHA Regulations he contents of this consignment are fill labeled, and are in all respects in pro-	oper condition for tr	described above by proper ansport by highway oject Manager
	Special Handling Instr Handled in accordance Operator's Certificatio shipping name and are classi condition for transport by high Printed/Typed Name: Signature:	with all EPA, NESHA Pn: I hereby declare that the fied, packed, marked, and have according to applicate the control of the co	P, & OSHA Regulations the contents of this consignment are fit labeled, and are in all respects in proble international and government regu	oper condition for tr lations. Title: Pr	ansport by highway
	Special Handling Instr Handled in accordance Operator's Certification shipping name and are classic condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowl	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and away according to applicate the packed of the packe	P, & OSHA Regulations the contents of this consignment are for labeled, and are in all respects in proble international and government regulated of Materials):	oper condition for tr lations. Title: Pr	oject Manager
	Special Handling Instr Handled in accordance Operator's Certificatio shipping name and are classi condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowl Name: Environme	with all EPA, NESHA Pn: I hereby declare that the fied, packed, marked, and an an according to applicate the property of the packed of the pa	P, & OSHA Regulations the contents of this consignment are fit labeled, and are in all respects in proble international and government regulated of Materials): Ingineers, Inc.	oper condition for trallations. Title: Properties:	oject Manager
	Special Handling Instr Handled in accordance Operator's Certificationshipping name and are classic condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowled) Name: Environmental Address: 25851 Transporter (Acknowled)	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and away according to applicate the packed of the packe	P, & OSHA Regulations he contents of this consignment are fit labeled, and are in all respects in proble international and government regulated of Materials): https://doi.org/10.1007/pngineers, Inc. 48141	pper condition for trailations. Title: Proper Date: 1 Proper Number 1 Proper Nu	oject Manager -/ - //- nber: (313) 791-2600
	Special Handling Instr Handled in accordance Operator's Certification shipping name and are classic condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowl Name: Environme Address: 25851 Tro Printed/Typed Name:	with all EPA, NESHA Pn: I hereby declare that the fied, packed, marked, and an an according to applicate the property of the packed of the pa	P, & OSHA Regulations he contents of this consignment are fit labeled, and are in all respects in proble international and government regulated of Materials): https://doi.org/10.1007/pngineers, Inc. 48141	pper condition for trailations. Title: Proper Date: 1 Proper Number 1 Proper Nu	oject Manager
>	Special Handling Instr Handled in accordance Operator's Certificationshipping name and are classicondition for transport by high Printed/Typed Name: Signature: Transporter (Acknown Name: Environmental Address: 25851 Tro	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and an according to applicable of the company of the	P, & OSHA Regulations the contents of this consignment are fill labeled, and are in all respects in proble international and government regulated of Materials): Ingineers, Inc. 48141	pper condition for trallations. Title: Proper Date: // Phone Num Title: Su	oject Manager -/ - //- nber: (313) 791-2600
>	Special Handling Instrumental Handled in accordance Operator's Certification shipping name and are classic condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowl Name: Environmental Address: 25851 Troum Printed/Typed Name: Signature: General Handless: G	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and away according to applicable of the company of th	P, & OSHA Regulations the contents of this consignment are fill labeled, and are in all respects in proble international and government regulated of Materials): Ingineers, Inc. 48141	pper condition for trallations. Title: Proper Date: // Phone Num Title: Su	oject Manager -/// hber: (313) 791-2600 pervisor
>	Special Handling Instruction Handled in accordance Operator's Certification shipping name and are classic condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowl Name: Environme Address: 25851 Tro Printed/Typed Name: Signature: Instruction In	with all EPA, NESHA on: I hereby declare that the state of the state	P, & OSHA Regulations the contents of this consignment are fit labeled, and are in all respects in proble international and government regulated of Materials): Ingineers, Inc. 48141 Letter of Materials (A) Letter of Materials (A)	pper condition for trallations. Title: Proper Date: // Phone Num Title: Su	ansport by highway oject Manager -/// hber: (313) 791-2600 pervisor // / / / / /
>	Special Handling Instr Handled in accordance Operator's Certificationshipping name and are classicondition for transport by high Printed/Typed Name: Signature: Transporter (Acknown Name: Environmentaddress: 25851 Troprinted/Typed Name: Signature: Instrumentationshipping	with all EPA, NESHA on: I hereby declare that the fied, packed, marked, and away according to applicable of the packed of the p	P, & OSHA Regulations the contents of this consignment are fill labeled, and are in all respects in proble international and government regulated of Materials): Ingineers, Inc. 48141 Lipt of Materials):	pper condition for trallations. Title: Proper Date: // Phone Num Title: Su	ansport by highway oject Manager -/// nber: (313) 791-2600 pervisor ////
>	Special Handling Instruction Handled in accordance Operator's Certification shipping name and are classic condition for transport by high Printed/Typed Name: Signature: Transporter (Acknowl Name: Environme Address: 25851 Tro Printed/Typed Name: Signature: Instruction In	with all EPA, NESHA on: I hereby declare that the state of the packed, marked, and a may according to applicable of the packed	P, & OSHA Regulations the contents of this consignment are fit labeled, and are in all respects in proble international and government regulated of Materials): Ingineers, Inc. 48141 Letter of Materials (A) Letter of Materials (A)	Phone Nun	ansport by highway oject Manager -/// hber: (313) 791-2600 pervisor // / / / / /

Title:

Date:

Michigan Department of Natural Resources er is located Air Quality Division

Check here if dumpster is located

Signature:

Internal Job #: 14-553 A

on a jobsite (not at the office)

	Landfill Approval #: 3069131444
ASBESTOS WASTE SHIPMENT D	OCUMENT
Our and a Marria	Cantact Nama

Date:

1)	Worksite name & address:	Owner's Name:	Contact Name
	South Maple Meadows	Maple Tower Ann Arbor Limited	d Divd Housing Kathleen Kelchner
	800 S. Maple	727 Miller Ave.	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,	25851 Trowbridge	(313) 791-2600
	Environmental wantenance Engineers,	Inkster, MI 48141	
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addr	
	Carleton Farms Landfill	28800 Clark Rd.	(734) 654-0001
	Carleton Farms Landini	New Boston, MI 48164	
4)	Responsible Agency:		
	Air Quality Division, Michigan Departme	ent of Natural Resources	
	P.O. Box 30028		
	Lansing, MI 48909		
5)	Description of Materials:		
	Hazard Class: 9 Identification N	lumber: NA2212 Packing Gro	oup: III
	Additional Description:		
6)	Containers:		
•	# of Containers	: Type of Containers (drums, bags	, etc) Total Qty. (cu ft., cu yds., lbs., tons):
\Rightarrow	Friable Asbestos 2 3	1399 5	
\preceq	Non-Friable Asbestos		
\Rightarrow	Other:		
7)	Special Handling Instructions and Ad	Iditional Information:	
	Handled in accordance with all EPA, NE	SHAP, & OSHA Regulations	
8)	Operator's Certification: I hereby declare shipping name and are classified, packed, market	ed, and labeled, and are in all respects in prope	r condition for transport by highway
	Printed/Typed Name: Jeff Cheney	pplicable international and government regulation	Title: Project Manager
		7	Date: 12-9-18
0)	Signature: Transporter (Acknowledgement of Re	againt of Materials):	Date.
9)	paragraph and the state of the		
	Name: Environmental Maintenand Address: 25851 Trowbridge, Inkstel		Phone Number: (313) 791-2600
_	Printed/Typed Name: Andrews	7	Title: Supervisor
二		Ptah	Date: 12 - 4 - 15
10)	Signature: Make Make Make Transporter 2 (Acknowledgement of	Pagaint of Materials):	Date. 72 - 75
10)			
	Name: Republic Services - Wayn Address: 5400 Cogswell, Wayne, M		Phone Number: (734) 216-8240
		11 10104	Title: Driver
	Printed/Typed Name:		Date:
11)	Signature: Waste disposal site owner or operator as noted in item 10.	or: Certification of receipt of asbestos	materials covered by this manifest except
	Printed/Typed Name:	A A A A A A A A A A A A A A A A A A A	Title:

Michigan Department of Natural Resources

	Check here if dumpster is located	ur Quality Division	Internal Job #: 14-553 P
	on a jobsite (not at the office)		Landfill Approval #: 30691314442
	ASBESTOS	WASTE SHIPMENT DO	CUMENT
1)	Worksite name & address:	Owner's Name:	Contact Name
	South Maple Meadows	Divd Housing Kathleen Kelchner	
	800 S. Maple	727 Miller Ave.	Contact Telephone #
	Ann Arbor, MI 48103	Ann Arbor, MI 48103	313.749.7692
2)	Operator's Name:	Operator's Address:	Operator's Telephone #:
	Environmental Maintenana Environs Inc.	25051 Trowheiden	(313) 791-2600
	Environmental Maintenance Engineers, Inc.	Inkster, MI 48141	
3)	Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Addr	Disposal Site Telephone #:
	Carleton Farms Landfill	28800 Clark Rd.	(734) 654-0001
	Cancion Farms canonii	New Boston, MI 48164	
4)	Responsible Agency:		
	Air Quality Division, Michigan Department of	Natural Resources	
	P.O. Box 30028		
	Lansing, MI 48909		
5)	Description of Materials:		
	Hazard Class: 9 Identification Numb	per: NA2212 Packing Gro	up: III
	Additional Description:		
6)	Containers:		
	# of Containers: Ty	pe of Containers (drums, bags,	etc) Total Qty. (cu ft., cu yds., lbs., tons):
\Box	Friable Asbestos 2 "7	Bug 5	
	Non-Friable Asbestos		
	Other:		
7)	Special Handling Instructions and Addition		
	Handled in accordance with all EPA, NESHA		
0)	Operator's Certification: I hereby declare that I shipping name and are classified, packed, marked, and	d labeled, and are in all respects in proper	condition for transport by highway
	condition for transport by highway according to applica	ble international and government regulation	ns.
	Printed/Typed Name: Jeff Cheney		Title: Project Manager
0)	Signature:	,	Date: 1) - 9 - 1.5
9)	Transporter (Acknowledgement of Receip		
	Name: Environmental Maintenance En		
	Address: 25851 Trowbridge, Inkster, MI Printed/Typed Name: Andreas	7	Phone Number: (313) 791-2600
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Title: Supervisor
	Signature: //www.bignature: //www.bignat		Date: 12 - 4 - 15
	Name: Republic Services - Wayne	apt of materials).	
- 1	Address: 5400 Cogswell, Wayne, MI 48	184	Phone Number: (734) 216-8240
- 1		, , ,	Title: Driver
	Signature: Palick Eurly	A	Date: 12-22 / 5
11)	Waste disposal site owner or operator: Coas noted in item 10.		
	Printed/Typed Name: Nulin Starl	18	Title: Slay
- 1	Signature:		Date: 12-)2-15
_			

Michigan Department of Natural Resources ter is located Air Quality Division

Internal Job #: 14-553A

Landfill Approval #: 30691314442

		ASBESTO	S WASTE SH	IPMENT D	OCUM	/FNT
1)	Vorksite name & address: Owner's Name:					Contact Name
South Maple Meadows			Maple Tower A	nn Arbor Limite	d Divd H	ousing Kathleen Kelchner
- 1	800 S. Maple		727 Miller Ave.	Ziiriite	0 011011	Contact Telephone #
- 1	Ann Arbor, MI 48103		Ann Arbor, MI	48103		313.749.7692
	,		, and a sol, will	40100		313.743.7092
2)	Operator's Name:		Operator's Add	dress:	***************************************	Operator's Telephone #:
	Environmental Maintenan	ce Engineers I	25851 Trowbrid	lge		(313) 791-2600
			Inkster, MI 481	41		
) ,	Waste Disposal Site (WI	DS) Name:	Waste Disposa	al Mailing Add	ress:	Disposal Site Telephone #:
	Carleton Farms Landfill		28800 Clark Rd	1.		(734) 654-0001
		The state of the s	New Boston, M	I 48164		
r	Responsible Agency:					
	Air Quality Division, Michig	gan Departmen	t of Natural Resource	es		
	P.O. Box 30028					
L	Lansing, MI 48909					
) _	Description of Materials	:				
L	Hazard Class: 9 Ide	entification Nu	mber: NA2212	Packing Gre	oup: III	
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} [F	Printed/Typed Name: /	Indian &	Ptak	MARKS CO.	Title:	Supervisor
_/\	Signature: (Lader	044	1911		Date:	12-10-15
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A		ell, Wayne, MI	48184		Phone I	Number: (734) 216-8240
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Michigan Department of Natural Resources

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		ASBESTOS	S WASTE SHIPMENT DO	CUMENT	
1)	Worksite name & address	ss:	Owner's Name:		Contact Name
	South Maple Meadows		Maple Tower Ann Arbor Limited	Divd Housing	Kathleen Kelchner
	800 S. Maple		727 Miller Ave.		Contact Telephone #
	Ann Arbor, MI 48103		Ann Arbor, MI 48103		313.749.7692
2)	Operator's Name:		Operator's Address:		Operator's Telephone #:
	Environmental Maintenan	ice Engineers, Inc	25851 Trowbridge		(313) 791-2600
		7	Inkster, MI 48141		
3)	Waste Disposal Site (W	DS) Name:	Waste Disposal Mailing Addre	ess:	Disposal Site Telephone #:
	Carleton Farms Landfill		28800 Clark Rd.		(734) 654-0001
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	Lansing, MI 48909				
5)	Description of Materials				
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	Printed/Typed Name: Je	ff Cheney		Title: Proje	ect Manager
	Signature:			Date: 1)	-12-15
9)	Transporter (Acknowled	gement of Rece	ipt of Materials):		
	Name: Environmen	ntal Maintenance	Engineers, Inc.		
		bridge, Inkster, N	AI 48141	Phone Numb	er: (313) 791-2600
	Printed/Typed Name: /	Indian B	tak	Title: Supe	ervisor
	Signature: Mustur	Phil		Date: /7 -	10-15
10)	Transporter 2 (Acknowle	edgement of Re	ceipt of Materials):		
	Name: Republic Se	ervices - Wayne		***************************************	
		vell, Wayne, MI		Phone Numb	er: (734) 216-8240
	Printed/Typed Name: 7	ERKENCE	ERVING	Title: Drive	
	Signature: Tomo	ver Es		Date: / 5	
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	Signature:			Date: -	-5-16

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	7 1111 7 11 201, 1111 40 100			AIII AIDOI, IVII 40	5103		313.749.7692
2)	Operator's Name:			Operator's Addr	ess:		Operator's Telephone #:
	Environmental Mainter	nance Engineers I	no	25851 Trowbridg	e		(313) 791-2600
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	P.O. Box 30028						_
	Lansing, MI 48909						
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	Additional Descriptio	n:					
6)	Containers:						
		# of Containers:	Type	of Containers (drums, bags,	etc) Total Qt	y. (cu ft., cu yds., lbs., tons):
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ightharpoons	Non-Friable Asbestos			****			
ightharpoons	Other:						
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	Handled in accordance						
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	Printed/Typed Name:	Jeff Cheney				Title: Proje	ect Manager

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except

Date:

Title:

Date:

Title:

Date:

Title:

Date:

Phone Number:

Phone Number:

Driver

Project Manager

Supervisor

2-15,

(313) 791-2600

(734) 216-8240

7)

8)

Signature:

Name:

Name:

Address:

Signature:

Signature:

Printed/Typed Name:

as noted in item 10. Printed/Typed Name:

Address:

Signature:

9) Transporter (Acknowledgement of Receipt of Materials):

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

5400 Cogswell, Wayne, MI 48184

Republic Services - Wayne

Printed/Typed Name: Andrew

Environmental Maintenance Engineers, Inc.

