



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

LETTER OF RELIANCE

November 23, 2020

PRIVILEGED AND CONFIDENTIAL

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

RE: Asbestos Abatement Closeout Report:

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

N100-0010, Report Date 08/05/2019

Dear Mr. Lince:

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

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

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

Sincerely,
Environmental Consulting Solutions, LLC

A handwritten signature in black ink that reads "Andrew J. Foerg".

Andrew J. Foerg, CPG
President



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

August 5, 2019

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

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

Dear Mr. McCarthy:

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

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

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

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

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

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

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

Sincerely,

ENVIRONMENTAL CONSULTING SOLUTIONS, LLC

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

Andrew J. Foerg, CPG
President

Enclosures

ATTACHMENT 1

AEC AIR MONITORING REPORT

July 8, 2019

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

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

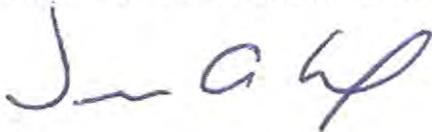
Dear Mr. Andy Foerg,

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

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

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

Sincerely,
American Environmental Consultants, LLC



Jef Fox
Project Manager

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

Client Name: Environmental Consulting Solutions	Project Name: White State Henry	Project Number: 1478-19003	Sample Date: 5/22/2019
City / State / Zip: Royal Oak, MI 48073	Project Location: 1514 White	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers

Filter ECA: 385 mm2	Microscope Field Area: 0.00785 mm2	Project Contact: Andrew Foerg	Contractor: EME
----------------------------	---	--------------------------------------	------------------------

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	C. Treglown	REM	5	100	10	12.7	2.00	2.00	2.00	0714	0744	30	60.00	0.0817	< 0.0817
	4	P	C. Treglown	REM	9	100	10	12.7	2.00	2.00	2.00	0744	1200	256	512.00	0.0096	< 0.0096
	5	OSWA	2nd Floor Hall	REM	7	100	10	12.7	10.00	10.00	10.00	0709	1301	352	3520.00	0.0014	< 0.0014
	6	OSWA	Bagout	REM	7	100	10	12.7	10.00	10.00	10.00	0709	1301	352	3520.00	0.0014	< 0.0014
	7	IWA	Lower Unit (Right) Living Room	CL	14	100	14	17.8	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0057
	8	IWA	Low Unit (Left) Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	9	IWA	1st Floor Commun Area	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	10	IWA	Basement Middle	CL	11	100	11	14.0	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0045

Total Samples	Blind Recount	<<Enter Sample Number Here	14	100	14	17.8	10.00	120	1200.00	0.0041	0.0057
10	7										

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

PCM Analyst: _____

Matt Rodgers

Project Manager Signature

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

Client Name: Environmental Consulting Solutions	Project Name: White State Henry	Project Number: 1478-19003	Sample Date: 5/23/2019
City / State / Zip: Royal Oak, MI 48073	Project Location: 1520 White	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers

Filter ECA: 385 mm2	Microscope Field Area: 0.00785 mm2	Project Contact: Andrew Foerg	Contractor: EME
----------------------------	---	--------------------------------------	------------------------

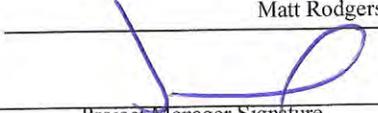
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	A. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	0710	0740	30	60.00	0.0817	< 0.0817
	4	P	A. Gallow	REM	6	100	10	12.7	2.00	2.00	2.00	0740	1240	300	600.00	0.0082	< 0.0082
	5	OSWA	Exterior Rear	REM	1	100	10	12.7	2.00	2.00	2.00	0706	1300	354	708.00	0.0069	< 0.0069
	6	OSWA	Basement Stairwell	REM	10	100	10	12.7	2.00	2.00	2.00	0706	1304	358	716.00	0.0068	< 0.0068
	7	OSWA	Exterior Front	REM	2	100	10	12.7	2.00	2.00	2.00	0711	1304	353	706.00	0.0069	< 0.0069
	8	IWA	Upper (Left) Kitchen	CL	16	100	16	20.4	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0065
	9	IWA	Upper (Right) Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1306	1506	120	1200.00	0.0041	0.0049
	10	IWA	Lower Kitchen (Right)	CL	11	100	11	14.0	10.00	10.00	10.00	1310	1510	120	1200.00	0.0041	0.0045
	11	IWA	Main Common Area	CL	14	100	14	17.8	10.00	10.00	10.00	1310	1510	120	1200.00	0.0041	0.0057
	12	IWA	Basement Middle	CL	10	100	10	12.7	10.00	10.00	10.00	1311	1511	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	<<Enter Sample Number Here	10	100	10	12.7	2.00	358	716.00	0.0068	< 0.0068
12	6										

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

PCM Analyst: _____

Matt Rodgers


 Project Manager Signature

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

Client Name: Environmental Consulting Solutions	Project Name: White State Henry	Project Number: 1478-19003	Sample Date: 5/28/2019
City / State / Zip: Royal Oak, MI 48073	Project Location: 713-707 Henry	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers

Filter ECA: 385 mm2	Microscope Field Area: 0.00785 mm2	Project Contact: Andrew Foerg	Contractor: EME
----------------------------	---	--------------------------------------	------------------------

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	D. Walerski	REM	6	100	10	12.7	2.00	2.00	2.00	0704	0734	30	60.00	0.0817	< 0.0817
	4	P	D. Walerski	REM	4	100	10	12.7	2.00	2.00	2.00	0734	1131	237	474.00	0.0103	< 0.0103
	5	OSWA	707 Exterior Freont	REM	3	100	10	12.7	10.00	10.00	10.00	0710	1450	460	4600.00	0.0011	< 0.0011
	6	OSWA	707 Exterior Rear	REM	2	100	10	12.7	10.00	10.00	10.00	0710	1450	460	4600.00	0.0011	< 0.0011
	7	OSWA	707 Base Landing	REM	10	100	10	12.7	10.00	10.00	10.00	0710	1450	460	4600.00	0.0011	< 0.0011
	8	IWA	713 Upper (Left) Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	0750	0950	120	1200.00	0.0041	0.0057
	9	IWA	713 Lower (Right) Kitchen	CL	16	100	16	20.4	10.00	10.00	10.00	0751	0951	120	1200.00	0.0041	0.0065
	10	IWA	713 Main Common Area (Front)	CL	14	100	14	17.8	10.00	10.00	10.00	0751	0951	120	1200.00	0.0041	0.0057
	11	IWA	713 Basement Middle	CL	15	100	15	19.1	10.00	10.00	10.00	0754	0954	120	1200.00	0.0041	0.0061
	12	P	D. Walerski	REM	4	100	10	12.7	2.00	2.00	2.00	1240	1500	140	280.00	0.0175	< 0.0175