25851 Trowbridge, Inkster, MI 48141

Michigan Department of Natural Resources

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) Worksite name & address:	WASTE SHIPMENT DO	CUMENT		
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	800 S. Maple	Maple Tower Ann Arbor Limited	Divd Housing Kathleen Kelchner		
	Ann Arbor, MI 48103	121 Willet Ave.	Contact Telephone #		
	40103	Ann Arbor, MI 48103	313.749.7692		
2	Operator's Name:		70.1052		
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	Environmental Maintenance Engineers, Inc.	25851 Trowbridge	(313) 791-2600		
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9)	Transporter (Acknowledgement of Receipt	of Materials).	te: n-11-15		
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X	Printed/Typed Name: Andrew	Lak Tit			
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	me: Republic Services - Wayne				
	Address: 5400 Cogswell, Wayne, MI 4818	1 Dh	ann Number (704) our service		
	Printed/Typed Name: TERRENCE	ERVING TH	one Number: (734) 216-8240		
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-	Tinted Typed Name: MID OIN SWITT	Titl			
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ATTACHMENT 3

TABLE SUMMARIZING REMAINING ACMS

Jnit #	Asbestos Containing Material					
	Joint Compound	Asbestos Board	Roof Material	Multi Layer Flooring		
830	Х	Х		Х		
826	Х			Х		
828	Х	Х		Х		
824	Χ			X		
822	Х	Х		Х		
820	Χ	X		X		
840	Χ	X		X		
844	Χ	X		X		
846	Χ	X		X		
848	Χ	X		Х		
842	Χ	X		Х		
850	Χ	X		Х		
860	Χ	X		Х		
862	Χ			X		
866	Χ			Х		
868	Χ	X		X		
870	Χ	X		X		
880	Χ	X		X		
882	Χ	X		Х		
884	Χ			X		
886	Χ			X		
888	Χ	X		X		
890	Χ			X		
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804	Χ			X		
806	Χ			Х		
810	Х	X		Х		

ATTACHMENT 4

ANN ARBOR HOUSING COMMISSION ASBESTOS OPERATIONS AND MAINTENANCE PLAN

OPERATIONS AND MAINTENANCE PROGRAM MANUAL

A GUIDANCE DOCUMENT FOR MANAGING ASBESTOS

 \mathbf{AT}

THE ANN ARBOR HOUSING COMMISSION

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Form D-2 Class I, II, III & IV Asbestos Work Misc. OSHA & EPA Recordkeeping

Form D-3 Employer/Employee/Tenant Notification

Form D-4 Contractor Certification of Asbestos-Free Product Installation

Form D-5 Proof of Asbestos Training 2-Hour Course (Class IV Work)

Form D-6 Proof of Asbestos Generic Material Training 8-Hour Course (Class II Work)

Form D-7 Proof of O & M Training 16-Hour Course (Class III Work)

Form D-8 Asbestos Worker Training Program 32-Hour Course (Class I and II Work)

Form D-9 Contractor Supervisor Training Program 40-Hour Course (Class IV Work)

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OVERVIEW OF THE OPERATIONS AND MAINTENANCE PROGRAM

This is the Operations and Maintenance Program Manual for:

THE ANN ARBOR HOUSING COMMISSION

The Operations and Maintenance Program (commonly referred to as an O & M Program) is a set of work practices and procedures designed to minimize or eliminate the exposure of building occupants to asbestos fibers. It is not presently feasible for **ANN ARBOR HOUSING COMMISSION** to remove all of the asbestos-containing materials (ACM) from our housing units. However, it is feasible to implement an O & M Program to maintain and manage the existing ACMs. It is **ANN ARBOR HOUSING COMMISSION'S** long-term plan to ultimately remove the vast majority of friable ACMs from our facilities. Until this goal can be attained, the O & M Program will be used to provide the maximum feasible level of protection to the public, tenants and workers in our buildings.

This O & M Program is a working document, with procedures and guidelines that may need to be revised or changed. As a result, the **ANN ARBOR HOUSING COMMISSION** reserves the right to make any revisions or changes to this document at any time, as deemed necessary.

A. Environmental Protection Agency Goals

The Environmental Protection Agency (EPA) has established two basic O & M Program goals as defined in EPA reference guides and training manuals. These goals are:

- Clean up pre-existing asbestos contamination, which has occurred from past work, accidents and daily activities.
 This is accomplished through detailed initial cleaning procedures identified in Section I, Part 5 of this O & M Program Manual.
- 2. Maintain asbestos materials that remain in buildings in good condition. This is accomplished through detailed work and emergency practices identified in Section II, Parts 1 and 2 of this O & M Program Manual.

B. Occupational Safety and Health Administration (OSHA) Goals

The primary goals of the Occupational Safety and Health Administration (OSHA) are to:

- 1. Ensure the protection of employees from unintentional exposure to asbestos containing materials (ACM).
- 2. Ensure that employees who must disturb ACM are trained and protected pursuant to existing regulatory standards.

This O & M Program Manual has established procedures that attempt to meet and in certain cases exceed the EPA and OSHA goals outlined above.

C. Description of the O & M Program Manual

This O & M Program Manual is divided into Section I and Section II. Section I has 5 parts and Section II has 2 parts, as outlined in the table of contents. Both sections have summaries explaining their use, and the summaries should be consulted for a general overview of each section. While the summaries will aid in a clear understanding of each section, the manual should be read and used in its entirety for the Asbestos Program to function properly. This O & M Program Manual is divided and used as follows:

- 1. Section I covers administrative procedures that must be conducted in order for the O & M Program to function properly. Before any in-house O & M activities commence in this facility, all procedures located in Section I (excluding part 5, d & e) should be completed and/or placed into operation. Key personnel involved with the O & M Program are identified with a brief description of their responsibilities. This section serves as a type of checklist for at least minimal compliance with federal regulatory requirements.
- 2. Section II covers work practices for asbestos-containing materials. This section is the day-to-day functioning part of the O & M Program and provides step-by-step procedures for dealing with the various asbestos-containing materials, focusing on the asbestos drywall joint compound materials.

Refer to each Section as needed. Both sections are, however, extremely interrelated and should be continuously and simultaneously used. As mentioned above, each section has a summary detailing its contents and use. The summaries should be thoroughly read for a clear understanding of this O & M Program Manual. It is also important to note that if you are involved with any aspect of the O & M Program, it is essential that you read and understand the entire contents of this manual.

SECTION I

Administrative Procedures

Section I

Summary

The Federal OSHA Asbestos Standards (29CFR Part 1910 and 1926.1101) identify a wide range of employer responsibilities including, but not limited to, notification procedures, training requirements, personal protection procedures and labeling to name a few.

In order to properly implement this Operation and Maintenance (O & M) Program there are a number of administrative steps that need to be taken. These steps are delineated into five (5) distinctive parts within this section.

This section is divided into five (5) parts; all parts need to be diligently implemented for an effective O & M Program.

- Part 1 Part 1 details general administrative responsibilities and recordkeeping.
- Part 2 Part 2 details the methods in which employees are notified of asbestos related issues.
- **Part 3 -** Part 3 details the training requirements for employees and outside contractors.
- Part 4 Part 4 details the employee protection pursuant to applicable OSHA regulations.
- Part 5 Part 5 details the procedures for surveillance and housekeeping activities within this facility.

General Administrative Responsibilities and Recordkeeping

A. Administrative Responsibilities

The **Maintenance Manager** is responsible for ensuring that all asbestos-related activities are carried out in accordance with applicable with Federal, State and Local Regulations and ordinances. The following is a brief summary of a partial list of regulations that must be complied with.

Federal Regulations

EPA National Emission Standards for Hazardous Air Pollutants (NESHAP) 40CFR Part 61

The NESHAP Regulation is a federal standard affecting all public and commercial buildings. The primary components of the law address demolition, renovation and governmental agency notification when amounts greater than 160 square feet, 260 linear feet or 35 cubic feet of friable ACM are impacted or disturbed. The standard also addresses ACM waste disposal information and procedures.

Occupational Safety and Health Administration (OSHA) General Industry & Construction

The OSHA asbestos standards are primarily focused on employee protection and training. The law addresses multi-employer worksites, regulated areas, exposure assessments/monitoring, methods of compliance, employee protection, communication of hazards, housekeeping and medical surveillance. Generally, the OSHA Construction Standard is designed to ensure that all employees who may disturb ACM are properly trained in appropriate procedures and equipped to protect themselves and other building occupants from possible asbestos exposure.

Michigan State Regulations

Public Act 135 of 1986

This State law provides for the licensing of asbestos abatement contractors. This regulation also includes air clearance samples at the completion of friable asbestos abatement projects.

Public Act 440 of 1988

This State law provides for the accreditation of certain asbestos related disciplines, such as, Inspectors, Management Planners, Project Designers, Abatement Workers and Contractor/Supervisors (Competent Person).

Rule 6601

This rule requires employers to instruct each employee in the recognition and avoidance of unsafe conditions, and the regulations applicable to his/her work environment to control or eliminate any hazards or other exposure to illness or injury. Asbestos would be one such hazard.

If you are interested in receiving copies of these laws or need clarification, contact the relevant agencies listed below:

EPA NESHAP Michigan Department of Environmental Quality

(517) 373-7064

EPA AHERA EPA Region V

(312) 353-9062

OSHA/Michigan State Laws Michigan Department of Licensing & Regulatory Affairs

(517) 322-1320

The first step in implementing an O & M Program is to know what is and is not asbestos-containing material in the building(s). According to OSHA, you must assume all surfacing material, floor material and thermal system insulation in buildings constructed prior to 1980 to be asbestos-containing. Therefore, it is required to treat these materials as asbestos until samples of the materials are collected and analyzed pursuant to 1926.1101(k)(ii)(B).

Many of the **ANN ARBOR HOUSING COMMISSION** buildings have had full asbestos inspections performed. A summary of each **ANN ARBOR HOUSING COMMISSION** asbestos inspection that has been performed is located in Section III.

The second step in implementing an effective O & M Program is to designate an individual to ensure that the procedures stated in this manual are properly conducted and that the recordkeeping procedures are performed. This person will here in after be referred to as the Asbestos Administrator.

Name of Asbestos Administrator: Mr. Lance Mitchell

Department: Building Maintenance

Title: Maintenance Manager

Phone Number: (734) 474-6789

It is expected that the Asbestos Administrator become properly trained to perform the expected duties. The Asbestos Administrator shall be trained and accredited as a Contractor & Supervisor in accordance with Michigan Public Act 440 of 1988.

B. Recordkeeping

There is extensive recordkeeping mandated by the OSHA regulation and accepted industry practices. The recordkeeping provides the basis for ensuring documented compliance with the regulation. It is vital that the recordkeeping be completed accurately and submitted in an organized manner so as to track all Class I, II and III Work.

The Asbestos Administrator will be responsible for maintaining all relevant records in an O & M Program File.

The following is a list and brief description of Recordkeeping Forms located in Appendix B of the O & M Program Manual. The Asbestos Administrator may use comparable or equivalent forms.

- Form D 1 Class IV Asbestos Work Miscellaneous OSHA and EPA Recordkeeping This form is to be completed when Class IV work activities are conducted.
- Form D 2 Class I, II and III Asbestos Work Miscellaneous OSHA and EPA Recordkeeping
 This form is to be completed each time Class I through III work activities are conducted.
- Form D 3 Employer/Employee/Tenant Notification

 This form is to be completed in order to document applicable asbestos notification.
- Form D 4 Contractor Certification of Asbestos-Free Product Installation
 This form is to be completed by outside Contractors who are installing building materials, certifying that the products being installed are non-ACM.
- Form D 5

 Proof of Asbestos Awareness Training
 This form is to be completed, documenting that all custodial/maintenance employees who may contact
 ACM are trained in 2-Hour Asbestos Awareness.
- Form D 6

 Proof of Generic Material Training
 This form is to be completed, documenting that employees conducting Class II work are trained 8 hours in that generic type of material.
- Form D 7

 Proof of O & M Training
 This form is to be completed, documenting that employees who may disturb asbestos in small amounts are trained in 16 hours O & M.
- Form D 8 Warning Label Installation
 This form is to be completed in order to document warning label installation pursuant to OSHA.
- Form D 9 Contractor Supervisor Training Program, 40-Hour Course (Class I & II Work)

 Sample Form to provide a listing of the personal that have attended the Contractor Supervisor Training Program and have obtained State Accreditation.
- **Form D 10** Warning Label Installation
 Sample of required label information.

Notification Procedures

A. Employee Notification

All employees who work at the **ANN ARBOR HOUSING COMMISSION** must be notified of the presence, location and quantity of ACM/PACM within our buildings. Notification either shall be in writing or shall consist of a personal communication between the **ANN ARBOR HOUSING COMMSSION** and the employee. (See <u>Notification Form D-3</u>).

B. Tenant Notification

All tenants within **ANN ARBOR HOUSING COMMISSION** buildings shall be notified of the presence, location and quantity of ACM/PACM within their building and the unit that they have leased. The notification will be provided either through periodic asbestos informational seminars and presentations provided to tenants or an asbestos disclosure notice that will be provided to tenants upon leasing a unit (see Notification Form D-3).

C. Contractor Notification

All contractors who will work at the **ANN ARBOR HOUSING COMMISSION** must be notified of the presence, location and quantity of ACM/PACM within the facility, specifically those materials located within the areas where they will be working. The Contractor will be required to sign a document stating that he/she has been notified. The Contractors will have the opportunity to meet with the Asbestos Administrator to discuss how their scope-of-work may impact ACM. The Notification Form D-3, located in Appendix B, must be completed by each Contractor prior to working within the **ANN ARBOR HOUSING COMMISSION** buildings.

All products or types of products, being installed or brought into our buildings shall not contain asbestos-containing materials without prior written approval of the Asbestos Administrator. Whenever materials are used, installed, or in any way becomes a building fixture, component and/or new entity, the contractor shall sign a document stating that these materials and/or products are asbestos-free. The <u>Contractor Certification of Asbestos-Free Product Installation, Form D-4</u>, located in Appendix B, must be completed by each contractor prior to installing products into the **ANN ARBOR HOUSING COMMISSION** buildings.

In both of the above cases, the Asbestos Administrator will notify the contractors about these requirements and include the documentation forms within the O & M Program File.

Training Procedures

All **ANN ARBOR HOUSING COMMISSION** staff or outside contractor staff that receive initial asbestos training must also receive annual refresher training in accordance with the OSHA Asbestos General Industry and Construction Standards.

A. 2-Hour Asbestos Awareness Training (Class IV)

The OSHA regulation requires all maintenance and/or custodial staff who may contact asbestos-containing materials to receive at least two hours of asbestos awareness training.

All maintenance and/or custodial staff who work at the **ANN ARBOR HOUSING COMMISSION** must have the 2-Hour Asbestos Awareness Course and receive proof of this training. The documentation must be kept available for reference upon request.

All new or temporary maintenance and/or custodial staff who are employed by the **ANN ARBOR HOUSING COMMISSION** will be trained within 60 days after commencement of employment. If an employee is transferred from one of the buildings to another and has not had the required training, the training will be completed within the same time parameters.

The Asbestos Administrator will complete the <u>Proof of Asbestos Awareness Training, Form D-5</u>, Located in Appendix B, for inclusion in the O & M Program File.

B. 16-Hour Operations and Maintenance Training (Class III)

The OSHA regulation requires all maintenance and/or custodial staff who conduct activities that may result in the disturbance of asbestos-containing materials receive, at a minimum, sixteen hours of asbestos training (the above-referenced 2-hour course plus an additional fourteen hours of training).

All maintenance and/or custodial staff who, in any way, may disturb asbestos-containing materials will receive this training. At this time, it is expected that all disturbance to ACM within the **ANN ARBOR HOUSING COMMISSION** buildings, including disturbances to the ACM joint compound, will be performed by qualified outside contractors.

If in-house staff do participate in the Class III Training Program, the Asbestos Administrator will complete the <u>Proof of Operations and Maintenance Training</u>, Form D-7, located in Appendix B, for inclusion in the O & M Program File.

C. Contractor & Supervisor Training

Although it is the present position of the **ANN ARBOR HOUSING COMMISSION** that none of our in-house staff will disturb ACM, it has been determined that certain maintenance staff will receive the highest level of abatement training, the 40 hour Contractor & Supervisor training. This will provide in-house expertise and knowledge on the asbestos regulatory standards and provide a high level of quality control on outside contractor activities.

The Asbestos Administrator will complete the <u>Contractor & Supervisor Training</u>, Form D-9, located in Appendix B, for inclusion in the O & M Program File.