Total Samples	Blind Recount	<<Enter Sample Number Here	3	100	10	12.7	10.00	460	4600.00	0.0011	< 0.0011
12	5										

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

PCM Analyst:

Matt Rodgers

Project Manager Signature

AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions	Project Name: White State Henry	Project Number: 1478-19003	Sample Date: 5/29/2019
City / State / Zip: Royal Oak, MI 48073	Project Location: 707-701 Henry	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers

Filter ECA: 385 mm2	Microscope Field Area: 0.00785 mm2	Project Contact: Andrew Foerg	Contractor: EME
----------------------------	---	--------------------------------------	------------------------

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	A. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	0710	0740	30	60.00	0.0817	< 0.0817
	4	P	A. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	0740	1136	236	472.00	0.0104	< 0.0104
	5	OSWA	701- Exterior Front	REM	2	100	10	12.7	10.00	10.00	10.00	0716	1504	468	4680.00	0.0010	< 0.0010
	6	OSWA	701- Exterior Rear	REM	4	100	10	12.7	10.00	10.00	10.00	0716	1504	468	4680.00	0.0010	< 0.0010
	7	OSWA	701- Base Landing	REM	4	100	10	12.7	10.00	10.00	10.00	0716	1504	468	4680.00	0.0010	< 0.0010
	8	IWA	707- Upper Left Kitchen	CL	17	100	17	21.7	10.00	10.00	10.00	0804	1004	120	1200.00	0.0041	0.0069
	9	IWA	707- Upper Right Kitchen	CL	16	100	16	20.4	10.00	10.00	10.00	0806	1006	120	1200.00	0.0041	0.0065
	10	IWA	707- Front Stairs	CL	14	100	14	17.8	10.00	10.00	10.00	0806	1006	120	1200.00	0.0041	0.0057
	11	IWA	707- Rear Stairs	CL	15	100	15	19.1	10.00	10.00	10.00	0807	1007	120	1200.00	0.0041	0.0061
	12	P	A. Gallow	REM	4	100	10	12.7	2.00	2.00	2.00	1236	1508	152	304.00	0.0161	< 0.0161

Total Samples	Blind Recount	<<Enter Sample Number Here	2	100	10	12.7	10.00	152	1520.00	0.0032	< 0.0032
12	5										

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

PCM Analyst:

Matt Rodgers

Project Manager Signature

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5-22-19 Start Time: 0700 AEC Representative: M. Rodgers

Site Name: White State Henry Ann Arbor, MI

Site's Full Address: 1514 ^{White} Henry Ann Arbor, MI

Work Areas (Be Specific): Basements, Common Areas AND Kitchens. 104

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK.

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

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

Date: 5-22-19

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

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

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

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

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

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

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

Abatement/remediation activities

- Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Floor tile</u>	<u>100</u>
<u>ASBESTOS</u>	<u>Chimney mortar</u>	<u>15</u>
<u>ASBESTOS</u>	<u>Linoleum Flooring</u>	<u>75</u>
<u>ASBESTOS</u>	<u>CAULK Around panels</u>	<u>20</u>
_____	_____	_____
_____	_____	_____

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

If no, please explain _____

Date: 5-22-19

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5-22-19.

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

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

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

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

If no, please explain: _____

Date: 5-22-19

Clearance sampling

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

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

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

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Brent Cheney
Tony Galloway
Pat O'Boyle
Chris Treglown
Dan Waterski

A 41305
A 38685
A 50125

Date: 5-22-19.

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: MATT RODGERS
Printed Name

[Signature]
Signature

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

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

6/10/19
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

White-State-Henry

Site Name: 1514

Contractor: EME

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

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

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

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

0.004 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.


Industrial Hygienist

5-22-19
Date

1412
Time

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

Date: 5-23-19 Start Time: 0700 AEC Representative: M. Rodgers

Site Name: White State Henry Ann Arbor, MI

Site's Full Address: 1520 ^{White} Henry Ann Arbor, MI

Work Areas (Be Specific): Basements, Common Areas AND Kitchens. 109

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak.

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

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

Date: 5-23-19.

Containment: N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Floor tile</u>	<u>150</u>
<u>ASBESTOS</u>	<u>Chimney mortar</u>	<u>15</u>
<u>ASBESTOS</u>	<u>Linoleum Flooring</u>	<u>70</u>
<u>ASBESTOS</u>	<u>(DULK AROUND) panels</u>	<u>20</u>
_____	_____	_____
_____	_____	_____

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

If no, please explain _____

Date: 5-23-19.

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

N/A

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

N/A

Clean up/close out activities

- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5-23-19

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

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

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 5-23-19.