Employee Protection Program

A. Respirator Program

The Occupational Safety and Health Administration (OSHA) Asbestos Standard states that:

"Where respiratory protection is used, the employer shall institute a respirator program in accordance with 29, CFR 1910.134 (b), (d), (e), and (f)." OSHA, 29 CFR, 1926.1101 (h)(3)(i)

ANN ARBOR HOUSING COMMISSION has a respirator program to be used by its employees if they are either involved with an asbestos abatement project or are on-site to monitor asbestos abatement activities. This may necessitate the use of respiratory protection. The respirator program is located in Appendix A. Respirator Program documentation forms are included within the Respirator Program.

B. Medical Surveillance

The OSHA Asbestos Standard states that:

"The employer shall institute a medical surveillance program for all employees who for a combined total of 30 or more days per year are engaged in Class I, II and III work or are exposed at or above the Permissible Exposure Limit." OSHA, 29 CFR, 1926.1101 (m)(1)(i)

ANN ARBOR HOUSING COMMISSION will provide medical surveillance for those employees who will be monitoring asbestos abatement work within our buildings.

ANN ARBOR HOUSING COMMISSION shall establish at least one of the following procedures to provide necessary precautions for employees and ensure compliance with applicable regulations.

If medical surveillance is provided, then the medical examination forms located in Appendix C must be completed. These forms are:

- a. <u>Medical/Safety Summary Form.</u> This form will provide the examining doctor with a description of the employees job duties and provide **ANN ARBOR HOUSING COMMISSION** with documentation of the examination.
- b. <u>Initial and Periodic Medical Questionnaires.</u> These forms are required by the OSHA Asbestos Standard to be completed by the employee and provided to the examining doctor.

C. Exposure Monitoring

The OSHA Asbestos Standard requires employers to perform exposure monitoring to determine the concentrations of asbestos to which their employees may be exposed.

This exposure monitoring must be conducted on employees who perform Class I, II or III asbestos work.

ANN ARBOR HOUSING COMMISSION will perform initial monitoring of employees who may be exposed to asbestos-containing materials. This monitoring will be repeated for each type of asbestos-related activity, when applicable, until the Asbestos Administrator can demonstrate, by means of objective or historical data, that a specific activity cannot release airborne concentrations of asbestos exceeding the Permissible Exposure Level (0.1 f/cc). The Asbestos Administrator will ensure that exposure monitoring will be conducted in accordance with OSHA, 29 CFR, 1926.1101.

Asbestos-Containing Materials

Surveillance

A. Labeling

Warning labels will be attached immediately adjacent to any friable and nonfriable asbestos-containing building materials and presumed ACM located in routine maintenance areas (such as boiler rooms). This labeling is designed to alert the building occupants to the locations of asbestos-containing materials and the need to avoid such materials unless properly trained and equipped to impact such materials.

The Asbestos Administrator shall make sure that these warning labels are readily visible and that they remain posted until the labeled asbestos-containing material is removed.

The warning label shall read: Danger Contains Asbestos Fibers. Avoid Creating Dust. Cancer and Lung Disease Hazard.

Following the application of these labels, the <u>Warning Label Installation</u>, Form D-10, located in Appendix B, shall be completed. Whether the labels are attached by in-house staff or by an outside contractor, the Asbestos Administrator will have the applicable personnel complete this form and include it in the O & M Program File.

B. Housekeeping

Pursuant to OSHA, all vacuums used on asbestos or suspected ACM must be equipped with a High Efficiency Particulate Air (HEPA) Filter. The vacuum shall be used and emptied in a manner that minimizes the re-entry of asbestos into the workplace.

C. Waste Disposal

Asbestos waste, scrap, debris, bags, containers, equipment and contaminated clothing consigned for disposal shall be collected and disposed of in sealed, labeled impermeable bags or other closed labeled impermeable containers, except during certain roofing operations.

D. Care of Asbestos-Containing Flooring Materials

All asbestos-containing vinyl and asphalt flooring material must be maintained in the following manner:

- Sanding of the flooring material is prohibited
- Stripping of finishes shall be conducted using low abrasion pads at speeds lower than 300 rpm and utilizing wet methods
- Burnishing or dry buffing may be performed only on flooring that has sufficient finish so that the pad cannot contact the flooring material.

SECTION II

Work Practices

Section II

Summary

Many different activities can disturb asbestos-containing materials and raise levels of airborne asbestos fibers. These activities may be accidental, creating a minor or major fiber release episode, or these activities may be intentional, in order to perform a Class I, II or III work. In either case, **ANN ARBOR HOUSING COMMISSION** employees involved in these situations must know the proper procedures for handling asbestos-containing materials.

This section is divided into two parts; the first part is important definitions and instructions pertaining to work on asbestos-containing materials and emergency practices. The second part outlines Class III work (work practices) for specific asbestos-containing materials.

Part 1

Part 1 defines and provides instructions for Training, Major Fiber Release Episodes, Minor Fiber Release Episodes, Class III work, Class I and II work, and Unexpected Exposures.

Part 2

Although a number of components within the **ANN ARBOR HOUSING COMMISSION** buildings have tested positive for asbestos, the drywall joint compound located on the wall and ceiling systems within many of our buildings needs particular attention due to the fact that it is located throughout the applicable units and can affect a wide variety of even minor maintenance activities such as hanging a picture.

It is important to understand that the drywall joint compound is in a non-friable state. Friability refers to the ability of the material to crumble or pulverize under hand pressure when dry. As a result of its non-friable or intact state, it does not pose a concern to the building occupants or tenants, as long as it is left undisturbed. The drywall joint compound is addressed in the same fashion that all ACM is within the **ANN ARBOR HOUSING COMMISSION** buildings:

- Tenants are not allowed to disturb the asbestos drywall joint compound or any asbestos within ANN ARBOR HOUSING COMMISSION buildings;
- Only properly trained in-house staff or outside contractors will be allowed to disturb any asbestos within ANN ARBOR HOUSING COMMISSION buildings, including the drywall joint compound.

Part 2 provides the specific procedures that the **ANN ARBOR HOUSING COMMISSION** has adopted in addressing the asbestos drywall joint compound.

Work Practices

Definitions & Instructions

Section II

Part 1

Types of Asbestos Work

The OSHA Asbestos Construction Standard (29CFR Part 1926.1101) identifies four distinct types of asbestos work and corresponding training required for each class of work. The following are the four classes of asbestos work and the training required for each. Do Not Disturb Asbestos without the Proper Training and Equipment.

Class I Asbestos Work - 32 Hour Asbestos Abatement Worker Training

Defined as activities involving the removal of thermal system insulation (TSI) and surfacing ACM.

Class II Asbestos Work - 32 Hour Asbestos Abatement Worker Training or 8 Hours of Training in One Generic Category of Work (such as flooring material)

Defined as activities involving the removal of ACM that is not TSI or surfacing material. This includes, but is not limited to, the removal of asbestos containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.

Class III Asbestos Work - 16 Hour O&M Training

Defined as repair and maintenance operations where ACM including TSI and surfacing ACM may be disturbed. (Disturbance must be limited to that which can be contained in a single 60"x 60" waste bag.

Class IV Asbestos Work - 2 Hour Asbestos Awareness Training

Defined as maintenance and custodial activities during which employees contact but do not disturb ACM and activities to clean up dust, waste and debris resulting from Class I, II, III and IV work activities.

Class I & II Asbestos Supervisors – 40 Hour Asbestos Contractor & Supervisor Training

This training provides the ability of not only conducting asbestos abatement but also meets the requirements of Competent Persons under the OSHA Asbestos Construction Standard.

Note: Annual refresher training is required for all classes of asbestos work.

Required Methods of Compliance

OSHA requires that the following three Methods for Compliance be used on ALL asbestos disturbances regardless of levels of airborne exposure:

- 1. HEPA Vacuums
- 2. Wet Methods
- 3. Prompt clean up and disposal of waste and debris

Air Sampling:

Depending on the Class of work being conducted and who is performing asbestos disturbance, air sampling, including but not limited to, personal, baseline, background, contiguous and clearance sampling and analysis may be performed. **ANN ARBOR HOUSING COMMISSION** will ensure that, at a minimum, air sampling will be performed in accordance with applicable regulatory standards including the OSHA Asbestos Construction Standard and Michigan Public Act 135 of 1986.

MAJOR FIBER RELEASE EPISODE

A MAJOR FIBER RELEASE EPISODE IS THE FALLING OR DISLODGING OF ASBESTOS CONTAINING MATERIAL IN EXCESS OF AN AMOUNT WHICH CAN BE FIT INTO A 60" X 60" BAG. IF A MAJOR FIBER RELEASE EPISODE OCCURS, FOLLOW THE PROCEDURES LISTED BELOW:

Training needed for Isolation: Minimum of Class III 16 hours O & M Training.

Equipment Needed:

Disposable coveralls (including booties and hood), disposable gloves, assigned respirator, warning signs, duct tape, and polyethylene sheeting.

Step-by-Step Procedures:

- 1. Restrict entry into the area and post signs to prevent entry into the area. The signs must be posted at all possible entrances to the area.
- 2. Shut off or temporarily modify the air handling system to prevent the distribution of fibers to other areas in the building. Cover all vents with polyethylene sheeting where necessary. If entry into the area is required, protective clothing and respirators must be worn.
- 3. Contact the Asbestos Administrator and inform him/her of the fiber release episode and what procedures have been taken. *

*DO NOT PROCEED ANY FURTHER! A response action for any major fiber release episode <u>must</u> be designed and conducted by accredited personal (Asbestos Abatement Contractor).

Following clean-up of the major fiber release episode the Asbestos Administrator will complete the <u>Miscellaneous OSHA and EPA Recordkeeping Form D-2</u>, located in Appendix B, to be included in the O & M Program File.

MINOR FIBER RELEASE EPISODE

A MINOR FIBER RELEASE EPISODE IS THE FALLING OR DISLODGING OF ASBESTOS CONTAINING MATERIAL AN AMOUNT WHICH CAN BE FIT INTO A 60" X 60" BAG. IF A MINOR FIBER RELEASE EPISODE OCCURS, COMPLETE THE PROCEDURES LISTED BELOW:

Training needed: Minimum of Class III 16 hours O & M Training.

Equipment Needed:

Disposable coveralls (including booties and hood), disposable gloves, assigned respirator, warning signs, duct tape, polyethylene sheeting, asbestos disposal bags, HEPA vacuum, airless water sprayer, cleaning rags/mops, (glove bag for pipe insulation fiber release, mini-enclosure and repair equipment, if applicable).

Step-by-Step Procedures:

- 1. Post signs to prevent entry by unauthorized personnel. Signs must be posted at all possible entrances to the area.
- 2. Shut off or temporarily modify the air handling system and restrict other sources of air movement. Cover all vents with polyethylene sheeting where necessary.
- 3. Put on personal protective equipment including assigned respirator.
- 4. All gross visible debris shall be wetted and carefully disposed of in asbestos disposal bags.
- 5. Any small amount of asbestos that needs to be removed due to the fiber release episode shall be conducted at this time. Pipe insulation shall be removed using appropriate methods, e.g., glove bag or mini-enclosure. If asbestoscontaining materials need repairs due to the fiber release episode, then this shall also be conducted at this time.
- 6. All horizontal and any vertical surfaces that may have been contaminated from the fiber release episode shall be wetwiped and/or HEPA vacuumed.
- All fixtures that may have been contaminated from the fiber release episode shall be wet-wiped and/or HEPA vacuumed.
- 8. Any additional cleaning shall consist of vacuuming with a HEPA equipped vacuum cleaner and wet-wiping where necessary. All rags, towels, mop heads, or other items used to wet-wipe surfaces shall be disposed of as asbestos waste.
- 9. Complete the Miscellaneous <u>OSHA and EPA Recordkeeping Form D-2</u>, located in Appendix B, and turn it into the Asbestos Administrator for inclusion into the O & M Program File.

CLASS III WORK ACTIVITIES

REPAIR AND MAINTENANCE OPERATIONS WHERE ACM, INCLUDING THERMAL SYSTEM INSULATION AND SURFACING MAY BY DISTURBED. (THOSE THAT CAN FIT INTO A 60" X 60" BAG)

Training needed: Minimum of Class III 16 hours O & M Training.

<u>Note:</u> An activity is **not** considered Class III work when the removal of asbestos-containing materials is the primary goal of the job.

Equipment Needed:

The type of equipment needed varies depending on the type of project and material. See the step-by-step procedures below for further instructions.

Step-by-Step Procedures:

At this point, if you wish to perform a Class III work activity which involves removal or repair of asbestos-containing material, turn to Part 2 and find the material on which you are working. Once you have located the material, you will find the list of equipment needed and step-by-step procedures. It must be remembered that often Class III work may encompass more than one type of material. While the general procedures required for one material may well be in whole, or in part, the same as those for another, each section, for each material, should be consulted and read completely before work is instituted for the given project.

Note: Contact the Asbestos Administrator if the asbestos-containing material requiring maintenance is not within Part 2.

CLASS I AND II WORK ACTIVITIES

ACTIVITIES INVOLVING THE DISTURBANCE/REMOVAL OF IN EXCESS OF THAT WHICH CAN FIT INTO A 60° X 60° BAG.

Equipment Needed:

Shall be conducted by a Michigan Licensed Asbestos Abatement Contractor

Step-by-Step Procedures:

Shall be conducted by a Michigan Licensed Asbestos Abatement Contractor

If unscheduled large-scale activities need to take place, contact the Asbestos Administrator and discuss the situation.

If a Class I or II work activity is conducted, then following this activity the Asbestos Administrator will complete the <u>Miscellaneous OSHA and EPA Recordkeeping Form D-2</u>, located in Appendix B, to be included in the O & M Program File.

UNEXPECTED EXPOSURE

IN A BUILDING THAT HAS ASBESTOS-CONTAINING MATERIAL THERE IS ALWAYS THE POTENTIAL FOR SOMEONE TO HAVE DIRECT CONTACT TO ASBESTOS DEBRIS. IF THIS OCCURS, COMPLETE THE FOLLOWING PROCEDURES:

Step-by-Step Procedures:

- 1. The individual must immediately put clothes in an asbestos disposal bag.
- 2. The bag must be sealed using duct tape.
- 3. The individual should proceed to the shower and clean his/her entire body.
- 4. <u>DO NOT PUT ON THE SAME CLOTHES</u>. Have clean clothes brought in and/or temporarily wear a disposable coverall.
- 5. Another person should visually check to see if a major or minor fiber release episode has occurred at the site where asbestos was disturbed. (Major & minor fiber release episodes are defined in this section just prior to these procedures.)
- 6. Accredited personnel must carry out the instructions of the major fiber release episode cleanup including but not limited to all procedures and documentation required by prior applicable sections of this O & M Program Manual.

Note: Contaminated clothing must be disposed of as asbestos contaminated waste or laundered in accordance with OSHA, 29 CFR, 1926.1101 (i)(2).

Prohibited Activities

In Accordance with OSHA, 29 CFR Part 1910.1001 (k), certain maintenance/custodial activities are prohibited when asbestos - containing materials are involved. These activities as described by the OSHA General Industry Standard are:

- 1. Not to drill holes in asbestos containing materials.
- 2. Not to hang plants or pictures on structures covered with asbestos-containing materials.
- 3. Not to sand asbestos-containing floor tile.
- 4. Not to damage asbestos-containing materials while moving furniture or other objects.
- 5. Not to install curtains, drapes, or dividers in such a way that they damage asbestos-containing materials.
- Not to dust floors, ceilings, moldings or other surfaces in asbestos-contaminated environments with a dry brush or sweep with a dry broom.
- 7. Not to use an ordinary vacuum to clean up asbestos-containing debris.
- 8. Not to remove ceiling tiles below asbestos-containing materials without wearing the proper respiratory protection, clearing the area of other people, and observing asbestos removal waste procedures.
- 9. Not to remove ventilation system filters dry.
- 10. Not to shake ventilation system filters.

In accordance with OSHA, 29CFR Part 1926.1101 (g)(3), the following prohibitions are in effect. When disturbing asbestos, it is illegal to use the following:

- 1. High-speed abrasive disc saws unless equipped with HEPA filtered system.
- 2. Compressed air used to remove asbestos.
- 3. Dry sweeping, shoveling or other cleanup of asbestos dust/debris.
- 4. Employee rotation as a means to reduce employee exposure to asbestos.

Section II Part 2

Addressing the Asbestos Drywall Joint Compound

Section II

Part 2

Addressing the Asbestos Drywall Joint Compound

Tenant Responsibilities:

It is the policy of the **ANN ARBOR HOUSING COMMISSION** that no tenants disturb the asbestos drywall joint compound in any manner. This includes, but is not limited to, the prohibition of the use of screws or nails to hang pictures, shelving, window dressings, etc. on asbestos drywall walls or ceilings.

If a tenant wants to hang pictures on an asbestos drywall wall, they are allowed to use hanging strips that will not penetrate into the wall surface. These hanging strips are available, at no cost to tenants, by visiting the **ANN ARBOR HOUSING COMMISSION** office.

Tenants are not allowed to hire, contract or utilize any outside entity to perform renovation, modification, repair, alteration or asbestos drywall joint compound disturbances without written approval of the landlord and this approval will be based upon the acceptance of a written plan of protection from potential asbestos disturbance.

Any damage to asbestos shall be reported to the **ANN ARBOR HOUSING COMMISSION** office by calling the work order line at (734) 794-6720.

Untrained In-House Staff Responsibilities:

Untrained in-house staff is defined as **ANN ARBOR HOUSING COMMISSION** employees who have not received a minimum of Class III training. Staff that have had asbestos awareness training are still considered untrained since they do not possess the necessary training to disturb asbestos.

The untrained in-house staff shall not disturb any asbestos including the asbestos drywall joint compound.

If the untrained in-house staff notice that any asbestos including the asbestos drywall joint compound is either improperly disturbed or damaged, they shall contact the Asbestos Administrator immediately.

Properly Trained In-House Staff Responsibilities:

Properly trained in-house staff is defined as **ANN ARBOR HOUSING COMMISSION** employees who have received a minimum of the 16 Hour Class III Training. As stated previously, it is the present position of the **ANN ARBOR HOUSING COMMISSION** that even properly trained in-house staff not disturb asbestos, including the applicable drywall joint compound. The intent of providing asbestos training to key **ANN ARBOR HOUSING COMMISSION** support staff is to ensure that they are familiar with the applicable asbestos regulations, have a full understanding of the necessary procedures involved with asbestos disturbance and ensure that outside contractors conduct their work activities in accordance with best industry practices.

Asbestos Abatement Contractors:

It is the present position of the **ANN ARBOR HOUSING COMMISSION** that only Michigan Licensed Asbestos Abatement Contractors will be able to conduct disturbance to asbestos within our buildings, including asbestos drywall joint compound. The Contractors who work within the **ANN ARBOR HOUSING COMMISSION** buildings will ensure that they not only follow the protocols provided within this section but also all applicable Federal and Michigan State regulatory standards.

Procedures for Asbestos Drywall Joint Compound Disturbance

The following procedures shall be used by all entities, including outside contractors and, if applicable, properly trained **ANN ARBOR HOUSING COMMISSION** when disturbing the asbestos drywall joint compound:

Although only the joint compound within applicable ANN ARBOR HOUSING COMMISSION buildings tested positive for asbestos, all drywall walls and ceilings within these buildings shall be treated as asbestos.

Class III Disturbances:

Class III asbestos joint compound disturbance is defined as the removal or disturbance of drywall in an amount limited to that which can fit into a 60" x 60" bag. This includes, but is not limited to, drilling or coring holes, cutting out smaller sections of drywall, etc.

Equipment Necessary:

Warning signs, barrier tape, airless sprayer or garden mister, HEPA vacuum, containment (drill shroud, mini-enclosure), small air filtration device, disposal bags, polyethylene, respirator, disposable coveralls.

Class III Work Procedures:

- 1. Ensure that the Asbestos Administrator is notified of intended work activities and that the tenant(s) have been notified.
- 2. Isolate applicable room. Develop regulated area.
- 3. Lay drop cloth below intended work area.
- 4. Fully contain the location of drywall to be disturbed. This may be through the use of a shrouded drill or a minienclosure. The intent of the containment is to ensure that ALL dust and debris generated is fully contained.
- 5. Ensure that containment is under proper negative pressure. This may be through the use of a HEPA vacuum attached onto a drill shroud or an air filtration device attached onto a mini-enclosure.
- 6. Don personal protective equipment.
- 7. Wet the area of drywall to be disturbed. Ensure that water does not infiltrate drywall that will not be removed so that is does not become a conductive site for mold growth.
- 8. Conduct the intended disturbance.
- 9. Clean the applicable areas including the drop cloth inside of the containment. Use wet method cleaning and the HEPA vacuum.
- 10. Remove containment and drop cloth. Place applicable debris into the asbestos disposal bag.
- 11. Seal the disposal bag and remove the sign and barrier tape.
- 12. Demobilize.

Class II Disturbances:

Class II asbestos joint compound disturbance is defined as the removal or disturbance of drywall in an amount which exceeds that which can fit into a 60" x 60" bag. This includes, but is not limited to, the pole sanding or the removal of larger areas of drywall, etc.

Equipment Necessary:

Warning signs, barrier tape, airless sprayer or garden mister, HEPA vacuum, containment (such as a mini-enclosure or enclosure), equipment area, air filtration device, disposal bags, polyethylene, respirator, disposable coveralls.

Class II Work Procedures:

- 1. Ensure that the Asbestos Administrator is notified of intended work activities and that the tenant(s) have been notified.
- 2. Isolate applicable room(s). Develop regulated area.
- 3. Lay drop cloth below intended work area.
- 4. Fully contain the location of drywall to be disturbed. Incorporate an air filtration device onto the containment.
- 5. Develop an adjacent equipment area with a drop cloth in accordance with OSHA Part 602(j)(2).
- 6. Don personal protective equipment. Ensure that workers enter and exit the work area through the equipment area.
- 7. Wet the area of drywall to be disturbed. Ensure that water does not infiltrate drywall that will not be removed so that is does not become a conductive site for mold growth.
- 8. Conduct the intended disturbance. Place all debris into disposal bags.
- 9. Thoroughly clean inside the containment, including the drop cloth. Use wet method cleaning and the HEPA vacuum.
- 10. Use the equipment area to clean equipment, supplies and clothing, using a HEPA vacuum.
- 11. Remove containment, equipment area and drop cloths.
- 12. Place all remaining debris, such as drop cloths into disposal bags and seal.
- 13. Take down containment, warning signs and barrier tape.
- 14. Demobilize.

Section III

Summary of Asbestos Inspections Ann Arbor Housing Commission Buildings

ACM Survey 1701-1747 Green Ann Arbor, MI 5/13 & 5/15/13 Project Number: 1459-13005

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at Green Baxter Court in Ann Arbor, MI. The survey was completed on May 13 & 15, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- 100,000 SF of Joint Compound-Throughout
- 160 SF of Heat Shield- Asbestos Board-Basements
- Suspected ACM in Multi Layer Flooring
- Suspected ACM in Roof Materials

Introduction

Jef Fox (Inspector #26737) of AEC, gained access to the property on 5/13 & 5/15, 2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property. The roof was not accessed during the survey.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, linoleum, door and window caulk, and ceiling tile. The subject property was built of wood frame construction. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after

ACM Survey 1701-1747 Green Ann Arbor, MI 5/13 & 5/15/13

Project Number: 1459-13005

The friable and non-friable classification in the table describes how easily the material can be broken apart. A friable material is a material that can be crushed/ pulverized by human pressure. A non-friable material is a material that cannot be crushed/ pulverized by human pressure. The condition is a classification of the physical state that the material is in at the time of the sampling. There are three physical condition assessments that are applied to the condition of the material: good condition, damaged condition, and severely damaged condition. A material in good condition has no visible damage or deterioration. A material in a damaged condition has damage or deterioration on less than ten percent of the surface. A material that is severely damaged has damage or deterioration on ten percent or more of the surface area.

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

Table 2
Green Baxter Court
Asbestos Containing Materials

Asbestos Containing Materials			
Asbestos Containing Material	Locations	Quantity*	
Joint Compound	1701, 1703, 1705, 1707, 1709, 1711, 1713, 1715, 1717, 1719, 1721, 1723, 1725, 1727, 1729, 1731, 1733, 1735, 1737, 1739, 1741, 1743, 1745, 1747	100,000 SF	
Heat Shield- Asbestos Board	1713, 1701, 1705, 1703, 1715, 1709, 1723, 1721, 1725, 1727, 1735, 1733, 1737, 1739, 1745, 1747,	160 SF	
Roof Materials	Exterior	20,000 SF	
Multi Layer Flooring	Units	Unknown	

^{*}Quantities are estimated

The joint compound along with the heat shield-asbestos board was both found to contain asbestos and is deemed asbestos containing materials. AEC also observed multiple layers of flooring that were unable to be sampled. AEC thinks that it is a high probability that some of these layers contain asbestos. AEC also suspects the roof material to contain asbestos.

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by the ERG to perform an Asbestos Containing Materials (ACM) Survey at 727 Miller Ave. in Ann Arbor, Michigan. The survey was completed on April 24th, 25th and 26th of 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- Approx. 125000 SF of joint compound throughout property.
- Approx. 9075 SF of mastic under 12"x 12" white with blue floor tile throughout kitchen and bathrooms.
- Approx. 3970 SF of 12"x 12" white with splotch floor tile and mastic throughout kitchen and bathrooms.
- Approx. 910 SF of sink glazing throughout property.
- Approx. 2000 LF of grey cement caulk on exterior porches and expansion joint.
- Approx. 400 SF of 2'x 4' pinhole fissured ceiling tile in the office near the kitchen.
- Approx. 20000 SF Suspect ACM roofing material

Introduction

Jef Fox (Inspector #A34641) of AEC, gained access to the property on April 24th, 25th and 26th of 2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for rehabilitation. AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall systems, floor tile (12x12, (9x9), linoleum, ceiling tiles, and baseboards. The subject property was built of brick construction. AEC has attached site pictures In Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards for Hazardous Air

Sample Number	Material Description and General Location	Asbestos Present (Y/N)- % Type
158	Joint compound-Apt. 516-	Not
	Kitchen	Analyzed
159	Joint compound-Apt. 516-	Not
133	Living Room	Analyzed
160	Joint compound-Apt. 516-	Not
100	Living Room	Analyzed
161	Joint compound-Apt. 516-	Not
101	Bedroom	Analyzed
162	Joint compound-Apt. 516-	Not
102	Bathroom	Analyzed
163	Joint compound-Apt. 507-	Not
105	Kitchen	Analyzed
164	Joint compound-Apt. 507-	Not
104	Living Room	Analyzed
165	Joint compound-Apt. 507-	Not
103	Living Room	Analyzed
166	Joint compound-Apt. 507-	Not
100	Bedroom	Analyzed
167	Joint compound-Apt. 507-	Not
107	Bathroom	Analyzed

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

Table 2
727 Miller Ave., Ann Arbor, MI
Asbestos Containing Materials

Asbestos Containing Material	Locations	Quantity*
The mastic under the 12" x 12" White with Blue Floor Tile	110 Kitchen, 310 Kitchen, 201 Kitchen and Bathroom, 202 Kitchen and Bathroom, 205 Kitchen and Bathroom, 210 Kitchen, 214 Kitchen, 305 Kitchen and Bathroom, 309 Kitchen and Bathroom,	9075 SF

Asbestos Containing Material	Locations	Quantity*
	313 Kitchen, 314 Kitchen,	
	315 Kitchen and Bathroom,	
	401 Kitchen and Bathroom,	
	412 Kitchen and Bathroom,	
	416 Kitchen and Bathroom.	
	503 Kitchen and Bathroom,	
	505 Kitchen and Bathroom,	
	506 Kitchen and Bathroom,	
	509 Kitchen and Bathroom,	
	510 Kitchen and Bathroom,	
	514 Kitchen and Bathroom.	
	515 Kitchen, 517 Kitchen,	
	602 Kitchen and Bathroom,	
	606 Kitchen and Bathroom,	
	607 Kitchen and Bathroom,	
·	609 Kitchen and Bathroom,	
	610 Kitchen and Bathroom	
	612 Kitchen and Bathroom,	
•	614 Kitchen and Bathroom,	
	616 Kitchen and Bathroom,	
	701 Kitchen and Bathroom,	
	702 Kitchen and Bathroom,	
	705 Kitchen and Bathroom,	
	708 Kitchen and Bathroom.	
	711 Kitchen and Bathroom,	
	714 Kitchen and Bathroom,	
	717 Kitchen and Bathroom,	
•	114 Kitchen, 303 Kitchen,	
	207 Kitchen and Bathroom,	
	208- Kitchen and Bathroom,	
	215 Kitchen and Bathroom,	
	216 Kitchen and Bathroom,	
	301 Kitchen and Bathroom,	
•	306 Kitchen and Bathroom,	
	307 Kitchen and Bathroom,	
	317 Kitchen and Bathroom,	
	402 Kitchen and Bathroom,	
	405 Kitchen and Bathroom,	
	407 Kitchen and Bathroom,	
	409 Kitchen and Bathroom,	
	410 Kitchen and Bathroom,	
	417 Kitchen and Bathroom,	
	512 Kitchen and Bathroom,	
	501 Kitchen and Bathroom,	
	507 Kitchen and Bathroom,	
	502 Kitchen and Bathroom,	



Asbestos Containing Material	Locations	Quantity*
	604 Kitchen and Bathroom, 611 Kitchen and Bathroom, 615 Kitchen and Bathroom, 713 Kitchen and Bathroom, 706 Kitchen and Bathroom	
Joint Compound	Throughout	125000 SF
12" x 12" Floor Tile and Mastic- White with Splotch	112- Bathroom, 113- Bathroom, 110- Bathroom, 210- Bathroom, 209- Kitchen and Bathroom, 302-Kitchen and Bathroom, 310- Kitchen and Bathroom, 312- Kitchen and Bathroom, 406- Kitchen and Bathroom, 408- Kitchen and Bathroom, 411- Bathroom, 513- Bathroom, 605- Kitchen and Bathroom, 601- Kitchen and Bathroom, 114, 303, 316- Kitchen and Bathroom, 417- Bathroom, 603-Kitchen and Bathroom, 115, 116, 303, 715, 706, 707, 704	3970 SF
Sink Glazing	201, 202, 203, 205, 206, 209, 210, 214, 302, 305, 308, 309, 310, 312, 313, 314, 315, 406, 401, 411, 408, 412, 414, 413, 416, 503, 505, 506, 509, 510, 513, 514, 515, 602, 605, 606, 607, 601, 609, 610, 612, 614, 616, 617, 701, 702, 705, 708, 710, 715, 716, 717, 114, 204, 207, 208, 211, 212, 213, 215, 216, 301, 303, 306, 307, 316, 317, 402, 403, 407, 409, 410, 417, 603, 512, 511, 501, 508, 507, 502, 504, 604, 611, 613, 713, 712, 710, 706, 707, 703, 704	910 SF

Asbestos Containing Material	Locations	Quantity*
Grey Cement Caulk	Exterior Porches and Expansion Joints	2000 LF
2' x 4' Pinhole Fissured Ceiling Tile	Office by Kitchen	400 SF
Roofing Material	Exterior	20,000 SF

^{*}Quantities are estimated

The joint compound throughout the property, the mastic under the 12"x 12" white with blue floor tile in most of the kitchens and bathrooms throughout the property, the 12"x 12" white with splotch floor tile and mastic in kitchens and bathrooms, the sink glazing throughout property, the grey cement caulk on exterior porches and expansion joints and also the 2'x 4' pinhole fissured ceiling tile in the office near the kitchen were found to contain asbestos and are deemed an asbestos containing material.

Removal Options, Recommendations

Floor Tile

If the flooring is to be disturbed, it must be by a licensed asbestos contractor utilizing approved fiber release controls with properly trained personnel. The flooring must be handled as ACM waste and sent to an appropriate landfill.

Mastic

If the mastic is disturbed during renovation activities then, mastic shall be removed in a properly constructed negative pressure containment with personnel wearing proper PPE.

Joint Compound

If the joint compound is disturbed during renovation activities then, joint compound shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE.