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: MATT RODGERS
Printed Name

[Signature]
Signature

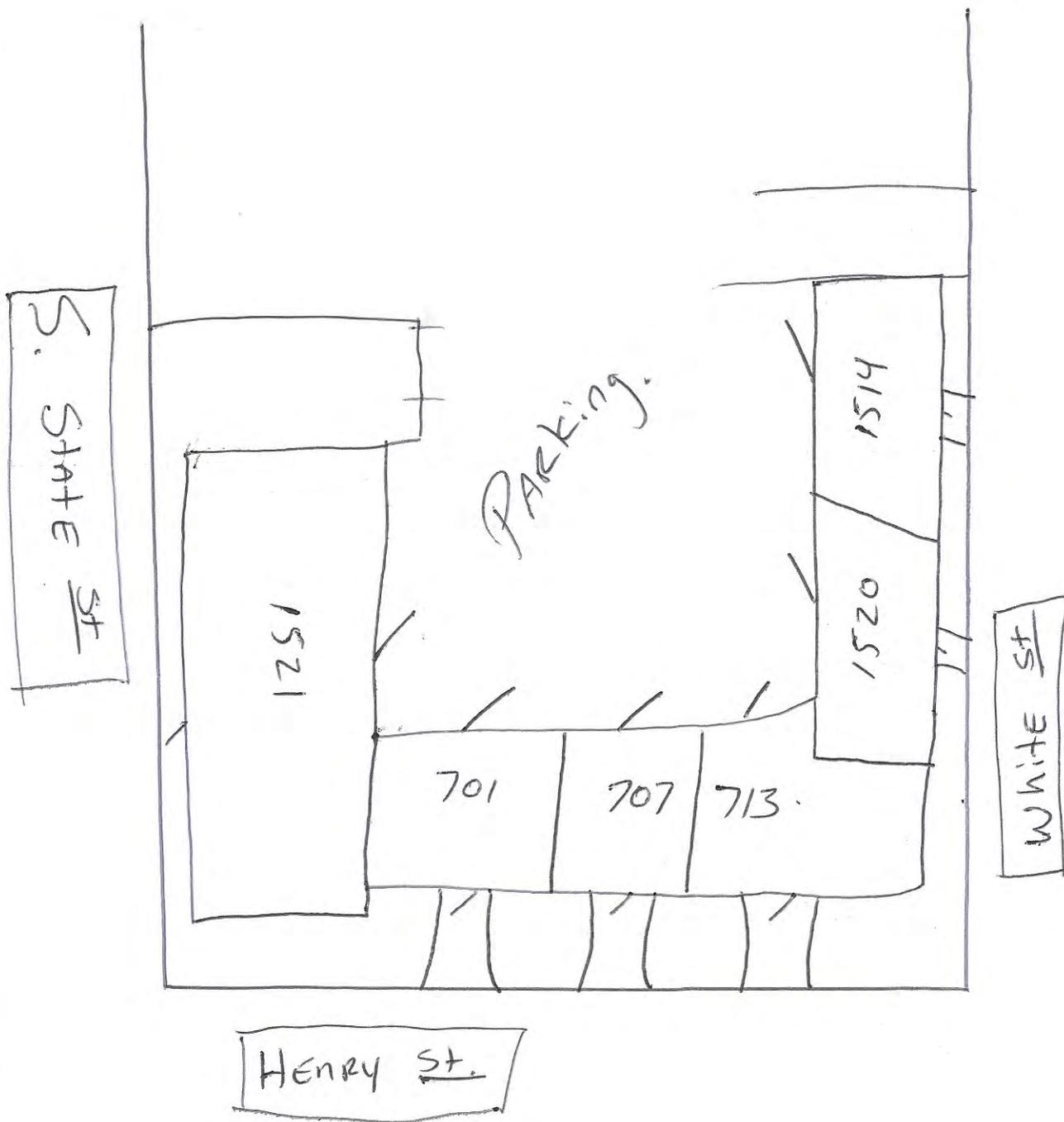
This section is reserved for any additional comments by the reviewer: N/A

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

6/10/19
Date

AEC Site Map



NOT TO SCALE

WHITE STATE HENRY

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

White-Starte-Henry

Site Name: 1520

Contractor: EME

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

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

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

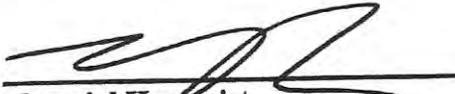
EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.004 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.


Industrial Hygienist

5-23-19
Date

1301
Time

Date: 5/24/19

Containment:

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

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

Glovebags:

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

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

Clean up:

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>CAULK</u>	<u>EXTERIOR</u>	<u>150 SF</u>
<u>TILE</u>	<u>719</u>	<u>500 SF</u>
_____	_____	_____
_____	_____	_____

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

Date: 5/24/19

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

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

Clean up/close out activities

- Yes No N/A

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

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: 20
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5/24/19

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling:

Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards:

Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

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

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

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

Yes No

If no, please explain _____

Date: 5/24/19

Onsite visit of government officials

N/A

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

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

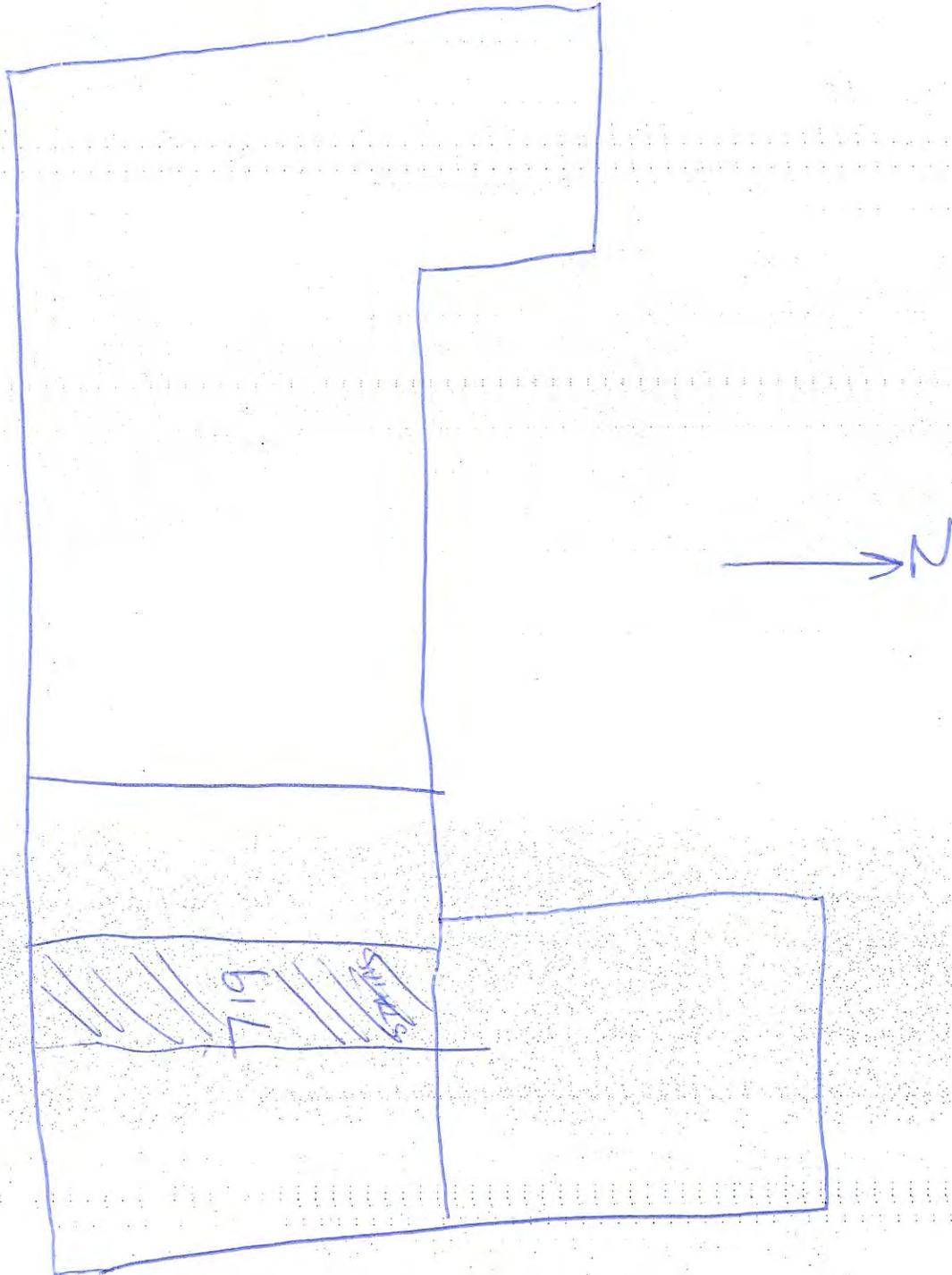
All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Jeff Fox
Printed Name
Signature [Signature]

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

Technical Review By: Jeff Fox
Printed Name
Signature [Signature]
Date 6/10/19

AEC Site Map



WHITE STATE HIGHWAY

AND AMBER, MI

5/24/19

FOX

EME

NOT TO

SCALE

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

Date: 5-28-19 Start Time: 0700 AEC Representative: M. Rodgers

Site Name: White State Henry Ann Arbor, MI

Site's Full Address: 713+707 HENRY Ann Arbor, MI

Work Areas (Be Specific): Basements, Common Areas AND Kitchens. Z11

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK.

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

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

Date: 5-28-19.

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

N/A

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

N/A

Clean up/close out activities

-
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5-28-19.

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

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

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 5-28-19.

Clearance sampling

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

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

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

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

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Brent Cheney
Tony Gallow
Pat O'Boyle
Chris Treglown
Dan Waterski

A 41305
A 38685
A 50125

Date: 5-28-19

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: MATT RODGERS
Printed Name

[Signature]
Signature

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

Technical Review By: Joe Fox
Printed Name

[Signature]
Signature

6/10/19
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

White-State-Henry

Site Name: 713

Contractor: EME

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

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

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

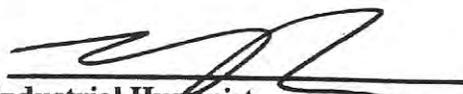
EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0066 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.


Industrial Hygienist

5-28-19
Date

0901
Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: WHITE STATE HENRY

Contractor: EME

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

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

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

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

00041 Average F/cc (PCM) _____ Average S/mm² (TEM)

AREAS:

719

[Signature]
Industrial Hygienist

5/28/19
Date

1630
Time

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

Date: 5-29-19 Start Time: 0700 AEC Representative: M. Rodgers

Site Name: White State Henry Ann Arbor, MI

Site's Full Address: 707 + 701 Henry Ann Arbor, MI

Work Areas (Be Specific): Basements, Common Areas AND Kitchens. 210

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak.

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

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

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

Date: 5-29-19

Containment: N/A
 Yes No N/A

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

Glovebags: N/A
 Yes No N/A

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

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Floortile</u>	<u>100</u>
<u>ASBESTOS</u>	<u>Chimney mortar</u>	<u>15</u>
<u>ASBESTOS</u>	<u>Linoleum Flooring</u>	<u>300</u>
<u>ASBESTOS</u>	<u>CAULK Around panels</u>	<u>25</u>
_____	_____	_____
_____	_____	_____

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

Date: 5-29-19

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

N/A

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

N/A

Clean up/close out activities

-
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5-29-19.

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody _____

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

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

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

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

Date: 5-29-19.

Clearance sampling

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

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

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

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Brent Cheney
Tomy Gallow
Pat O'Boyle
Chris Treglown
Dan Waterski

A 41305
A 38685
A 50125

Date: 5-29-19.

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: MATT RODGERS
Printed Name

[Signature]
Signature

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

Technical Review By: Joe Fox
Printed Name

[Signature]
Signature

6/10/19
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

White-State-Henry

Site Name: 707

Contractor: EME

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

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

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

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

5.004 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.


Industrial Hygienist

5-29-19
Date

0836
Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5-30-19 Start Time: 0700 AEC Representative: M. Rodgers

Site Name: White State Henry Ann Arbor, MI

Site's Full Address: 701 HENRY Ann Arbor, MI

Work Areas (Be Specific): Basements, Common Areas AND Kitchens. 114

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK.

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

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

- 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: _____

Yes No N/A

Containment: N/A
 Yes No N/A

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

Glovebags: N/A
 Yes No N/A

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

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Floortile</u>	<u>50</u>
<u>ASBESTOS</u>	<u>Chimney mortar</u>	<u>X</u>
<u>ASBESTOS</u>	<u>Linoleum Flooring</u>	<u>X</u>
<u>ASBESTOS</u>	<u>CAULK Around panels</u>	<u>20</u>
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal 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.):

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5-30-19.

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples

- Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples

- Clearance samples (see clearance sampling section below)

- Personal samples (see personal sampling section below)

- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

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

Criteria for worker selection:

- Only worker performing task

- Workers performing same tasks

- 1 worker samples-Represents worst case scenario

- 2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 5-30-79.

Clearance sampling

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

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

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

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Brent Cheney
Tony Galloway
Pat O'Boyle
Chris Treglown
Dan Waterski

A 41305
A 38685
A 50125

Date: 5-30-19.

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: MATT RODGERS
Printed Name

[Signature]
Signature

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

Technical Review By: Jef Fox
Printed Name

[Signature]
Signature

6/10/19
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

White-State-Henry

Site Name: 701

Contractor: EME

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

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

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

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

.008 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.


Industrial Hygienist

5-30-19
Date

1421
Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 5-31-19 Start Time: 0700 AEC Representative: M. Rodgers

Site Name: White State Henry Ann Arbor, MI

Site's Full Address: 1521 State Ann Arbor, MI

Work Areas (Be Specific): Basements, Common Areas AND Kitchens.

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak.

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

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

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

Date: 5-31-19.

Containment: N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Floor tile</u>	<u>150</u>
<u>ASBESTOS</u>	<u>Chimney mortar</u>	<u>15</u>
<u>ASBESTOS</u>	<u>Linoleum Flooring</u>	<u>75</u>
<u>ASBESTOS</u>	<u>CAULK Around panels</u>	<u>20</u>
_____	_____	_____
_____	_____	_____

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

If no, please explain _____

Date: 5-31-19.

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

No waste generated

Number of bags, drums, or dumpsters utilized during shift: _____

Lined dumpster on site

Disposal by contractor off site

Designated storage area on site (other than dumpster); describe: _____

Material double bagged, fiber drums

Material labeled with appropriate labels

Material wetted

Waste generated was disposed of on site as general construction debris

Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

Respiratory protection (check all that apply):

Half face negative pressure air purifying respirator

Full face negative pressure air purifying respirator

Positive pressure air purifying respirator

Other: _____

Date: 5-31-19.

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

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

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 5-31-19.

Clearance sampling

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

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

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

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

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name: _____

SSN or State Card Number: _____

Andrew Plak
Brent Cheney
Tony Galloway
Pat O'Boyle
Chris Treglown
Dan Waterski

A 41305
A 38685
A 50125

Date: 5-31-19.