ACM Survey 2702-2760 Hikone Ann Arbor, MI 48108 5/20-5/22/2013 Project Number: 1459-13006

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at 2702-2760 Hikone in Ann Arbor, MI. The survey was completed on May 20- May 22, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- 100,000 SF of Joint Compound-Throughout
- 200 SF of Asbestos Board-Basements
- Floor Tile/ Under Layment Suspected to be ACM- Throughout Units
- Suspected Roof Materials to be ACM

Introduction

Jef Fox (Inspector #A26737) of AEC, gained access to the property on 5/20-5/22/2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation. AEC visually identified and sampled suspect asbestos containing materials. The roof was not accessed as part of this inspection.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, and linoleum. The subject property was built of wood frame construction. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after each sample was collected to prevent cross contamination of samples. AEC personnel took



Sample Number	Material Description	Asbestos Present (Y/N)- % Type
181-2760-Bathroom	Joint Compound	Not Analyzed
182-2760-Bedroom	Joint Compound	Not Analyzed
183-2760-Bedroom	Joint Compound	Not Analyzed
184-2760-Bedroom	Joint Compound	Not Analyzed

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

Table 2 2702-2760 Hikone Asbestos Containing Materials

Asbestos Containing Material	Locations	Quantity*
Joint Compound	2702, 2704, 2706, 2708, 2710, 2714, 2718, 2716, 2720, 2712, 2724, 2722,2726, 2728, 2730, 2732, 2734, 2736, 2738, 2740, 2742, 2744, 2746, 2750, 2756, 2760, 2752, 2754, 2758	100,000 SF
Asbestos Board	2702,2706,2708, 2716,2712,2726,2728,2736, 2738,2740,2746,2748, 2750,2760,2752,2760, 2752, 2758	200 SF
2718 Floor Tile Under Kitchen Layment, 2720 Floor Tile Unde Layment, 2728 Under Layer Fro Kitchen, 2736 Under Layer Fror Kitchen, 2750 Under Layer Fror Kitchen, 2750 Under Layer on 2 nd Floor, 2756 Under Layer on		Assumed to be in all units.

ACM Survey 2702-2760 Hikone Ann Arbor, MI 48108 5/20-5/22/2013 Project Number: 1459-13006

Asbestos Containing Material	Locations	Quantity*
Roof Materials	Exterior	20,000 SF

^{*}Quantities are estimated

The joint compound, asbestos board, and floor tile were found to contain asbestos and are deemed asbestos containing materials. AEC assumes that all apartments have multiple layers of flooring. Although the visible layers don't all contain asbestos, it appears that atleast some of the hidden layers likely do. AEC also suspects the roof materials to be ACM.

Removal Options, Recommendations

Joint Compound

If the joint compound is disturbed during renovation activities then, joint compound shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE.

Asbestos Board

If the asbestos board is disturbed during renovation activities then, asbestos board shall be removed in properly constructed negative pressure containment with personnel wearing proper

Floor Tile

If the floor tile is disturbed during renovation activities then, floor tile shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE.

Roof Flashing

If the roof flashing is disturbed during renovation activities then, roof flashing shall be removed intact with wetting, drop cloths with personnel wearing proper PPE.

ACM Survey 800-890 S. Maple Ann Arbor, MI 48103 5/30 & 6/3/2013

Project Number: 1459-13010

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at S. Maple Meadows in Ann Arbor, MI. The survey was completed on May 30 & June 3, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- 100,000SF of Joint Compound-Throughout
- 190 SF of Asbestos Board-Basements
- Suspected ACM in Multi Layer Flooring-Throughout
- Suspected ACM in Roof Material-Throughout

Introduction

Jef Fox (Inspector #A26737) of AEC, gained access to the property on May 30 & June 3, 2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation. AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property. The roof was not inspected during inspection.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, linoleum, caulk, and ceiling tile. The subject property was built of wood frame construction. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after

ACM Survey 800-890 S. Maple Ann Arbor, MI 48103 5/30 & 6/3/2013

Project Number: 1459-13010

The friable and non-friable classification in the table describes how easily the material can be broken apart. A friable material is a material that can be crushed/pulverized by human pressure. A non-friable material is a material that cannot be crushed/ pulverized by human pressure. The condition is a classification of the physical state that the material is in at the time of the sampling. There are three physical condition assessments that are applied to the condition of the material: good condition, damaged condition, and severely damaged condition. A material in good condition has no visible damage or deterioration. A material in a damaged condition has damage or deterioration on less than ten percent of the surface. A material that is severely damaged has damage or deterioration on ten percent or more of the surface area.

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

Table 2 S. Maple Meadows

Asbestos Containing Materials				
Asbestos Containing Material	Locations	Quantity*		
Joint Compound	830, 826, 828, 824, 822, 820, 840, 844 846, 848, 842, 850, 860, 862, 866, 868, 870, 880, 882, 884, 886, 888, 890, 800, 802, 804, 806, 810	100,000 SF		
Asbestos Board	830, 828, 822, 820, 840, 844, 846, 842, 848, 850, 860, 868, 870, 880, 882, 888, 800, 802, 810	190 SF		
Suspect-Roof Material	Exterior	20 ,000 SF		
Suspect-Multi Layer Flooring	Units	Unknown		

^{*}Ouantities are estimated

The joint compounds along with the asbestos board were both found to contain asbestos and are deemed asbestos containing materials. AEC also observed multiple layers of flooring that were unable to be sampled. AEC thinks that it is a high probability that these flooring materials contain asbestos. The roof materials are also suspected to contain asbestos.

ACM Survey 106 Packard Ann Arbor, MI 48104 4/17-4/18/2013

Project Number: 1459-13009

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at Baker Commons in Ann Arbor, MI. The survey was completed on April 17-18, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

• 380 SF of Sink Glazing

Introduction

Matt Rodgers (Inspector #A-34641) of AEC, gained access to the property on 4/17 and 4/18/2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation. AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, linoleum, door and window caulk, and ceiling tiles. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after each sample was collected to prevent cross contamination of samples. AEC personnel took personal protective measures. The individual samples were placed into airtight leak proof labeled containers to be transported to the laboratory.

ACM Survey 106 Packard Ann Arbor, MI 48104 4/17-4/18/2013 Project Number: 1459-13009

good condition has no visible damage or deterioration. A material in a damaged condition has damage or deterioration on less than ten percent of the surface. A material that is severely damaged has damage or deterioration on ten percent or more of the surface area.

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

Table 2
Baker Commons
Asbestos Containing Materials

Asbestos Containing Material	Locations	Quantity*
Sink Glazing-White	Kitchens	380 SF

^{*}Quantities are estimated

The white sink glazing was found to contain asbestos and is deemed an asbestos containing material.

Removal Options, Recommendations

Sink Glaze

If the sink glaze is disturbed during renovation activities then, sink glaze shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE. However, if the entire component is removed with the sink glaze intact, the component may be removed, double wrapped, tagged and disposed of accordingly.

Conclusion

Asbestos containing materials were identified at the subject property and will require special handling and disposal if disturbed during renovation activities. The white sink glaze was found to contain asbestos. Proper precautions and abatement must be used if disturbed.

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

APPENDIX A

Respirator Program

APPENDIX A

Respirator Program

Purpose

This Respirator Program has been developed and instituted to provide for the safety of the maintenance and/or custodial employees who work in **ANN ARBOR HOUSING COMMISSION** buildings, and comply with the OSHA Asbestos Standards. The program is designed to motivate and train employees to wear their respirators, if applicable and to provide building owners/operators controls to ensure that these objectives are met. Since the respirator is the principal article of safety equipment in the building, employees are expected to fully comply with the tenets of this document.

ANN ARBOR HOUSING COMMISSION 404 NORTH ASHLEY ANN ARBOR, MICHIGAN 48103

Respirator Program Director - Maintenance Manager

Respirator Program Director

The program shall be evaluated and revised annually by the Respirator Program Director (hereafter referred to as the Director) in consultation with all concerned parties. Approval of revisions will be determined annually after discussions between all affected parties, but the Director's determination shall be final and binding. Interim changes deemed necessary by the Director shall become policy immediately and shall be deemed incorporated upon promulgation.

Furthermore, any changes in regulatory requirements shall be incorporated into this document as such changes are promulgated and become effective.

Disciplinary Action

This program is of no use if employees do not comply with its procedures. As stated in the previous sections, respirators will only protect against the hazard of asbestos exposure if they are worn at all times during potential exposure.

The health and safety of employees is of the foremost concern. Therefore, any time an employee fails to comply with proper respirator usage when required, immediate disciplinary action shall commence. Disciplinary action will be at the discretion of the Director.

Respirator Types & Regulation Standards

Half-face dual cartridge respirators and/or full-face air-purifying respirators will be assigned to maintenance and/or custodial employees who may disturb asbestos-containing materials. Other employees whose job description may cause them to encounter asbestos-containing materials will also be assigned half-face and/or full-face respirators. Respirators must also be used in any situation where airborne asbestos fiber concentrations are determined to be present. These respirators must be worn whenever conducting a Class I, II, III and IV activity or cleaning up a minor fiber release episode as directed in Section II, Part 2 of this O & M Program Manual.

The OSHA Asbestos Standards allow for the use of a half-face respirator whenever airborne concentrations of asbestos are below 0.1 fibers per cubic centimeter of air. If airborne concentrations of asbestos exceed 0.1 fibers per cubic centimeter of air, but are not in excess of 10 fibers per cubic centimeter of air, the full - face air-purifying respirator must be used. Other respirators are required at higher concentrations of airborne asbestos, but these levels should never be reached when conducting O & M activities.

All respirators that are issued to employees must be approved for use in asbestos atmospheres by the Mine Safety & Health Administration and the National Institute for Occupational Safety & Health (NIOSH). The cartridges used should also be approved for use with your assigned respirator by the manufacturer and be suitable for dusts, fumes, mists, and radionuclides.

This Respirator Program specifically addresses asbestos related activities. Should a job involve employees entering an atmosphere with oxygen deficiency, chemical contaminants, radioactive contaminants, or any other breathing hazard, the Director will either obtain the proper respirator and/or cartridges for the job, or the activity will not be performed. The cartridges approved for use in asbestos atmospheres are not appropriate for use in atmospheres contaminated by organic vapors.

Use

As stated in the above section, respirators shall be worn by all individuals conducting Class I, II, III and IV activities or cleaning minor fiber release episodes as directed in the O & M Program Manual. All employees in this category will be assigned respirators only upon proper training on the use and maintenance of respirators.

The following is required of all employees using respirators:

- 1. Respirators shall be worn whenever maintenance and/or custodial staff are conducting a Class I, II, III and IV activity, minor fiber release episode cleaning, or at any time the O & M Program Manual calls for their usage.
- 2. Respirators shall be worn during situations where maintenance and/or custodial employees may be in the presence of airborne asbestos.
- 3. Respirators shall be worn whenever collecting bulk asbestos samples.
- 4. Respirators shall be worn whenever any employee is allowed inside an enclosure at an asbestos abatement site.
- 5. Whenever wearing a respirator, employees are not permitted to chew gum and/or tobacco. Food and drink, as well as smoking are not allowed when wearing a respirator. At no time should the respirator be stretched away from the face to talk, eat, drink, smoke, chew or participate in any similar activity.
- 6. An employee will not be allowed to wear a half-face respirator without properly shaving, or while wearing a beard.
- 7. Respirators shall be properly cleaned, maintained and stored according to this Respirator Program as described in later sections.

As stated in the Disciplinary Action Section, any employee violating these requirements or any other parts of this Respirator Program is subject to disciplinary action as deemed necessary by the Director.

Training

All employees assigned respirators will receive some or all training concerning the following:

- 1. The hazard that asbestos poses, and its relation to human health.
- 2. Administrative and engineering controls used in addition to respirators.
- 3. How the Respirator Program fits into the Operations & Maintenance Program, specifically the respirators use and necessity during small- scale, short-duration activities and minor or major fiber release episodes.
- 4. Respirator-specific information including:
 - a. Why the respirator is used
 - b. Limitations of the respirator
 - c. Self-fit-testing
 - d. How to inspect, clean & properly wear respirators
 - e. Respirator maintenance & storage
- 5. A fit-test of the specific respirator(s) may be conducted at the time of this training or at such other date as deemed proper.

Qualitative Fit-Test Protection

When and if negative pressure respirators are used, employees required to wear said respirators will follow mandatory procedures outlined in the OSHA Asbestos Standards. These protocols define procedures used to determine which respirator fits the user adequately to allow for appropriate protection from potentially contaminated work atmospheres. Three protocols are defined in the applicable OSHA regulation, of which a minimum of one must be followed for appropriate fit-testing of employees. These fit-testing protocols are: Isoamyl Acetate, Saccharin Solution Aerosol, and Irritant Fume. The procedures for the Irritant Fume Protocol have been chosen for the building/facility and have been excerpted from the OSHA Asbestos Standard for use in proper fit-testing. At any time, the other protocols or newly approved protocols may be substituted in accordance with the applicable OSHA regulations.

Note: There are no specific training requirements for conducting an OSHA fit-test, thus anyone can conduct a fit-test as long as the outlined procedures (including the OSHA Asbestos Standard) are followed.

A. Respirator Selection

Each employee required to wear a respirator will go through a series of steps enabling him/her to choose a comfortable, adequate and properly fitting respirator. The following steps are in accordance with the OSHA regulation regarding appropriate respirator selection:

- 1. The test subject shall be allowed to pick the most comfortable respirator from a selection including respirators of various sizes from different manufacturers. The selection shall include at least five sizes of elastomeric half face pieces, from at least two manufacturers.
- 2. The selection process shall be conducted in a room separate from the fit-test chamber to prevent odor fatigue. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine a "comfortable" respirator. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, as it is only a review.
- 3. The test subject should understand that the employee is being asked to select the respirator that provides the most comfortable fit. Each respirator represents a different size and shape and if fit properly and used properly will provide adequate protection.
- 4. The test subject holds each face piece up to the face and eliminates those that obviously do not give a comfortable fit. Normally, selection will begin with a half-mask and if a good fit cannot be found, the subject will be asked to test the full face piece respirators. (A small percentage of users will not be able to wear any half-mask.)

- 5. The more comfortable face pieces are noted: the most comfortable mask is donned and worn at least five minutes to assess comfort. All donning and adjustments of the face piece shall be performed by the test subject without assistance from the test conductor or other person. Assistance in assessing comfort can be given by discussing the points in #6 below. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.
- 6. Assessment of comfort shall include reviewing the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:
 - a. Positioning of mask on nose
 - b. Room for eye protection
 - c. Room to talk
 - d. Positioning mask on face and cheeks
- 7. The following criteria shall be used to help determine the adequacy of the respirator fit:
 - a. Chin properly placed
 - b. Strap tension
 - c. Fit across nose bridge
 - d. Distance from nose to chin
 - e. Tendency to slip
 - f. Self-observation in mirror
- 8. The test subject shall conduct the conventional negative and positive-pressure fit checks (e.g. see ANSI Z88.2-1980). Before conducting the negative or positive-pressure test the subject shall be told to "seat" the mask by rapidly moving the head from side-to-side and up and down, while taking a few deep breaths.
- 9. The test subject is now ready for fit-testing.
- 10. After passing the fit-test, the test subject shall be questioned again regarding the comfort of the respirator. If it has become uncomfortable, another model of respirator shall be tried.
- 11. The employee shall be given the opportunity to select a different face piece and be re-tested if the chosen face piece becomes increasingly uncomfortable at any time.