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: MATT RODGERS
Printed Name

[Signature]
Signature

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

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

6/10/19
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

White-STATE-HEWRY

Site Name: 1521

Contractor: EME

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

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

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

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

.0053 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

Whole Bldg.

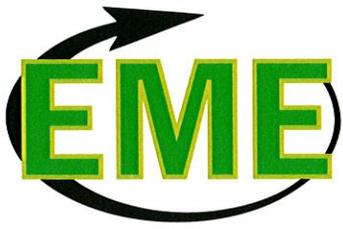

Industrial Hygienist

5-31-19
Date

1520
Time

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

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

June 6, 2019

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

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

Dear Mr. Nickoloff:

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

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

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

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

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations. The text further explains how proper record-keeping can prevent disputes and provide a clear audit trail.

In the second section, the author outlines the various methods used to collect and analyze data. This includes both primary and secondary research techniques. The primary research involves direct observation and interviews, while secondary research involves analyzing existing data sources. The text details the steps involved in each method, from identifying the research objectives to the final analysis and reporting.

The third part of the document focuses on the ethical considerations of research. It highlights the need for transparency and honesty in all research activities. Researchers are advised to obtain informed consent from participants and to protect their privacy. The text also discusses the potential conflicts of interest and how they should be managed to ensure the integrity of the research.

Finally, the document concludes with a summary of the key findings and recommendations. It reiterates the importance of ethical conduct and accurate record-keeping in all research endeavors. The author encourages researchers to adhere to these principles to ensure the reliability and validity of their work.

The following table provides a detailed breakdown of the data collected during the study. It shows the distribution of responses across different categories, allowing for a more comprehensive understanding of the results. The data is presented in a clear and concise format, making it easy to interpret.

Category	Frequency	Percentage
Response A	15	15%
Response B	25	25%
Response C	30	30%
Response D	10	10%
Response E	20	20%

The analysis of the data reveals several interesting trends. For instance, there is a significant increase in the frequency of Response C, which may indicate a shift in public opinion or behavior. These findings are discussed in detail in the subsequent sections of the report.

The document also includes a section on the limitations of the study. It acknowledges that the sample size was relatively small and that the data may not be representative of the entire population. However, the author believes that the findings still provide valuable insights into the research topic.

In conclusion, this document provides a thorough overview of the research process, from the initial planning to the final analysis and reporting. It serves as a valuable resource for anyone interested in conducting research in this field.

The author would like to thank the following individuals for their assistance and support during the course of this research:

- Dr. John Doe, for his guidance and advice.
- Ms. Jane Smith, for her help in data collection.
- Mr. Robert Brown, for his assistance in the analysis phase.

The author also wishes to express his appreciation to the participants who took the time to provide their responses. Their input was essential to the success of this study.

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

Contractor Number
C2684

Expiration Date
12/08/2019

State of Michigan

Department of Licensing and Regulatory Affairs

Environmental Maintenance Engineers, Inc.

has satisfactorily met the requirements of Michigan Public Act 135 of 1986,
as amended, and is hereby recognized as a

LICENSED ASBESTOS ABATEMENT CONTRACTOR

Type II (5 + employees)

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

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

136972

2936

10-26-18

MM

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

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

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

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

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 17.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the health care needs of the elderly population. The Department of Health (2000) has set out a strategy for the NHS to meet the needs of the elderly population. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.

The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.

The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.

The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.

The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.

The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.

The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable. The strategy is based on the following principles: (1) to ensure that the elderly population has access to the services they need; (2) to ensure that the services are of high quality; (3) to ensure that the services are cost-effective; and (4) to ensure that the services are sustainable.



20 YEARS
1997 - 2017

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

Today's Date/Day: **S M T W T F S 5-22-19** Job #: **19-261**
 Week Ending Date: **5-26-19** Job Name: **Neuster - Swift Lane WSH**
 Truck #/Driver: **36 Pat** **ACM** Mold / Lead / Other
 Work Area: **Throughout**

Daily Construction Report

General Work Description	The type of abatement conducted	Setup procedures conducted
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <i>Chimney Pipe</i>	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>linoleum</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment	Clean-up activities	Inspections
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC - Matt** Visual/Testing: **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptek	A25587		6 ³⁰	11 ⁰⁰	11 ³⁰	4 ⁰⁰	9	<i>[Signature]</i>
Pat O'Boyle	A50125		6 ⁰⁰	11 ⁰⁰	11 ³⁰	4 ³⁰	10	<i>[Signature]</i>
Chris Trevelyan	A26314		7 ⁰⁰	11 ⁰⁰	11 ³⁰	3 ³⁰	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	~ Friable ~	~ Non-Friable ~	Status of Job	
	Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

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



20 YEARS
1997 - 2017

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 **TF** S 5-23-14 Job #: 14-261
 Week Ending Date: 5-26-14 Job Name: Norster - Swift Lane WSH
 Truck #/Driver: 36-Pat (ACM) Mold / Lead / Other
 Work Area: Throughout

Daily Construction Report

General Work Description	The type of abatement conducted	Set-up procedures conducted																																																																																																																																																
<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>ACM Pipe/Fitting</td><td></td><td></td><td></td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td>-</td><td></td><td></td></tr> <tr><td>Transite Siding/Cherney Mastic</td><td>-</td><td></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td><td></td></tr> <tr><td>Other <i>linoleum</i></td><td>-</td><td></td><td></td></tr> </table>		Y	N	n/a	ACM Pipe/Fitting				ACM Boiler/Tanks/Breeching				ACM Acoustical Ceiling				ACM Ceiling Tiles/Glue Pods				VAT Mastic Carpet	-			Transite Siding/Cherney Mastic	-			Insulation/Vermiculite				Lead Based Paint				Mold Remediation				Industrial/Universal Waste				Other <i>linoleum</i>	-			<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Removal</td><td>-</td><td></td><td></td></tr> <tr><td>Encapsulation</td><td></td><td></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td><td></td></tr> <tr><td>Enclosure</td><td></td><td></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td></td><td></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td></td><td></td><td></td></tr> <tr><td>Selective Demolition</td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	Removal	-			Encapsulation				Patch/Repair				Glove-bag Removal				Enclosure				Removal/Replacement				LBP Removal Chemical				LBP HEPA Power Tools				Dry Ice Blasting				Aggressive Hand Cleaning				Selective Demolition				<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Signs/Banner Tape</td><td>-</td><td></td><td></td></tr> <tr><td>Criticals Set-up</td><td>-</td><td></td><td></td></tr> <tr><td>Full/Mini Enclosure</td><td>-</td><td></td><td></td></tr> <tr><td>Plywood 2"x4" Structures</td><td></td><td></td><td></td></tr> <tr><td>AFD's Set-up Vented</td><td>-</td><td></td><td></td></tr> <tr><td>Isolation of HVAC system</td><td>-</td><td></td><td></td></tr> <tr><td>Poly Walls Floors Drops</td><td>-</td><td></td><td></td></tr> <tr><td>Portable/Full Decon Chamber</td><td></td><td></td><td></td></tr> <tr><td>Water System Set-up</td><td></td><td></td><td></td></tr> <tr><td>Electric GFCI's/Temp. Panel</td><td></td><td></td><td></td></tr> <tr><td>Scaffold/Bakers/5'x7'/Manlift</td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	Signs/Banner Tape	-			Criticals Set-up	-			Full/Mini Enclosure	-			Plywood 2"x4" Structures				AFD's Set-up Vented	-			Isolation of HVAC system	-			Poly Walls Floors Drops	-			Portable/Full Decon Chamber				Water System Set-up				Electric GFCI's/Temp. Panel				Scaffold/Bakers/5'x7'/Manlift			
	Y	N	n/a																																																																																																																																															
ACM Pipe/Fitting																																																																																																																																																		
ACM Boiler/Tanks/Breeching																																																																																																																																																		
ACM Acoustical Ceiling																																																																																																																																																		
ACM Ceiling Tiles/Glue Pods																																																																																																																																																		
VAT Mastic Carpet	-																																																																																																																																																	
Transite Siding/Cherney Mastic	-																																																																																																																																																	
Insulation/Vermiculite																																																																																																																																																		
Lead Based Paint																																																																																																																																																		
Mold Remediation																																																																																																																																																		
Industrial/Universal Waste																																																																																																																																																		
Other <i>linoleum</i>	-																																																																																																																																																	
	Y	N	n/a																																																																																																																																															
Removal	-																																																																																																																																																	
Encapsulation																																																																																																																																																		
Patch/Repair																																																																																																																																																		
Glove-bag Removal																																																																																																																																																		
Enclosure																																																																																																																																																		
Removal/Replacement																																																																																																																																																		
LBP Removal Chemical																																																																																																																																																		
LBP HEPA Power Tools																																																																																																																																																		
Dry Ice Blasting																																																																																																																																																		
Aggressive Hand Cleaning																																																																																																																																																		
Selective Demolition																																																																																																																																																		
	Y	N	n/a																																																																																																																																															
Signs/Banner Tape	-																																																																																																																																																	
Criticals Set-up	-																																																																																																																																																	
Full/Mini Enclosure	-																																																																																																																																																	
Plywood 2"x4" Structures																																																																																																																																																		
AFD's Set-up Vented	-																																																																																																																																																	
Isolation of HVAC system	-																																																																																																																																																	
Poly Walls Floors Drops	-																																																																																																																																																	
Portable/Full Decon Chamber																																																																																																																																																		
Water System Set-up																																																																																																																																																		
Electric GFCI's/Temp. Panel																																																																																																																																																		
Scaffold/Bakers/5'x7'/Manlift																																																																																																																																																		

Personal protective equipment	Clean-up activities	Inspections																																																																																																																																		
<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Respiratory protection</td><td>-</td><td></td><td></td></tr> <tr><td>Half-Face/Full-Face/PAPR's</td><td>-</td><td></td><td></td></tr> <tr><td>Disposable Suits</td><td>-</td><td></td><td></td></tr> <tr><td>Steel Toe/Rubber Boots</td><td>-</td><td></td><td></td></tr> <tr><td>Gloves Rubber/Cotton</td><td>-</td><td></td><td></td></tr> <tr><td>Safety Glasses/Full Face</td><td>-</td><td></td><td></td></tr> <tr><td>Hard hats/Hearing Protection</td><td>-</td><td></td><td></td></tr> <tr><td>Fall Protection</td><td></td><td></td><td></td></tr> <tr><td>Scaffold Safety Rails/Manlift</td><td></td><td></td><td></td></tr> </table>		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				<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Gross/Final Clean-up</td><td>-</td><td></td><td></td></tr> <tr><td>Load Out Activities</td><td>-</td><td></td><td></td></tr> <tr><td>Surfactants/Ledizolv</td><td></td><td></td><td></td></tr> <tr><td>Wet Methods IAQ Shockwave</td><td></td><td></td><td></td></tr> <tr><td>HEPA Vacuum Sequence</td><td>-</td><td></td><td></td></tr> <tr><td>All Equip./Tools Cleaned</td><td>-</td><td></td><td></td></tr> <tr><td>Final Lockdown</td><td></td><td></td><td></td></tr> <tr><td>Work Area Teardown</td><td>-</td><td></td><td></td></tr> <tr><td>Final Worksite Walk-Thru</td><td></td><td></td><td></td></tr> </table>		Y	N	n/a	Gross/Final Clean-up	-			Load Out Activities	-			Surfactants/Ledizolv				Wet Methods IAQ Shockwave				HEPA Vacuum Sequence	-			All Equip./Tools Cleaned	-			Final Lockdown				Work Area Teardown	-			Final Worksite Walk-Thru				<table border="1"> <tr><td>2</td><td># of Neg. Air Machines</td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td></td><td>Barriers Intact And Sound</td><td>-</td><td></td><td></td></tr> <tr><td></td><td>DECON/Shower Inspection</td><td></td><td></td><td></td></tr> <tr><td></td><td>Employee PPE Used</td><td>-</td><td></td><td></td></tr> <tr><td></td><td>Electrical Safety In Place</td><td>-</td><td></td><td></td></tr> <tr><td></td><td>OSHA Inspection Site Review</td><td></td><td></td><td></td></tr> <tr><td></td><td>Consultant/EME Monitoring</td><td>-</td><td></td><td></td></tr> <tr><td></td><td>Consultant/Supervisor Visual</td><td>-</td><td></td><td></td></tr> <tr><td></td><td>Personnel Decontaminated</td><td>-</td><td></td><td></td></tr> <tr><td></td><td>Work Area Inspected/Secure</td><td>-</td><td></td><td></td></tr> </table>	2	# of Neg. Air Machines	Y	N	n/a		Barriers Intact And Sound	-				DECON/Shower Inspection					Employee PPE Used	-				Electrical Safety In Place	-				OSHA Inspection Site Review					Consultant/EME Monitoring	-				Consultant/Supervisor Visual	-				Personnel Decontaminated	-				Work Area Inspected/Secure	-		
	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																																																																																																																																				
	Y	N	n/a																																																																																																																																	
Gross/Final Clean-up	-																																																																																																																																			
Load Out Activities	-																																																																																																																																			
Surfactants/Ledizolv																																																																																																																																				
Wet Methods IAQ Shockwave																																																																																																																																				
HEPA Vacuum Sequence	-																																																																																																																																			
All Equip./Tools Cleaned	-																																																																																																																																			
Final Lockdown																																																																																																																																				
Work Area Teardown	-																																																																																																																																			
Final Worksite Walk-Thru																																																																																																																																				
2	# of Neg. Air Machines	Y	N	n/a																																																																																																																																
	Barriers Intact And Sound	-																																																																																																																																		
	DECON/Shower Inspection																																																																																																																																			
	Employee PPE Used	-																																																																																																																																		
	Electrical Safety In Place	-																																																																																																																																		
	OSHA Inspection Site Review																																																																																																																																			
	Consultant/EME Monitoring	-																																																																																																																																		
	Consultant/Supervisor Visual	-																																																																																																																																		
	Personnel Decontaminated	-																																																																																																																																		
	Work Area Inspected/Secure	-																																																																																																																																		