B. Fit-Test

No employee shall be issued a respirator without first undergoing a fit-test prior to its usage. As previously stated, the Irritant Fume Protocol has been selected as the first choice when conducting fit-tests and is described below from the OSHA regulation. Keep in mind that the OSHA regulation allows for two other protocols that can also be used in place of the Irritant Fume as outlined in this regulation. OSHA's Irritant Fume Protocol fit-test is:

- 1. The test subject shall be allowed to smell a weak concentration of the irritant smoke to familiarize the subject with the characteristic odor.
- 2. The test subject should properly don the respirator selected as above, and wear it for at least 10 minutes before starting the fit-test.
- 3. The test conductor shall review this protocol with the test subject before testing.
- 4. The test subject shall perform the conventional positive pressure and negative pressure fit checks (See ANSI Z88.2 1980). Failure of either check shall be cause to select an alternative respirator.
- 5. Break both ends of a ventilation smoke tube containing stannic oxychloride, such as the MSA Part #5645, or equivalent. Attach a short length of tubing to one end of the smoke tube. Attach the other end of the smoke tube to a low pressure air pump set to deliver 200 milliliters per minute.
- 6. Advise the test subject that the smoke can be irritating to the eyes and instruct the subject to keep the eyes closed while the test is performed.
- 7. The test conductor shall direct the stream of irritant smoke from the tube towards the face-seal area of the test subject. The person conducting the test shall begin with the tube at least 12 inches from the face piece and gradually move to within 1 inch, moving around the whole perimeter of the mask.
- 8. The test subject shall be instructed to do the following exercises while the respirator is being challenged by the smoke. Each exercise shall be performed for one minute.
 - a. Breathe normally.
 - b. Breathe deeply. Be certain breaths are deep and regular.
 - c. Turn head all the way from one side to the other. Be certain movement is complete. Inhale on each side. Do not bump the respirator against the shoulders.
 - d. Nod head up-and-down. Be certain motions are complete and made every second. Inhale when head is in the full up position (looking toward ceiling). Do not bump the respirator against the chest.
 - e. Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus may be useful to satisfy this requirement. Alternative passages that serve the same purpose may also be used.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he's looking for the pot of gold at the end of the rainbow.

- f. Jogging in place.
- g. Breathe normally.

- 9. The test subject shall indicate to the test conductor if the irritant smoke is detected. If smoke is detected, the test conductor shall stop the test. In this case, the tested respirator is rejected and another respirator shall be selected.
- 10. Each test subject passing the smoke test (i.e. without detecting the smoke) shall be given a sensitivity check of smoke from the same tube to determine if the test subject reacts to the smoke. Failure to evoke a response shall void the fit-test.
- 11. Steps B4, B9, B10 of this fit-test protocol shall be performed in a location with exhaust ventilation sufficient to prevent general contamination of the testing area by the test agents.
- 12. At least two face pieces shall be selected by the above described test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one that is more comfortable to wear.
- 13. Respirators successfully tested by the protocol may be used in contaminated atmospheres up to ten times the PEL of asbestos.
- 14. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.
- 15. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive-pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.
- 16. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respiratory diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.
- 17. Qualitative fit-testing shall be repeated at least every six months.
- 18. In addition, because the sealing of the respirator may be affected, qualitative fit- testing shall be repeated immediately when the test subject has a:
 - a. Weight change of 20 pounds or more.
 - b. Significant facial scarring in the area of the face piece seal.
 - c. Significant dental changes: e.g., multiple extractions without prosthesis, or acquiring dentures.
 - d. Reconstructive or cosmetic surgery, or
 - e. Any other condition that may interfere with face piece sealing.

Should another protocol be selected for fit-testing, please note that certain screening tests must be conducted to determine if the protocol is sufficient to accurately fit-test each employee. It is possible that Isoamyl Acetate and Saccharin Solution Aerosol are not detectable to the test subject.

C. Recordkeeping

The OSHA regulation also requires certain recordkeeping concerning each employee's qualitative fit-test. This recordkeeping shall be as described below in accordance with the OSHA Asbestos Standard. A form has been developed to track this information and is attached to this program (use the attached Qualitative Respirator Fit-Test Summary Form, for recordkeeping).

A summary of all test results shall be maintained (in the Director's office) for 3 years. The summary shall include:

- 1. Name of test subject
- 2. Date of testing
- 3. Name of test conductor
- 4. Respirators selected (indicate manufacturer, model, size and approval number)
- 5. Testing agent

Inspection and Cleaning

Each employee will be responsible for the inspection and cleaning of his/her own respirator. Each respirator must be cleaned, inspected, and disinfected at the end of each day that the respirator was used. Furthermore, each respirator will be visually inspected by the user prior to use. The respirator will be disinfected (using Lensacide brand, or equivalent), is accordance with the manufacturer's instructions and pursuant to procedures outlined during respirator training.

Maintenance

Each employee will be responsible for the maintenance of his/her own respirator, though the company will supply all necessary replacement parts (see the Director). Each employee will change the cartridges on his/her respirator after approximately each four hours of <u>cumulative</u> use. Records will be kept of every date the cartridges were changed (use the attached <u>Respirator Inspection Checklist, Form R-2</u>, for recordkeeping). Every time the cartridges are changed, whomever changes them will mark the date on the new cartridge with a felt tip marker. Interchanging parts between different brands of respirators is prohibited. Finally, no employee will be permitted to alter the assigned respirator.

Storage

Respirators will be stored in an appropriately marked location at the employee's work place. They will be stored in sealed plastic bags in such a manner as to prevent them from becoming warped or otherwise damaged. No other objects may be stored with the respirator; they could fall over or be jumbled so as to fall on top of the respirators and cause them to warp. Cartridges designed for purposes other than asbestos (e.g., organic vapor cartridges) will be clearly labeled as such and stored on a different shelf or location than the asbestos cartridges.

Medical Examinations

The employer will provide a medical examination on an annual basis for each employee who is assigned a negative pressure respirator. In addition, employees who are assigned negative pressure respirators will receive an examination within thirty days of employment or discharge. The employee shall not be charged for the examination. Records of the examination will be kept indefinitely. The examination will consist of, at a minimum:

- 1. Elicitation of medical history
- 2. A chest roentgenogram
- 3. Pulmonary function tests, including forced vital capacity and forced expiratory volume at one second

For additional information on medical examinations, review the Medical Surveillance Section located within the Operations & Maintenance Program Manual.

Air Quality Standards

Should supplied air respirators (class "C") ever be used by the employees, the air used will be of such quality as to meet the qualifications of the Compressed Gas Commodity Specification G- 7.1-1966. All other applicable regulations and guidelines will be followed.

APPENDIX B

Documentation Forms

Form D-1

CLASS IV ASBESTOS WORK MISCELLANEOUS OSHA AND EPA RECORDKEEPING

Class IV Maintenance and Custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM.

		CLASSII	FICATION PROPERTY OF THE PROPE	
OSHA Classific	ation:			
[] Class IV [] Class IV	Maintenance and Activities to clean			n employees contact ACM and PACM ACM and PACM
Regulated Area:				
Yes [] No []	see Form D-2			
Schedule:				
Starting Date:				
Completion Date	e:			
Type of material	contacted:			
[] Surfacing	1 System insulation) er than TSI or Surfa		Describe	
Personnel perfor	ming activity: []	See attached shee	et	
Name:		Accreditation #:		Type of Respirator/Clothing: (if applicable)

Competent reison if applicable	
Name:	
Accreditation #.	
TRANSPORTATION/STO	ORAGE/DISPOSAL - IF APPLICABLE
Name and location of transportation company(s) for	rom generator to disposal:
	ge site [] Transport Co. from Generator to disposal site [] Contractor from Generator to disposal site
[]	
[]	
Name and location of disposal site of asbestos-con	ntaining material:
EXPOSURE MONITORIE	NG INFORMATION - IF APPLICABLE
Objective Data used exempting Exposure Monitor	
Yes [] see Objective Data Documentati No []	on
Exposure Monitoring air sample(s) collected:	
Yes [] No []	
Method of Sampling:	
Initial Exposure Assessment Monitoring Excursion Sampling Time Weighed Average (TWA) Monitoring	[] Yes [] No [] Yes [] No [] Yes [] No
Results of Exposure Monitoring air sample(s) colle	ected:
(see attached sheets)	
Method of analysis:	
Phase Contrast Microscopy (PCM) [] Transmission Electron Microscopy (TEM) []	
Date(s) Exposure Monitoring air samples collected	d·

Name				
Street	City	State	Zip	
Name(s) and signature(s) of Exposure Monitoring air s	sample collector	(s):	
Print Name	Signature		Date	
Print Name	Signature		Date	
Date(s) of analysis:				
Exposure Monitoring a	nalysis conducted:			
	boratory analyzing samples:			
Other [] spe	·			
Other [] spe Name and address of la	·	State	Zip	
Other [] spe Name and address of la Name	boratory analyzing samples:	State		
Other [] specifications of law and address of law are Street	boratory analyzing samples: City	State		
Other [] specifications of law and address of law and signature of partial contents. The contents of the cont	City person performing air sample a	State nalysis:	Zip	

on results sheets submitted for this project.

CLASS I, II, III and IV ASBESTOS WORK MISCELLANEOUS OSHA AND EPA RECORDKEEPING

Class I, II and III activities - all Class IV activities involving cleaning up waste and debris in regulated areas Name of building: Project Area(s): _____ **CLASSIFICATION** 1. **OSHA** Classification: Removal of TSI and Surfacing ACM and PACM [] Class I [] Class II Removal of materials which are not TSI or Surfacing materials [] Class III Repair and Maintenance Operations, where ACM, including TSI and Surfacing materials are likely to be disturbed [] Class IV Activities to clean up waste and debris containing ACM and PACM in regulated areas 2. Abatement Methodology: [] Full Enclosure – Negative Pressure [] Mini-Enclosure – Negative Pressure [] Glove Bag – Negative Pressure [] Glove Bag [] Glove Box – Negative Pressure [] Water Spray Process System [] Other; _____ 3. Schedule: Starting Date: Completion Date: 4. Name and signature of Project Designer: [] NA Print Name Signature Date Accreditation #

State of Accreditation

CONTRACTOR INFORMATION

Name		
Street	City	State Zip
Phone		
License Number:		
State:		
Competent Person on-site:		
Accreditation #:		
Abatement Workers: []	See attached sheet	
Name:	Accreditation #:	Type of Respirator/Clothin (if applicable)
TR	ANSPORTATION/STORAGE/DIS	SPOSAL - IF APPLICABLE
Name and location of tran	sportation company(s) from generate	or to disposal:
	rator to Contractor storage site [] Trontractor to disposal site [] Co	
[]		
[]		
	osal site of asbestos-containing mate	

EXPOSURE MONITORING INFORMATION - IF APPLICABLE

1.	Objective Data used exe	mpting Exposure Monitoria	ng:		
	Yes [] see Ol No []	ojective Data Documentation	n		
2.	Exposure Monitoring air	sample(s) collected:			
	Yes [] No []				
3.	Method of Sampling:				
	Initial Exposure Assessr Excursion Sampling Time Weighed Average	•	[] Yes [] No [] Yes [] No [] Yes [] No		
4.	Results of Exposure Mo	nitoring air sample(s) colle	cted:		
	(see attached sl	neets)			
5.	Method of analysis:				
	Phase Contrast Microsco Transmission Electron M				
6.	Date(s) Exposure Monit	oring air samples collected:	:		
7.	Name and address of co	mpany performing Exposur	re Monitoring air sa	ample collection:	
	Name				
	Street	City	State	Zip	
8.	Name(s) and signature(s) of Exposure Monitoring a	ir sample collector	r(s):	
	Print Name	Signature		Date	
	Print Name	Signature		Date	
9.	Date(s) of analysis:				
10.	Exposure Monitoring an	alysis conducted:			
	On-site [] Other [] spe	cify where			

Name				
Street	City	State	Zip	_
Name and signature of	person performing air sai	nple analysis:		
Print Name	Signature		Date	_
Statement of Exposure	Monitoring laboratory's o	qualifications:		
NOTE: Further documersults sheets submitter		mple analysis require	ed under 40 CFR, 1926.1101 c (1))(2) may be lo
	<u>CLEAF</u>	RANCE INFORMA	TION	
Post Abatement Cleara	ance air sample(s) collecte	ed:		
Yes [] No []				
Locations and Results	of Clearance air sample(s) collected:		
(see attached	sheets)			
Amount of ACM abate	ed:			
[] More than 10	ble than 10 sq ft or 15 ln ft sq ft or 15 ln ft and less t 0 sq ft or 260 ln ft or 35 co		ft or 260 ln ft or 35 cu ft	
Method of Clearance a	ir sampling analysis:			
Phase Contrast Micros Transmission Electron				
Date(s) air samples col	llected:			
Name and address of c	company performing Clean	rance air sample coll	ection:	
	Monitoring			
[] Same as Exposure	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Print Name	Signature		Date	
Print Name	Signature		Date	
Date(s) of analysis:				_
Clearance sampling ar	nalysis conducted:			
On-site [] Other [] specify wh	nere			
Name and address of	Clearance laboratory analyz	zing samples:		
[] Same as Exposure	Monitoring			
[] Same as Exposure Name	Monitoring			
	_	State	Zip	
Name Street		State	Zip	
Name Street	City f person performing Cleara	State	Zip	
Name Street Name and signature or	City f person performing Cleara	State	Zip	
Name Street Name and signature of	City f person performing Cleara Monitoring Signature	State	Zip nalysis:	

NOTE: Further documentation regarding air sample analysis required under $40 \, \text{CFR}$, $1926.1101 \, \text{c}$ (1)(2) may be located on results sheets submitted for this project.

Employer/Employee/Tenant Notification

As required by the OSHA Regulation building and/or facility owners shall notify the following persons of the presence, location and quantity of ACM or PACM, at the work sites in their buildings and facilities. Notification either shall be in writing or shall consist of a personal communication between the owner and the person to whom notification must be given or their authorized representative:

A.	Prospective employers applying or bidding for containing such material;	or work whose employees reasonably of	can be expected to work in adjacent to areas
В.	Employees of the owner who will work in o	r adjacent to areas containing such mat	erials;
C.	On Multi-employer worksites, all employers such material;	of employees who will be performing	work within or adjacent to areas containing
D.	Tenants who will occupy areas containing so	uch materials.	
Please o	complete this form and return it to:		
I	,	representing and having authority for	(company),
hereby	indicate and agree that a representative of the		building/facility,
	(name), (itle) has provided me information rega	rding the specific locations and materials
that are	asbestos-containing and which may be encou	ntered or have the potential of being en	acountered during the course of activities
involvii	ng	(project r	ame and/or number) in the above-mentioned
building	g.		
respons should suspect	ssly agree that neither I, nor any of my employibility or control, will disturb asbestos-contain I, my employees, agents, sub-contractors or ed of containing asbestos, said material(s) shaling written approval that such material(s) may	ing materials for the above mentioned other individuals or entities over whom I not be disturbed without first notifying	ouilding. I further understand and agree than I have control, encounter any material(s)
	Print Name		
	Signature		
	Company		
	Position		

Date

Contractor Certification of Asbestos-Free Product Installation

Name	e of building:						
1.	Contractor name and addre	ess:					
	Name				_		
	Street	City	State	Zip	_		
2.	Brief scope of contracted a	ctivities:					
					_		
3.	Certification statement:				_		
	I						
	(company), hereby certify						
	above-mentioned building,			(project name a	and/or numb	er) are asbesto	s free (or less than
	1% asbestos by weight).						
	Print Name						
	Signature						
	Company						
	Position						
	Date						

Proof of Asbestos Awareness Training

2-Hour Course (Class IV Work)

The intent of this form is to provide documentation that you have witnessed the 2-hour Asbestos Awareness Course. This form will be kept in your personal file.

I,	, hereby verify and confirm that I have witnessed the 2-hour Asbestos Awareness
training course on this date of	I further understand that if I have any questions regarding the course or
need information regarding the locations of	asbestos-containing materials in the buildings, I may contact,
the building/facility owner/operator.	
Print Name	
Signature	
Date	
Title or Position	

Proof of Asbestos Generic Material Training 8-Hour Course (Class II Work)

The intent of this form is to provide documentation that you have witnessed the 8-Hour Asbestos Generic Material Training Course. This form will be kept in your personal file.

I,	, hereby verify and co	onfirm that I have witnessed the 8-Hour Asbestos Generic Materi	al
training course specific for		on this date of	_•
I further understand that if I have any	questions regarding the course	e or need information regarding the locations of asbestos-containing	ng
materials in the buildings, I may conta	act	, the building/facility owner/operator.	
Print Name			
Signature			
Date			
Title or Position			

Proof of Operations and Maintenance Training Program 16-Hour Course (Class III Work)

The intent of this form is to provide documentation that you have attended a 16-Hr Operations & Maintenance Program training course. This form will be kept in your personal file.

I,	, hereby verify an	d confirm that I have witnessed the 16-	Hour Operations &
Maintenance Program	training course on this date of	I further understand that	if I have any questions
regarding the course a	nd/or need information regarding the locat	ions of asbestos-containing materials in	n the buildings as well as
questions regarding ha	andling of asbestos-containing materials, I	may contact	, the
building/facility owne	r/operator.		
Print Name			
Signature			
Date			
Title or Posit	ion		

Asbestos Worker Training Program

32-Hour Course (Class I and II Work)

The intent of this form is to provide a listing of the personnel who have attended the Asbestos Worker Training Program and have obtained State Accreditation.

	Training	Course	Expiration	State Accreditation	Expiration
Name	Course	Date	Date	Number	Date

Contractor Supervisor Training Program 40-Hour Course

The intent of this form is to provide a listing of the personnel who have attended the Contractor Supervisor Training Program and have obtained State Accreditation.

	Training	Course	Expiration	State Accreditation	Expiration
Name	Course	Date	Date	Number	Date

Warning Label Installation

At the entrance to mechanical rooms/areas in which the employees reasonably can be expected to enter and which contain thermal system insulation and surfacing ACM/PACM, the building owner shall post signs which identify the material which is present, its location, and appropriate work practices which if followed, will ensure that ACM and or PACM will not be disturbed. In addition to above required information, labels must state:

DANGER CONTAINS ASBESTOS FIBERS AVOID CREATING DUST CANCER AND LUNG DISEASE HAZARD

Name	of building:														
I,					, of							Co	ompany h	ereby verif	y
that I	have installed	warning	labels in	this	building	in	accordance	with	40 CF	R,	1926.1101,	of the	e OSHA	Regulatio	n on
			_ (date).												
	Print Name														
	Signature														
	Date														
	Employer														

APPENDIX C

Medical Surveillance Forms

MEDICAL SURVEILLANCE

(In accordance with OSHA, 29 CFR, 1926.1101, m(3))

Provided to physician: 1. OSHA Standard 29 CFR, 1926.1101; Appendices D, E, G and I.

To whom It May Concern:		
The following is a description of our employee's duties as t	hey relate to the employee's exposure	to airborne asbestos.
is a	_ in our building/facility department.	His/Her primary asbestos-related
job duties include the following:		
[] Class I Asbestos Work Activities		
[] Class II Asbestos Work Activities		
[] Class III Asbestos Work Activities		
[] Class IV Asbestos Work Activities		
[] Asbestos Abatement Project Management		
[] Air sample Collection and Analysis		
[] Asbestos Inspections/Bulk Sample Collection/	Project Design	

Class I Asbestos Work Activities

During activities involving removal of TSI and surfacing ACM and PACM, (Name) will participate in the gross removal and clean-up of materials. The anticipated exposure levels while in the regulated area is rarely above 5 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). (Name) is required by (employer) policy to wear a negative pressure respirator(PAPR above 2 f/cc TWA) and disposal coveralls at the minimum during this process.

Class II Asbestos Work Activities

During activities involving removal of ACM which is not thermal system insulation or surfacing material, (**Name**) will participate in the gross removal and clean-up of materials. The anticipated exposure levels while in the regulated area is rarely above 2 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). (**Name**) is required by (**employer**) policy to wear a negative pressure respirator (PAPR above 2 f/cc TWA) and disposal coveralls at the minimum during this process.

Class III Asbestos Work Activities

During activities involving repair and maintenance operations where ACM including thermal system insulation and surfacing material is likely to be disturbed, (Name) will participate in the gross removal and clean-up of materials. The anticipated exposure levels while in the regulated area is rarely above 1 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). (Name) is required by (employer) policy to wear a negative pressure respirator (PAPR above 2 f/cc TWA) and disposal coveralls at the minimum during this process.

Class IV Asbestos Work Activities

During maintenance and custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM, (Name) will participate in the clean-up of materials. The anticipated exposure levels while in the unregulated area is rarely above .1 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA) and the anticipated exposure levels while in the regulated area is rarely above 1 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA).

(Name) is required by (employer) policy to wear a negative pressure respirator at the minimum during this process.	and disposal coveralls abovef/cc a
Asbestos Abatement Project Management:	
During asbestos abatement, (Name) will be on site to ensure that the job specifical contractor. (Name) may enter the regulated area to observe the contractor's abatevels while in the regulated area is rarely above 1 fiber per cubic centimeter (f/c (TWA). (Name) is required by (employer) policy to wear a negative pressure reduring this process.	atement techniques. The anticipated exposure cc), based on an 8-hour time weighted average
Air Sample Collection and Analysis:	
During asbestos abatement activities, (Name) may also perform air sample coregulations. This process may require (Name) to enter the regulated area to set air in the regulated area is rarely above 1 f/cc, based on an 8-hour TWA. (Name) is repressure respirator and disposable coveralls at the minimum while conducting and	r pumps. The anticipated exposure levels while equired by (employer) policy to wear a negative
Asbestos Inspection/Bulk Sample Collection/Project Design:	
(Name) may also conduct building inspections to locate asbestos containing in (Name) will collect bulk samples of suspected ACM's for subsequent analysis. The sample collection is rarely above .5 f/cc, based on an 8-hour TWA. (Name) negative pressure respirator and disposable coveralls at the minimum during this	he anticipated exposure levels while performing e) is required by (employer) policy to wear a
Information from previous examinations of	_ (Name) is not available at this time.

Important note to physician: In accordance with OSHA, 29 CFR, 1926.1101 (m)(4)(D)(ii), the physician should not reveal in the written opinion given to the employer, specific findings or diagnoses unrelated to occupational exposure to asbestos, tremolite, anthophyllite, or actinolite.

(Name) is available, this information

If you have any questions or concerns regarding this information, please contact me at the below address or phone:

If information from previous medical examinations of _____

will have been brought to this exam with the employee.

()

[]

[]

DOCUMENTATION

Signature of Employee	Date
Name of Clinic	
Address	
Signature of Clinic Representative	Date

MEDICAL SURVEILLANCE II

PHYSICIANS WRITTEN OPINION FORM

ASBESTOS

	THIS SECTION IS TO BE FILLED OUT BY EMPLOYER
Employ	ree Name:
Employ	ree's Social Security No
Locatio	n of Examination:
	THIS SECTION TO BE FILLED OUT BY EXAMINING PHYSICIAN
1.	This employeehasdoes not have any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite.
2.	The following limitations on this employee or on the use of personal protective equipment such as respirators are recommended:
	(If none, check here <>)
3.	This employee has been informed of the results of the medical examination and of any medical conditions that may result from asbestos, tremolite, anthophyllite, or actinolite exposure
4.	This employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
5.	Results of the medical examination are as follows: (If attachments are used, please list.)
6.	Other Comments:
	Date of Examination:
	Examining Physician's Signature:

Part 1 INITIAL MEDICAL QUESTIONNAIRE

1.	NAME
2.	SOCIAL SECURITY #
3.	CLOCK NUMBER
4.	PRESENT OCCUPATION
5.	PLANT
6.	ADDRESS
7.	
8.	TELEPHONE NUMBER(Zip Code)
9.	INTERVIEWER
10.	DATE
11.	Date of Birth
10	Month Day Year
12.	Place of Birth
13.	Sex 1. Male 2. Female
14.	What is your marital status? 1. Single 2. Married 3. Widowed 4. Separated/Divorced
15.	Race 1. White 2. Black 3. Asian 4. Hispanic 5. Indian 6. Other
16.	What is the highest grade completed in school (For example 12 years is completion of high school)?
OCCU	UPATIONAL HISTORY
17A.	Have you ever worked full time (30 hours per week of more) for 6 months or more? 1. Yes 2. No
	IF YES TO 17A:
В.	Have you ever worked for a year or more in any dusty job? 1. Yes 2. No 3. Does not apply
	Specify job/industry Total years worked
	Was dust exposure: 1. Mild 2. Moderate 3. Severe
C.	Have you ever been exposed to gas or chemical fumes in your work? 1. Yes 2. No
	Specify job/industry Total years worked
	Was exposure: 1. Mild 2. Moderate 3. Severe
D.	What has been your usual occupation or job - the one you have worked at the longest?

	1.	Job occupation			
	2.	Number of years employed in this occupation _			
	3.	Position/Job Title			
	4.	Business, field or industry			
		(Record on lines the years in which you have w	orked in any of these	e industries, e.g. 1960-1969)	
Have y	ou ever	worked:			
•			Yes	No	
E.	In a m	nine?			
F.	In a q	uarry?		_	
G.	In a fo	oundry?			
H.	In a p	ottery?			
I.	In a co	otton, flax or hemp mill?			
J.	With	asbestos?			
18.	PAST	MEDICAL HISTORY			
10.	11101		Yes	No	
A.	Do yo	ou consider yourself to be in good health?			
		If "NO" state reason			
B.	Have	you any defect of vision?		_	
		If "YES" state reason			
C.	Have	you any hearing defect?		_	
		If "YES" state nature of defect			
D.	Are y	ou suffering from or have you ever suffered from:			
	J		Yes	No	
	a.	Epilepsy (or fits, seizures, convulsions)?			
	b.	Rheumatic fever?			
	c.	Kidney disease?			
	d.	Bladder disease?			
	e.	Diabetes?			
	f.	Jaundice?			
10	CHEC	ET COLDS AND CHEST II I NESSES			

19. CHEST COLDS AND CHEST ILLNESSES

19A.	If you g	get a cold, does it "usually" go to your chest (us	ually means more than ½ the time)?	
	1.	Yes 2. No	3. Don't get colds	
20A.	During	the past 3 years, have you had any chest illness	es that have kept you off work, indoors at home or in bed?	
	1.	Yes 2. No		
	IF YES	S TO 20A:		
B.	Did yo	u produce phlegm with any of these chest illnes	ses? 1. Yes 2. No 3. Does not apply	
C.	In the l	last 3 years, how many such illnesses with (incre	ased) phlegm did you have which lasted a week or more?	
	Numbe	er of illnesses No such i	llnesses	
21.	Did yo	u have any lung trouble before the age of 16?	1. Yes 2. No	
22.	Have y	ou ever had of the following?		
	1A.	Attacks of bronchitis?	1. Yes 2. No	
	IF "YE	ES" TO 1A:		
	B.	Was it confirmed by a doctor?	1. Yes 2. No 3. Does not apply	
	C.	At what age was your first attack?	Age in years Does not apply	
	2A.	Pneumonia (include bronchopneumonia)?	1. Yes 2. No	
	IF "YE	ES" TO 2A:		
	B.	Was it confirmed by a doctor?	1. Yes 2. No 3. Does not apply	
	C.	At what age did you first have it?	Age in years Does not apply	
	3A.	Hay Fever?	1. Yes 2. No	
	IF "YE	ES" TO 3A:		
	B.	Was it confirmed by a doctor?	1. Yes 2. No 3. Does not apply	
	C.	At what age did it start?	Age in years Does not apply	
23A.	Have y	you ever had chronic bronchitis?	1. Yes 2. No	
	IF "YE	SS" TO 23A:		
	B.	Do you still have it?	1. Yes 2. No 3. Does not apply	
	C. D.	Was it confirmed by a doctor? At what age did it start?	1. Yes 2. No 3. Does not apply Age in years Does not apply	
24A.	Have y	ou ever had emphysema?	1. Yes 2. No	

IF "YES" TO 24A:

	B. Do you	still have it?		1. Yes	2. No _		3. Does not apply
	C. Was it o	confirmed by a doctor?		1. Yes	2. No _		3. Does not apply
	D. At what	age did it start?		Age in years		Does no	t apply
25A.	Have you ever h	ad asthma?		1. Yes	2. No _		
	IF "YES" TO 25	A:					
	B. Do you	still have it?		1. Yes	2. No _		3. Does not apply
	C. Was it o	confirmed by a doctor?		1. Yes	2. No _		3. Does not apply
	D. At what	age did it start?		Age in years		Does no	t apply
	E. If you n	o longer have it, what	age did it stop?	Age stopped		Does no	t apply
26.	Have you ever h	ad:					
A.	Any other chest	illness?		1. Yes	2. No _		
	If yes, p	please specify					
B.	Any chest operat	ions?		1. Yes	2. No _		
	If yes, p	please specify					
C.	Any chest injurie	es?		1. Yes	2. No _		
	If yes, p	please specify					
27A.	Has a doctor eve	r told you that you had	heart trouble?	1. Yes	2. No _		
	IF "YES" TO 27	A:					
B.	Have you ever h	ad treatment for heart to	rouble in the past 10 y	ears?			
	1. Yes	2. No 3.	Does not apply				
28A.	Has a doctor tolo	l you that you had high	blood pressure?				
	1. Yes	2. No 3.	Does not apply				
	IF "YES" TO 28	A:					
B.	Have you had an	y treatment for high blo	ood pressure (hyperte	nsion) in the past 1	0 years?		
	1. Yes	2. No 3.	Does not apply				
29.	When did you ha	ave your chest X-Rayed	1? Year _				
30.	Where did you la	ast have your chest X-F	Rayed (if known)?				
	What was the ou	tcome?					

			FATH	IER		MOTHER			
		Yes	No	Don't Know	Yes	No	Don't Know		
A.	Chronic Bronchitis?								
B.	Emphysema?								
C.	Asthma?								
D.	Lung cancer?								
E.	Other chest conditions?								
F.	Is parent currently alive?								
G.	Please specify		_ Age if i _ Age at _ Don't I	Death		Age if I Age at I Don't K	Death		
H.	Please specify cause of death								
32A.	Do you usually have a cough? (throat) (If no, skip to Question 3				st going out of 2. No	doors. E	xclude clearing of		
B.	Do you usually cough as much a	s 4 to 6 ti	mes a day	y 4 or more days out o	of the week?	1. Yes _	2. No		
C.	Do you usually cough at all on g	etting up	or first th	ing in the morning?		1. Yes _	2. No		
D.	Do you usually cough at all during	ng the res	t of the da	ay or at night?		1. Yes _	2. No		
	S TO ANY OF THE ABOVE (32 A Y" AND SKIP TO NEXT PAGE.	A, B, C Ol	R D), AN	SWER THE FOLLO	WING. IF NO	O TO ALL	, CHECK "DOES N		
E.	Do you usually cough more like	this on m	ost days f	for 3 consecutive mon	nths or more du	aring the y	ear?		
	1. Yes 2. No	3.	Does not	apply					
F.	For how many years have you ha	ad the cou	gh?	Number of years _		Does n	ot apply		
33A.	Do you usually bring up phlegm Exclude phlegm from the nose.								
В.	Do you usually bring up phlegm	like this a	as much a	as twice a day 4 or mo	ore days out of	the week?	1. Yes 2. N		
C.	Do you usually bring up phlegm	at all on §	getting up	or first thing in the n	morning?	1. Yes	2. No		
D.	Do you usually bring up phlegm	at all duri	ing the re	est of the day or at nig	ht?	1. Yes	2. No		
IF YES	S TO ANY OF THE ABOVE (33A	., B, C OR	R D), ANS	SWER THE FOLLO	WING:				
IF NO	TO ALL, CHECK "DOES NOT A	APPLY" A	ND SKII	P TO 34A					
E.	Do you bring up phlegm like this	s on most	days for	3 consecutive months	or more durin	g the year	?		