Consultant Firm: **AEC - Matt** Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Patk	A25587		6:30	11:00	11:30	3:30	8.5	<i>[Signature]</i>
Brent Cheney	H41805	W	7:00	11:00	11:30	3:30	8	<i>[Signature]</i>
Chris Trelogan	A736314		7:00	11:00	11:30	3:30	8	<i>[Signature]</i>
Pat O'Boyle	A50125		6:00	11:00	11:30	3:30	9	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite								
	<table border="1"> <tr><td>~Friable~</td><td>~Non-Friable~</td></tr> <tr><td>Bags</td><td>58</td></tr> <tr><td>Drums</td><td></td></tr> <tr><td>Bundles</td><td>1</td></tr> </table>	~Friable~	~Non-Friable~	Bags	58	Drums		Bundles	1			
~Friable~	~Non-Friable~											
Bags	58											
Drums												
Bundles	1											
				Status of Job								
				Project On-going - someone to return								
				Note:								
				Complete - no one will need to return								

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

[Handwritten mark]



20 YEARS
1997 - 2017

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

Today's Date/Day: S M T W T F S **5-24-19** Job #: **19-261**
 Week Ending Date: **5-26-19** Job Name: **Norstar - Swift Lane W/SH**
 Truck #/Driver: **36-Rgt** ACM Mold / Lead / Other
 Work Area: **Throughout**

Daily Construction Report

General Work Description	The type of abatement conducted	Setup procedures conducted
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Insulation	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Change Out	Selective Demolition	Scaffold/Bakers/5'x7' Manlift

Personal protective equipment	Clean-up activities	Inspections
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety in Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC-JEF** Visual/Testing: _____
 Representative Name: **AEC-JEF** Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Plak	A25587		7⁰⁰	11⁰⁰	11³⁰	3³⁰	8	<i>[Signature]</i>
Patt O'Boyle	A50125		6⁰⁰	11⁰⁰	11³⁰	3³⁰	9	<i>[Signature]</i>
Chris Trogdon	A36314		7⁰⁰	11⁰⁰	11³⁰	3³⁰	8	<i>[Signature]</i>
Brent Cheney	A41305	W	7⁰⁰	11⁰⁰	11³⁰	3³⁰	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~			
	Bags	24	Bags	Status of Job	
	Drums		Drums	Project On-going - someone to return	
	Bundles		Bundles	Note:	
				Complete - no one will need to return	

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



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

20 YEARS
1997 - 2017

25851 Trowbridge St., Inkster, MI 48141

Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day:
S M T **W** T F S 5-29-19

Job #:
19-261

Week Ending Date:
6-1-19

Job Name:
Naxstar - Serv. Pl Lane WSH

Truck #/Driver:
36-Tone

ACM / Mold / Lead / Other

Work Area:
Throughout

Daily Construction Report

General Work Description	The type of abatement conducted	Set-up procedures conducted
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <i>Lantecm</i>	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Chimney/Plumb</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment	Clean-up activities	Inspections
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	2 # of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC - M4H** Visual/Testing: _____
 Representative Name: **AEC - M4H** Accreditation Number: _____

Comments: _____

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <i>A. Plak</i>	<i>A25587</i>		<i>7:00</i>	<i>11:00</i>	<i>11:30</i>	<i>3:30</i>	<i>8</i>	<i>[Signature]</i>
<i>DAN WALTERS</i>	<i>A10018</i>		<i>6:30</i>	<i>11:00</i>	<i>11:30</i>	<i>3:30</i>	<i>8.5</i>	<i>[Signature]</i>
<i>Tom Gilou</i>	<i>A38685</i>		<i>6:00</i>	<i>11:00</i>	<i>11:30</i>	<i>4:00</i>	<i>9.5</i>	<i>[Signature]</i>
<i>Chris Treglow</i>	<i>A36314</i>		<i>7:00</i>	<i>11:00</i>	<i>11:30</i>	<i>3:30</i>	<i>8</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	~Friable~			
	~Non-Friable~			
	Bags	<i>29</i>		
	Drums			
	Bundles			
				Status of Job
				Project On-going - someone to return
				Complete - no one will need to return

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



20 YEARS
1997 - 2017

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

Today's Date/Day: **S M T W T F S 5-30-19** Job #: **19-261**
 Week Ending Date: **6-1-19** Job Name: **Norstar - Sewer Plant W/H**
 Truck #/Driver: **36-Tone** **(ACM)** Mold / Lead / Other
 Work Area: **Throughout**

Daily Construction Report

General Work Description	The type of abatement conducted	Set-up procedures conducted
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <i>Insulation</i>	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Chimney Work</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment	Clean-up activities	Inspections
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC - Matt** Visual/Testing: **2**
 Representative Name: **AEC - Matt** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Park	A25387		7:00	11:00	11:30	3:30	8	<i>[Signature]</i>
T. Nygillow	A38085		6:00	11:00	11:30	4:30	10	<i>[Signature]</i>
DAVID WALTERS	A10018	W	6:30	11:00	11:30	4:00	9	<i>[Signature]</i>
Chris Treiglow	A36314		7:00	11:00	11:30	3:30	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	---Friable---			
	Bags	259		
	Drums			
	Bundles			
				Status of Job
				Project On-going - someone to return
				Complete - no one will need to return

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

Signature: *[Signature]*

[Handwritten mark]



20 YEARS
1997 - 2017

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

Today's Date/Day: S M T W T F S 5-31-19
 Week Ending Date: 6-1-19
 Truck #/Driver: 36-Tone
 Job #: 19-261
 Job Name: Navarre-Swift Lane W/14
 ACM / Mold / Lead / Other

Daily Construction Report

General Work Description	The type of abatement conducted	Set-up procedures conducted
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/Insulation	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment	Clean-up activities	Inspections
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	2
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEL - M&H** Visual/Testing: _____
 Representative Name: _____ Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		6:30	11:00	11:30	3:30	8.5	[Signature]
DANIEL WALCZAK	A10016	W	6:30	11:00	11:30	4:00	9	[Signature]
Chris Treglow	A36314		7:00	11:00	11:30	3:30	8	[Signature]
FON BILLY	A38485		7:00	11:00	11:30	4:30	10	[Signature]

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	---Friable---			
	---Non-Friable---			
	Bags	35		
	Drums			
	Bundles			

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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also serves as a legal safeguard in case of an audit.