	1. Yes 2. No 3. Does not apply
F.	For how many years have you had trouble with phlegm? Number of years Does not apply
EPISO	DES OF COUGH AND PHLEGM
34A.	Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? *(For persons who usually have cough and/or phlegm) 1. Yes 2. No
	IF "YES" TO 34A
B.	For how long have you had at least 1 such episode per year? Number of years Does not apply
WHEE	ZING
35A.	Does your chest ever sound wheezy or whistling
	1. When you have a cold? 1. Yes 2. No
	2. Occasionally apart from colds? 1. Yes 2. No
	3. Most days or nights? 1. Yes 2. No
	IF "YES" TO 1, 2, OR 3 IN 35A
B.	For how many years has this been present? Number of years Does not apply
36A.	Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes 2. No
	IF "YES" TO 36A
B.	How old were you when you had your first such attack? Age in years Does not apply
C.	Have you had 2 or more such episodes? 1. Yes 2. No 3. Does not apply
D.	Have you ever required medicine or treatment for the(se) attack(s)? 1. Yes 2. No 3. Does not apply
BREA	THLESSNESS
37.	If disabled from walking by any condition other than heart of lung disease, please describe and proceed to Question 39A.
	Nature of condition(s)
38A.	Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes 2. No
	IF "YES" TO 38A
В.	Do you have to walk slower than people of your age on the level because of breathlessness?
۵.	1. Yes 2. No 3. Does not apply

C.	Do you ever have to stop for breath when walking at your own pace on the level?
	1. Yes 2. No 3. Does not apply
D.	Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
	1. Yes 2. No 3. Does not apply
E.	Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?
	1. Yes 2. No 3. Does not apply
TOBA	CCO SMOKING
39A.	Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) 1. Yes 2. No
	IF "YES" TO 39A
B.	Do you now smoke cigarettes (as of one month ago)? 1. Yes 2. No 3. Does not apply
C.	How old were you when you first started regular cigarette smoking? Age in years Does not apply
D.	If you have stopped smoking cigarettes completely, how old were you when you stopped?
	Age stopped Check if still smoking Does not apply
E.	How many cigarettes do you smoke per day now? Cigarettes per day Does not apply
F.	On the average of the entire time you smoked, how many cigarettes did you smoke per day?
	Cigarettes per day Does not apply
G.	Do or did you inhale the cigarette smoke?
	Does not apply Not at all Slightly Moderately Deeply
40A.	Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) 1. Yes 2. No
	IF "YES" TO 40A:
	FOR PERSONS WHO HAVE EVER SMOKED A PIPE
В.	1. How old were you when you started to smoke a pipe regularly? Age
	2. If you have stopped smoking a pipe completely, how old were you when you stopped?
	Age stopped Check if still smoking a pipe Does not apply
C.	On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? (A standard pouch of tobacco contains 1-1/2 oz.) oz. per week Does not apply
D.	How much pipe tobacco are you smoking now? oz. per week Not currently smoking a pipe
E.	Do you or did you inhale the pipe smoke?

	Never smoked Not at all Slightly Moderately Deeply				
41A.	Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year)1. Yes 2. No				
	IF "YES" TO 41A				
	FOR PERSONS WHO HAVE EVER SMOKED A CIGAR				
B.	How old were you when you started smoking cigars regularly? Age				
	2. If you have stopped smoking cigars completely, how old were you when you stopped?				
	Age stopped Check if still smoking cigars Does not apply				
C.	On the average over the entire time you smoked cigars, how many cigars did you smoke per week?				
	Cigars per week Does not apply				
D.	How many cigars are you smoking per week now?				
	Cigars per week Check if not smoking cigars currently				
E.	Do or did you inhale the cigar smoke?				
	Never smoked Not at all Slightly Moderately Deeply				
Sionati	Tre Date				

Part 2 PERIODIC MEDICAL QUESTIONNAIRE

1.	NAME						
2.	SOCIAL SECURITY #						
3.	CLOCK NUMBER						
4.	PRESENT OCCUPATION						
5.	PLANT						
6.	ADDRESS						
7.							
8.	TELEPHONE NUMBER(Zip Code)						
9.	INTERVIEWER						
10.	DATE						
11.	What is your marital status? 1. Single 2. Married 3. Widowed 4. Separated/Divorced						
12.	OCCUPATIONAL HISTORY						
12A.	In the past year, did you work full time (30 hours per week of more) for 6 months or more? 1. Yes 2. No						
	IF YES TO 12A:						
12B.	In the past year, did you work in a dusty job? 1. Yes 2. No 3. Does not apply						
12C.	Was dust exposure: 1. Mild 2. Moderate 3. Severe						
12D.	In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes 2. No						
12E.	Was exposure: 1. Mild 2. Moderate 3. Severe						
12F.	In the past year, what was your:						
	1. Job/Occupation						
	2. Position/Job Title						
13.	RECENT MEDICAL HISTORY						
13A.	Do you consider yourself to be in good health? Yes No						

13B.	In the past year, have you developed:		Yes	No	
	Epilepsy? Rheumatic Fever?				
	Kidney Disease?				
	Bladder Disease?				
	Diabetes?				
	Jaundice? Cancer?				
	Cancer:				
14.	CHEST COLDS AND CHEST ILLNE	SSES			
14A.	If you get a cold, does it "usually" go to your chest (usually means more than ½ the time)?				
	1. Yes 2. No 3.	Don't get colds _			
15A.	During the past year, have you had any chest illnesses that have kept you off work, indoors at home or in bed?				
	1. Yes 2. No	3.	Does not apply _		
	IF "YES" TO 15A:				
15B.	Did you produce phlegm with any of the	nese chest illnesse	es? 1. Yes	2. No 3. Does not apply	
15C.	In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?				
	Number of illnesses	No such illa	nesses		
16.	RESPIRATORY SYSTEM				
	In the past year, have you had:				
		Yes	No	Comment further on Positive Answers	
	Asthma				
	Bronchitis				
	Hay Fever				
	Other Allergies				
	Other Allergies Pneumonia				
		<u> </u>	<u> </u>		
	Pneumonia	— — —			
	Pneumonia Tuberculosis	——————————————————————————————————————			

	<u>Do you have</u> :		
	Frequent colds		
	Chronic Cough		
	Shortness of breath when walking or climbing one flight of stairs		
	<u>Do you</u> :		
	Wheeze		
	Cough up phlegm		
	Smoke		 Packs per day How many years
_			
Date _		Signature	

QUALITATIVE RESPIRATOR FIT TEST SUMMARY

Negative Pressure Air Dual Cartridge Respirator. This fit test procedure has been developed and implemented in accordance with 29 CFR 1926.1101 of the OSHA Regulations.

Test Sub	ject			Date	
Respirato	or Selected				
	Manufacture	r of Respirator			_
	Model Numb	oer			_
	Size				_
	MSHA-NIOS	SH Approved			_
	Test Subject	Signature			_
Test Age	ent: (check on	e)			
	[] Irrit	ant Smoke (Stannic Ox	ychloride)		
	[] Ban	ana Oil (Isoamyl Aceta	te)		
	[] Saco	charin Solution Aerosol	I		
Test Con	duator:				
I hereby	certify that th	e test subject listed abo	ove has passed a qualitativ	e respirator fit test using the respirat	or and test agent listed.
	Signature			Date	

GLOSSARY OF TERMS

The following definitions will assist the user of this Operations and Maintenance Program Manual when reading industry-specific terms and regulation terminology. Please note that many of these definitions are regulation-specific and may often be exactly as defined by applicable regulations. Also, some of the terms below are not used within this Manual, but may often be referred to when dealing with certain asbestos situations.

Accredited Personnel

Properly trained and registered personnel who conduct certain activities, e.g., inspections, sample analysis, large-scale abatement projects, etc.

ACM

Asbestos-containing material. Any material or product that contains more than 1 percent asbestos by weight.

AFD

Air filtration device. HEPA filter equipped machines that filter air in an enclosure and other designated locations.

Air Sampling (Monitoring)

Air samples collected from a specific quantity of air, from a certain, defined area, in order to determine an airborne fiber concentration. These samples are usually reported as the amount of fibers present per cubic centimeter of air (f/cc).

Airborne

Unsettled fibers in the air.

Airless Water Sprayer

A device used to spray water on asbestos-containing materials that are not pressurized by air, thereby not causing disturbance to the material.

Amended Water

Water to which a chemical wetting agent (surfactant) has been added to improve the penetration capabilities on asbestos-containing materials.

Asbestos

A group of fibrous minerals that possess unique physical and chemical properties. These characteristics include fibrous nature, heat resistance, thermal and electrical resistance, flexibility, high tensile strength and stability in acids and alkalis. Asbestos includes many asbestiform varieties of which the following are the most common found in buildings: chrysotile, crocidolite and amosite.

Asbestos Abatement

Methods used to control or contain asbestos-containing materials. These methods are removal, encapsulation and encasement.

Authorized Person

Any person authorized by the employer and required by work duties to be present in regulated areas.

Building/Facility Owner

Is the legal entity, including a lessee, who exercises control over management and recordkeeping functions relating to a building and or facility covered by the OSHA standard.

Class I Asbestos Work

Activities involving the removal of TSI and surfacing ACM and PACM.

Class II Asbestos Work

Activities involving the removal of ACM which is not thermal system insulation or surfacing material. This includes, but is not limited to the removal of asbestos containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.

Class III Asbestos Work

Repair and maintenance operations, where "ACM", including thermal system insulation and surfacing material is likely to be disturbed.

Class IV Asbestos Work

Maintenance and custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM.

Caution/Warning Signs

Signs that must be posted at all approaches to regulated areas so that all employees, personnel, and the public may read the sign and take necessary protective steps before entering the area.

Clean Room

An uncontaminated room having facilities for the storage of employees' street clothing and uncontaminated materials and equipment.

Closely Resemble

Means that all the major workplace conditions that have contributed to the levels of historic asbestos exposure, are no more protective than conditions of the current workplace.

Competent Person

Person who has received specialized training capable of identifying existing asbestos hazards in the workplace and who has the authority to take prompt corrective measures to eliminate them as specified in the OSHA Asbestos Standard.

Critical Barrier

One or more layers of plastic sealed over openings into a work area or any other similarly placed physical barrier sufficient to prevent airborne asbestos from migrating to an adjacent area.

Coverall

Disposable body covering utilized use when disturbing asbestos-containing materials in any way.

Decontamination Area

An enclosed area adjacent and connected to the regulated area and consisting of an equipment room, shower area, and clean room, which is used for the decontamination of workers, materials, and equipment that are contaminated with asbestos.

Debris

Asbestos-containing material that is no longer adhered to its original cohesive substrate. This material is usually found lying on the floor and on other horizontal surfaces.

Demolition

The wrecking or taking out of any load supporting structural member and any related razing, removing, or stripping of asbestos products.

Disposal Bag

Properly labeled bag used only for asbestos waste.

Disturbance

Contact which releases fibers from ACM or PACM or debris containing ACM or PACM. This term includes activities that disrupt the matrix of ACM or PACM, render ACM or PACM friable, or generate visible debris. Disturbance includes cutting away small amounts of ACM and PACM, no greater than the amount which can be contained in one standard sized glove bag or waste bag in order to access o building component. In no event shall the amount of ACM or PACM so disturbed exceed that which can be contained in one glove bag or waste bag which shall not exceed 60 inches in length or width.

Documentation Forms

Forms used for the necessary and proper documentation of asbestos related activities. The forms are required to update the Management Plans.

Employee Exposure

Exposure to airborne asbestos that would occur if the employee were not using respiratory protective equipment.

Encapsulation

A response action entailing the covering of ACMs by coating the material with a sealing agent in order to prevent release of airborne asbestos.

Encasing

An abatement method by which an asbestos material is encased (totally enclosed) using some type of structure that seals the asbestos material within an airtight barrier.

Enclosure

An isolated area that is sealed from other building areas and where asbestos abatement activities commence. Proper engineering controls and project management methods isolate these work areas from other building areas.

Engineering Controls

Proper equipment and procedures used to control an asbestos related activity.

EPA

Environmental Protection Agency.

Exposure Monitoring

Air monitoring used to determine the concentrations of asbestos to which their individuals may be exposed.

Friable

Asbestos material that, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure (this includes nonfriable material that is damaged to the extent that when dry it may be crumbled, pulverized, or reduced to powder by hand pressure).

Glove Bag

Plastic bag-like enclosure used to contain small amounts of material, usually pipe insulation, for asbestos removal.

HEPA

High-efficiency particulate air. Filters used for trapping and retaining 99.97 percent of all particles larger than 0.3 micrometers. These filters are commonly used in air filtration devices, vacuums, respirators, and decontamination showers.

Homogeneous Area

An area of surfacing material, thermal system insulation material or miscellaneous material that is uniform in color and texture.

HVAC

Heating, Ventilation, and Air Conditioning systems found in many building.

Intact

The ACM has not crumbled, been pulverized, or otherwise deteriorated so that it is no longer likely to be bound with its matrix.

Labels

Refers to warning labels that are attached immediately adjacent to any friable and nonfriable ACBMs and suspected ACBMs, assumed to be ACM, located in routine maintenance areas (e.g., boiler rooms).

Maintenance Request/Work Order Forms

General forms that building owners/operators utilize for requesting maintenance work throughout the buildings.

Medical Surveillance

The employer shall institute a medical surveillance program for all employees who for a combined total of 30 or more days per year are engaged in Class I, II, and III work or who are exposed at or above the permissible exposure limit or excursion limit, and who wear negative pressure respirators pursuant to the requirements of this section.

Mil

Used to determine thickness of polyethylene sheeting. Mil is a prefix meaning one thousandth.

Mini-enclosure

A small walk-in enclosure (enclosed area) which accommodates no more than two persons. Made with applicable structural devices and polyethylene in order to isolate an area for disturbances or removal.

Minor Fiber Release Episode

The falling or dislodging of 3 square or linear feet or less of friable asbestos-containing material.

Negative Initial Exposure Assessment

A demonstration by the employer, which complies with the criteria in the OSHA standard that employee exposure during an operation is expected to be consistently below the PELs.

Negative Pressure Respirator

Air is drawn through the respirator's filters when the wearer breathes; as compared to having air supplied mechanically.

NIOSH

National Institute for Occupational Safety and Health.

Non-friable

Asbestos material that, when dry, may not be crumbled, pulverized, or reduced to powder by hand pressure.

Operations & Maintenance Program (O&M)

A program of work practices to maintain friable ACBM in good condition, ensure clean up of asbestos fibers previously released, and prevent further release by minimizing and controlling friable ACBM disturbance or damage.

OSHA

Occupational Safety and Health Administration.

Phase Contrast Microscopy (PCM)

Method of air sample analysis.

Permissible Exposure Limit PEL

An airborne concentration of asbestos of 0.1 fibers per cubic centimeter (f/cc) of air calculated as an eight (8)-hour time weighted average.

Phase Light Microscopy (PLM)

Method of bulk sample analysis.

Polyethylene

Plastic sheeting used for sealing off asbestos work areas such as large enclosures and mini-enclosures. Also used for drop cloths and various other asbestos work practices.

Positive Air-Purifying Respirator

Air is supplied to the respirator wearer. This is done by either having the surrounding air forced through the respirator filters or by a supplied air source being forced through the respirator filters.

Post Abatement (Clearance) Air Samples

Samples collected following the completion of an asbestos abatement project in order for clearance of the site in accordance with air levels set by applicable regulations.

Presumed Asbestos Containing Material (PACM)

Thermal System Insulation, surfacing, and flooring material found in buildings constructed no later than 1980.

Preventive Measure

Actions taken to reduce disturbance of ACBMs or otherwise eliminate the reasonable likelihood of the material becoming damaged or significantly damaged.

Project Designer

A person who has successfully completed the training requirements for an abatement project designer.

Regulated Area

An area established to demarcate (mark off) areas where Class I, Class II, and Class III asbestos work is conducted, and any adjoining area where debris and waste from such asbestos work occur; and a work area within which airborne concentrations of asbestos, exceed or there is a reasonable possibility they may exceed the permissible exposure limit (PEL).

Removal

All operations where ACM and/or PACM are taken out or stripped from structures or substrates, and include demolition operations.

Renovation

The modifying of any existing structure, or portion thereof.

Repair

Overhauling, rebuilding, reconstructing, or reconditioning of structures or substrates, and including encapsulation or other repair of ACM or PACM attached to structures or substrates.

Respirator

Personal protective face-piece used with proper filters to prevent the inhalation of airborne asbestos fibers.

Respirator Program

Program designed to motivate and train personnel to wear proper respiratory protection and to provide administrative controls to ensure that these objectives are met.

Response Team

A group of workers selected to conduct specific asbestos related activities.

Surfacing Material

Material that is sprayed, trowelled-on, or otherwise applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing and other purposes. Materials must contain more that 1% asbestos.

Surfactant

The chemical wetting agent that is added to water to enhance its penetration into asbestos-containing materials

Transmission Electron Microscopy (TEM)

Method of air and bulk sample analysis.

Thermal System Insulation (TSI)

ACM applied to pipes, fittings, boilers, breaching, tanks, ducts, or other structural components to prevent heat loss or gain. Materials must contain more that 1% asbestos.

Wet-Wiping

A cleaning procedure using wet towels/rags to wipe off ACM.