Furthermore, it is advised to categorize expenses into different groups, such as office supplies, travel, and entertainment. This categorization allows for a more detailed analysis of spending patterns and helps in identifying areas where costs can be reduced.

In addition, the document highlights the need for regular reconciliation of accounts. By comparing the recorded transactions with the actual bank statements, any discrepancies can be identified and corrected promptly. This practice ensures the integrity of the financial data and prevents the accumulation of errors.

Finally, it is recommended to keep all financial records for a sufficient period, as required by law. This ensures that all necessary information is available for tax reporting and other legal obligations.



ENVIRONMENTAL, INC.

This Certifies That

Brent Cheney
has successfully completed the

Contractor/Supervisor Refresher Course

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

Date of Training: 04/12/2019 Date of Expiration: 04/12/2020 Certificate Number: 5444CSR0419


Instructor

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

©0003746

LITHO IN U.S.A.

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor


Brent L. Cheney



Accreditation Number
A41305

Expiration Date
05/25/2020

DOB:

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

140332



ENVIRONMENTAL, INC.

This Certifies That

Anthony Gillow

has successfully completed the

Contractor/Supervisor Refresher Course

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

Date of Training: 04/26/2019

Date of Expiration: 04/26/2020

Certificate Number: 0939CSR0419

Meghan J. McCarthy
Instructor

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

© 008 746

UHO.RU.S.A.

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Anthony V. Gillow



Accreditation Number
A38685

Expiration Date
06/03/2020

DOB:

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

Accreditation card is not valid if altered

140655

Juneau Property Maintenance

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

Mark Hasselbach

XXX-XX-

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

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

Course Dates: March 31, 2019

Certificate Number: WR-2019 0018

Expiration Date: March 31, 2020

Training Location: 870 Capitol Ave, Lincoln Park, MI

Jim Watts
Jim Watts, Instructor

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker



Mark A. Hasselbach, Jr.



Accreditation Number
A42862

Expiration Date
06/04/2020

DOB:

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

Accreditation card is not valid if altered

140008



ENVIRONMENTAL, INC.

This Certifies That

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

Contractor/Supervisor Refresher Course

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

Date of Training: 02/08/2019 Date of Expiration: 02/08/2020 Certificate Number: 9812CSR0219


Instructor

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

0005 746

LITHO IN U.S.A.

State of Michigan

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

Asbestos Contractor/Supervisor

Patrick B. O'Boyle

Accreditation Number
A50125

Expiration Date
03/14/2020



DOB:

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

Accreditation card is not valid if altered

138789



ENVIRONMENTAL, INC.

This Certifies That

Andrew Ptak

has successfully completed the

Contractor/Supervisor Refresher Course

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

Date of Training: 04/26/2019 Date of Expiration: 04/26/2020 Certificate Number: 9213CSR0419

Meghan J. McCarthy
Instructor

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

© 0025746

LITHO IN U.S.A.

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Andrew A. Ptak



Accreditation Number
A25587

Expiration Date
06/16/2020

DOB:

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

Accreditation card is not valid if altered

140657

Juneau Property Maintenance

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

Christopher Treglown

XXX-XX-

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

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

Course Dates: December 9, 2018

Certificate Number: WR-2018 0075

Expiration Date: December 9, 2019

State of Michigan

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



Asbestos Abatement Worker

Christopher D. Treglown



Accreditation Number

A36314

Expiration Date

12/01/29/2020

DOB:

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

A accreditation card is not valid if altered

137684

The first part of the paper discusses the importance of the research and the objectives of the study. It highlights the need for a comprehensive understanding of the subject matter and the role of the researcher in this process. The second part of the paper focuses on the methodology used in the study, detailing the data collection methods and the analytical techniques employed.

The results of the study are presented in the third part of the paper, showing the findings and their implications. The discussion then follows, where the results are interpreted and related to the existing literature. The final part of the paper concludes with a summary of the key findings and suggestions for future research.

In conclusion, this study has provided valuable insights into the subject matter and has contributed to the existing body of knowledge. The findings suggest that there is a need for further research in this area to address the remaining questions and to explore the implications of the results in greater detail.

The author would like to thank the following individuals for their support and assistance during the course of this research: [Name], [Name], and [Name]. Their contributions were invaluable in the completion of this study.

This research was supported by the [Organization/Institution], which provided the necessary resources and facilities for the study. The author is grateful to the members of the research team for their hard work and dedication throughout the project.

The author declares that there are no conflicts of interest in this work. All data and materials used in the study are available for review upon request. The author also acknowledges the limitations of the study and the need for further research to address these limitations.

The author has read and approved the final version of the manuscript. The manuscript has been accepted for publication in the [Journal Name]. The author is responsible for the content and accuracy of the information presented in this paper.

The author is available for correspondence at [Email Address]. The author's ORCID ID is [ORCID ID].

Michigan Department of Natural Resources Air Quality Division

3041

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

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

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Swift Lane Apartments
1521 State St, 710-719 Henry St,
11514-1520 White St,
Ann Arbor, MI 48108

Owner's Name: AAHC Platt Road Limited Housing Assoc
727 Miller Rd.
Ann Arbor, MI 48103

Contact Name: Robert Nickoloff
Contact Telephone #: (313) 354-2141

2) **Operator's Name:** Environmental Maintenance Engineers, Inc.

Operator's Address: 25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #: (313) 791-2600

3) **Waste Disposal Site (WDS) Name:** Carleton Farms Landfill

Waste Disposal Mailing Address: 28800 Clark Rd.
New Boston, MI 48164

Disposal Site Telephone #: (734) 654-0001

4) **Responsible Agency:** Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	3-201	Drumles, Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature: <i>Jeff Cheney</i>	Date: 8-31-10

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.	
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600
Printed/Typed Name: Andrew P. Hall	Title: Supervisor
Signature: <i>Andrew P. Hall</i>	Date: 5-31-19

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

Name: Republic Services - Wayne	
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240
Printed/Typed Name: Clyde Denton	Title: Driver
Signature: <i>Clyde Denton</i>	Date: 6-4-10

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

Printed/Typed Name:	Title:
Signature:	Date: