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

January 28, 2016

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

Re: Asbestos Abatement Closeout Report – Green Baxter Court
1701-1747 Green Road, Ann Arbor, Michigan
ECS Project N100-0008

Dear Ms. Harris:

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

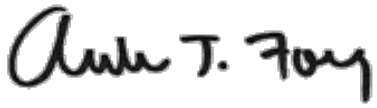
ECS contracted American Environmental Consultants (AEC) to perform asbestos abatement oversight and air monitoring. Asbestos abatement activities were conducted by Environmental Maintenance Engineers (EME) under contract to Norstar Building Corporation.

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

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

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

Sincerely,
ENVIRONMENTAL CONSULTING SOLUTIONS, LLC



Andrew J. Foerg, CPG
President

Enclosures

ATTACHMENT 1

AEC AIR MONITORING REPORT

AIR MONITORING REPORT

FOR

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

AT

GREEN BAXTER
1737 GREEN
ANN ARBOR, MI 48105

PREPARED BY:

AMERICAN
ENVIRONMENTAL
CONSULTANTS, LLC

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

PROJECT NUMBER
1478-15005

Table of Contents

Introduction

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

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

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

Sampling Types

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

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

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

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

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

Sampling Equipment

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

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

Analytical Methods

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

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

Regulatory Standards

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

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

Results

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

PCM Air Monitoring

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

Conclusion

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

Limitations

The information and opinions obtained in this report are for the exclusive use of AEC's Client. No distribution to or reliance by other parties may occur without the express written permission

of AEC. AEC will not distribute this report without your written consent or as required by law or Court order. The information and opinions that are contained in this report are given in light of that assignment. The report must be reviewed and relied upon only in conjunction with the terms and conditions expressly agreed upon by the parties and as limited therein. Any third parties who have been extended the right to rely on the contents of this report by AEC (which is expressly required prior to any third party release), expressly agrees to be bound by the original terms and conditions entered into by AEC and Client.

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

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

Sincerely,
American Environmental Consultants, LLC.

Jef Fox
Project Manager

Appendix A

Air Sampling Sheets

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	6/29/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm²	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	Martin Stewart	REM	10	100	10	12.7	2.00	2.00	2.00	0740	0810	30	60.00	0.0817	< 0.0817
	4	P	Martin Stewart	REM	12	100	12	15.3	2.00	2.00	2.00	0810	1200	230	460.00	0.0107	0.0128
	5	P	Martin Stewart	REM	7	100	10	12.7	2.00	2.00	2.00	1305	1507	122	244.00	0.0201	< 0.0201
	6	OSWA	1721-1st Floor-Hall	REM	10	100	10	12.7	10.00	10.00	10.00	0750	1110	200	2000.00	0.0025	< 0.0025
	7	OSWA	1721-2nd Floor-Hall	REM	9	100	10	12.7	10.00	10.00	10.00	0750	1110	200	2000.00	0.0025	< 0.0025
	8	OSWA	1713-1st Floor-Hall	REM	11	100	11	14.0	10.00	10.00	10.00	1215	1510	175	1750.00	0.0028	0.0031
	9	OSWA	1713-2nd Floor-Hall	REM	11	100	11	14.0	10.00	10.00	10.00	1215	1510	175	1750.00	0.0028	0.0031
	10	IWA	1721-Living Room	REM	13	100	13	16.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0053
	11	IWA	1721-Kitchen	CL	13	100	13	16.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0053
	12	IWA	1721- Bedroom 1	CL	10.5	100	10.5	13.4	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0043

Total Samples	Blind Recount	
12	8	<<Enter Sample Number Here

	11	100	11	14.0	10.00	175	1750.00	0.0028	0.0031

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	6/30/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Chris Treglown	REM	11	100	11	14.0	2.00	2.00	2.00	0735	0805	30	60.00	0.0817	0.0898
	4	P	Chris Treglown	REM	13	100	13	16.6	2.00	2.00	2.00	0805	1200	235	470.00	0.0104	0.0136
	5	P	Chris Treglown	REM	10	100	10	12.7	2.00	2.00	2.00	1305	1500	115	230.00	0.0213	< 0.0213
	6	OSWA	1723-Kitchen	REM	6	100	10	12.7	10.00	10.00	10.00	0730	1005	155	1550.00	0.0032	< 0.0032
	7	OSWA	1723-2nd Floor-Hall	REM	7.5	100	10	12.7	10.00	10.00	10.00	0730	1005	155	1550.00	0.0032	< 0.0032
	8	OSWA	1723-1st Floor-Hall	REM	10	100	10	12.7	10.00	10.00	10.00	1030	1340	190	1900.00	0.0026	< 0.0026
	9	OSWA	1743-2nd Floor-Stairs	REM	8	100	10	12.7	10.00	10.00	10.00	1030	1340	190	1900.00	0.0026	< 0.0026
	10	IWA	1713-Kitchen	CL	11	100	11	14.0	10.00	10.00	10.00	0740	0940	120	1200.00	0.0041	0.0045
	11	IWA	1713-Living Room	CL	13	100	13	16.6	10.00	10.00	10.00	0740	0940	120	1200.00	0.0041	0.0053
	12	IWA	1713-Bedroom 1	CL	13	100	13	16.6	10.00	10.00	10.00	0740	0940	120	1200.00	0.0041	0.0053

Total Samples	Blind Recount	
18	7	<<Enter Sample Number Here

				7.5	100	10	12.7		10.00					155	1550.00	0.0032	< 0.0032

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	6/30/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	13	IWA	1723-Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	0.0057
	14	IWA	1723-Living Room	CL	12	100	12	15.3	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	0.0049
	15	IWA	1723-Bedroom 1	CL	12	100	12	15.3	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	0.0049
	16	IWA	1743-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1350	1550	120	1200.00	0.0041	< 0.0041
	17	IWA	1743-Livign Room	CL	13	100	13	16.6	10.00	10.00	10.00	1350	1550	120	1200.00	0.0041	0.0053
	18	IWA	1743-Bedroom 1	CL	12.5	100	12.5	15.9	10.00	10.00	10.00	1350	1550	120	1200.00	0.0041	0.0051

Total Samples	Blind Recount	
18		<<Enter Sample Number Here

Sample Types			Activity		
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	=	Inside Work Area	REM	=	Removal
P	=	Personal	CL	=	Clearance
STEL	=	Short Term Exposure Limit	PA	=	Post Abatement
HEPEX	=	HEPA Exhaust	GB	=	Glovebag
FB	=	Field Blank	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:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	9/21/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm²	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	Tim Highland	REM	12	100	12	15.3	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	0.0980
	4	P	Tim Highland	REM	10	100	10	12.7	2.00	2.00	2.00	0800	1236	276	552.00	0.0089	< 0.0089
	5	OSWA	1715-2nd Hall	REM	6	100	10	12.7	10.00	10.00	10.00	0730	1100	210	2100.00	0.0023	< 0.0023
	6	OSWA	1715-Bathroom	REM	4	100	10	12.7	10.00	10.00	10.00	0730	1100	210	2100.00	0.0023	< 0.0023
	7	OSWA	1707-2nd Hall	REM	6	100	10	12.7	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	< 0.0041
	8	OSWA	1707-Bathroom	REM	6	100	10	12.7	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	< 0.0041
	9	IWA	1715-Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	10	IWA	1715-Kitchen	CL	5	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	11	IWA	1715-Bedroom 1	CL	5	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	12	IWA	1707-Living Room	CL	4	100	10	12.7	10.00	10.00	10.00	1236	1436	120	1200.00	0.0041	< 0.0041
	13	IWA	1797-Kitchen	CL	6	100	10	12.7	10.00	10.00	10.00	1236	1435	119	1190.00	0.0041	< 0.0041

Total Samples	Blind Recount														
14	11	<<Enter Sample Number Here	5	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

Sample Types			Activity		
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	=	Inside Work Area	REM	=	Removal
P	=	Personal	CL	=	Clearance
STEL	=	Short Term Exposure Limit	PA	=	Post Abatement
HEPEX	=	HEPA Exhaust	GB	=	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:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	9/21/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	1723-Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	1030	1230	120	1200.00	0.0041	0.0057

Total Samples	Blind Recount															
14		<<Enter Sample Number Here														

Sample Types			Activity		
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	=	Inside Work Area	REM	=	Removal
P	=	Personal	CL	=	Clearance
STEL	=	Short Term Exposure Limit	PA	=	Post Abatement
HEPEX	=	HEPA Exhaust	GB	=	Glovebag
FB	=	Field Blank	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:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	9/22/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Tim Highland	REM	7	100	10	12.7	2.00	2.00	2.00	0800	0830	30	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	9	100	10	12.7	2.00	2.00	2.00	0830	1000	90	180.00	0.0272	< 0.0272
	5	OSWA	Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0.0041	< 0.0041
	6	OSWA	2nd Floor-Hall	REM	5	100	10	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0.0041	< 0.0041
	7	IWA	1719-Living Room	CL	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	8	IWA	1719-Kitchen	CL	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	9	IWA	1719-Bedroom 1	CL	6	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount													
9	7	<<Enter Sample Number Here	7	100	10	12.7		10.00		120	1200.00	0.0041	< 0.0041

Sample Types			Activity		
OSWA	=	Outside Work Area	BKGD	=	Background
IWA	=	Inside Work Area	REM	=	Removal
P	=	Personal	CL	=	Clearance
STEL	=	Short Term Exposure Limit	PA	=	Post Abatement
HEPEX	=	HEPA Exhaust	GB	=	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:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	9/23/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Chris Treglown	REM	0.5	100	10	12.7	2.00	2.00	2.00	0800	0830	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM/CU	1.5	100	10	12.7	2.00	2.00	2.00	0830	1030	120	240.00	0.0204	< 0.0204
	5	IWA	1745-Bathroom	CL	6.5	100	10	12.7	15.00	15.00	15.00	0950	1110	80	1200.00	0.0041	< 0.0041
	6	IWA	1745-Kitchen	CL	7.5	100	10	12.7	15.00	15.00	15.00	0951	1111	80	1200.00	0.0041	< 0.0041
	7	IWA	1745-Basement	CL	6	100	10	12.7	15.00	15.00	15.00	0952	1112	80	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount													
7	7	<<Enter Sample Number Here	6	100	10	12.7		15.00		80	1200.00	0.0041	< 0.0041

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bau Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	10/14/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	P	A. Ptak	REM	5	100	10	12.7	2.00	2.00	2.00	0800	1615	495	990.00	0.0049	< 0.0049
	4	IWA	1705 Bathroom	REM/CL	3	100	10	12.7	12.00	12.00	12.00	0800	0845	45	540.00	0.0091	< 0.0091
	5	IWA	1707 Bathroom	REM/CL	2.5	100	10	12.7	12.00	12.00	12.00	0850	0935	45	540.00	0.0091	< 0.0091
	6	IWA	1743 Bathroom	REM/CL	3.5	100	10	12.7	12.00	12.00	12.00	0940	1025	45	540.00	0.0091	< 0.0091
	7	IWA	1745 Bathroom	REM/CL	4	100	10	12.7	12.00	12.00	12.00	1030	1115	45	540.00	0.0091	< 0.0091
	8	IWA	1723 Bathroom	REM/CL	2	100	10	12.7	12.00	12.00	12.00	1120	1205	45	540.00	0.0091	< 0.0091
	9	IWA	1721 Bathroom	REM/CL	4.5	100	10	12.7	12.00	12.00	12.00	1300	1345	45	540.00	0.0091	< 0.0091
	10	IWA	1719 Bathroom	REM/CL	3	100	10	12.7	12.00	12.00	12.00	1350	1435	45	540.00	0.0091	< 0.0091
	11	IWA	1715 Bathroom	REM/CL	2.5	100	10	12.7	12.00	12.00	12.00	1440	1525	45	540.00	0.0091	< 0.0091
	12	IWA	1713 Bathroom	REM/CL	4	100	10	12.7	12.00	12.00	12.00	1530	1615	45	540.00	0.0091	< 0.0091

Total Samples	Blind Recount
12	

<<Enter Sample Number Here

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	10/30/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Jef Fox
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Marty Stewart	REM	4	100	10	12.7	2.00	2.00	2.00	0914	0944	30	60.00	0.0817	< 0.0817
	4	P	Marty Stewart	REM	17.5	100	17.5	22.3	2.00	2.00	2.00	0944	1300	196	392.00	0.0125	0.0219
	5	IWA	1717 2nd Floor-Bedrodom 1	CL	4.5	100	10	12.7	10.00	10.00	10.00	1049	1249	120	1200.00	0.0041	< 0.0041
	6	IWA	1717 1st Floor-Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1051	1251	120	1200.00	0.0041	< 0.0041
	7	IWA	1717 1st Floor-Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1053	1253	120	1200.00	0.0041	< 0.0041
	8	P	Marty Stewart	REM	24	100	24	30.6	2.00	2.00	2.00	1300	1545	165	330.00	0.0148	0.0356
	9	CL	1709 2nd Floor-Bedroom	CL	10	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	10	CL	1709 1st Floor-Kitchen	CL	7.5	100	10	12.7	10.00	10.00	10.00	1401	1601	120	1200.00	0.0041	< 0.0041
	11	CL	1709-Basement	CL	6.5	100	10	12.7	10.00	10.00	10.00	1403	1603	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
11	11	<<Enter Sample Number Here

8.5	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	11/2/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Jef Fox
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Ken Wayland	REM	2.5	100	10	12.7	2.00	2.00	2.00	0850	0920	30	60.00	0.0817	< 0.0817
	4	P	Ken Wayland	REM	17	100	17	21.7	2.00	2.00	2.00	0920	1245	205	410.00	0.0120	0.0203
	5	IWA	1747 2nd Floor-Bedroom 1	CL	8	100	10	12.7	10.00	10.00	10.00	1045	1245	120	1200.00	0.0041	< 0.0041
	6	IWA	1747 1st Floor-Kitchen	CL	4	100	10	12.7	10.00	10.00	10.00	1047	1247	120	1200.00	0.0041	< 0.0041
	7	IWA	1747-Basement	CL	7.5	100	10	12.7	10.00	10.00	10.00	1051	1251	120	1200.00	0.0041	< 0.0041
	8	P	Ken Wayland	REM	15.5	100	15.5	19.7	2.00	2.00	2.00	1305	1505	120	240.00	0.0204	0.0316
	9	IWA	1741 2nd Floor-Bedroom 1	CL	4.5	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	10	IWA	1741 1st Floor-Living Room	CL	6	100	10	12.7	10.00	10.00	10.00	1401	1601	120	1200.00	0.0041	< 0.0041
	11	IWA	1741 1st Floor-Kitchen	CL	5.5	100	10	12.7	10.00	10.00	10.00	1403	1603	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
11	10	<<Enter Sample Number Here

7	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	11/3/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Jef Fox
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Ken Wayland	REM	12	100	12	15.3	2.00	2.00	2.00	0835	0905	30	60.00	0.0817	0.0980
	4	P	Ken Wayland	REM	35	100	35	44.6	2.00	2.00	2.00	0905	1130	145	290.00	0.0169	0.0591
	5	IWA	1739 2nd Floor-Bedroom 1	CL	2	100	10	12.7	10.00	10.00	10.00	0935	1135	120	1200.00	0.0041	< 0.0041
	6	IWA	1739 1st Floor-Kitchen	CL	1.5	100	10	12.7	10.00	10.00	10.00	0937	1137	120	1200.00	0.0041	< 0.0041
	7	IWA	1739-Basement	CL	6	100	10	12.7	10.00	10.00	10.00	0939	1139	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
7	7	<<Enter Sample Number Here

7.5	100	10	12.7		10.00		120	1200.00	0.0041	< 0.0041

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	12/2/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	Marty Stewart	REM	0.5	100	10	12.7	2.00	2.00	2.00	0830	0900	30	60.00	0.0817	< 0.0817
	4	P	Marty Stewart	REM	4.5	100	10	12.7	2.00	2.00	2.00	0900	1245	225	450.00	0.0109	< 0.0109
	5	IWA	1701 Kitchen	CL	6	100	10	12.7	13.00	13.00	13.00	1100	1233	93	1209.00	0.0041	< 0.0041
	6	IWA	1701 Bedroom	CL	7	100	10	12.7	13.00	13.00	13.00	1102	1235	93	1209.00	0.0041	< 0.0041
	7	IWA	1703 Kitchen	CL	6	100	10	12.7	13.00	13.00	13.00	1245	1418	93	1209.00	0.0041	< 0.0041
	8	IWA	1703 Bedroom	CL	7	100	10	12.7	13.00	13.00	13.00	1246	1419	93	1209.00	0.0041	< 0.0041

Total Samples	Blind Recount	
8	8	<<Enter Sample Number Here

7	100	10	12.7	13.00	93	1209.00	0.0041	< 0.0041

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	12/3/2016
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	P	Marty Stewart	REM	8	100	10	12.7	2.00	2.00	2.00	0830	1430	360	720.00	0.0068	< 0.0068
	4	IWA	1711 Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	5	IWA	1711 Bedroom	CL	8	100	10	12.7	10.00	10.00	10.00	1001	1201	120	1200.00	0.0041	< 0.0041
	6	IWA	1737 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1250	1450	120	1200.00	0.0041	< 0.0041
	7	IWA	1737 Bathroom	CL	8.5	100	10	12.7	10.00	10.00	10.00	1252	1452	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount													
7	6	<<Enter Sample Number Here	8	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	Green Baxter	**Project Number:**	1478-15005	**Sample Date:**	1/11/2016
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	1737 Green	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy 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	P	Dan Walerski	REM	2	100	10	12.7	2.00	2.00	2.00	1300	1355	55	110.00	0.0445	< 0.0445
	4	OSWA	Community Center 1st Floor-Kitchen Area	REM	3	100	10	12.7	10.00	10.00	10.00	1300	1400	60	600.00	0.0082	< 0.0082
	5	OSWA	Community Center 2nd Floor-Hall	REM	3	100	10	12.7	10.00	10.00	10.00	1300	1400	60	600.00	0.0082	< 0.0082
	6	IWA	Community Center Living Room	CL	10	100	10	12.7	10.00	10.00	10.00	1406	1606	120	1200.00	0.0041	< 0.0041
	7	IWA	Community Center Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	1406	1606	120	1200.00	0.0041	< 0.0041
	8	IWA	Community Center 2nd Floor-Bathroom	CL	8	100	10	12.7	10.00	10.00	10.00	1406	1606	120	1200.00	0.0041	< 0.0041
	9	IWA	Community Center 2nd Floor-Bathroom	CL	8	100	10	12.7	10.00	10.00	10.00	1406	1606	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
9	5	<<Enter Sample Number Here

3	100	10	12.7		10.00							60	600.00	0.0082	< 0.0082

Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

Activity		
BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
B/O	=	Bag Out
AMB	=	Ambient
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: Matt Rodgers

Project Manager Signature

Appendix B

Daily Paperwork

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 6-29-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Green Baxter

Site's Full Address: 1737 Green Rd. Ann Arbor, MI

Work Areas (Be Specific): Units 1721 and 1713

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 6-29-15

Containment: ☒N/A

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

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☐N/A

☒Yes	☐No	☐N/A	HEPA vacuums utilized
☒Yes	☐No	☐N/A	Wet methods utilized
☒Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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

Abatement/remediation activities

☒Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
Asbestos	Drywall Systems	200

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

If no, please explain_____

Date: 6-29-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☒ Yes ☐ No
If no, please explain_____

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

Date: 6-29-15

Other personal protective equipment (check all that apply):

- [X] Disposable clothing
- [ ] Washable clothing
- [X] Hoods
- [X] Safety glasses
- [ ] Other: _____
- [X] Boots
- [ ] Gloves
- [X] 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 [X], 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
- [X] Work area samples
  - Were samples below allowable levels for applicable standards: [X] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [X] Clearance samples (see clearance sampling section below)
- [X] 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
- [X] 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: [X] Yes [ ] No

If no, please explain _____

Date: 6-29-15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

Did work area pass applicable clearance standards: [x] Yes [ ] No

Applicable Standard

- [x] EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- [ ] EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- [ ] Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Martin Stewart	A-45497
Chris Treglown	A-36314

Date: 6-29-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

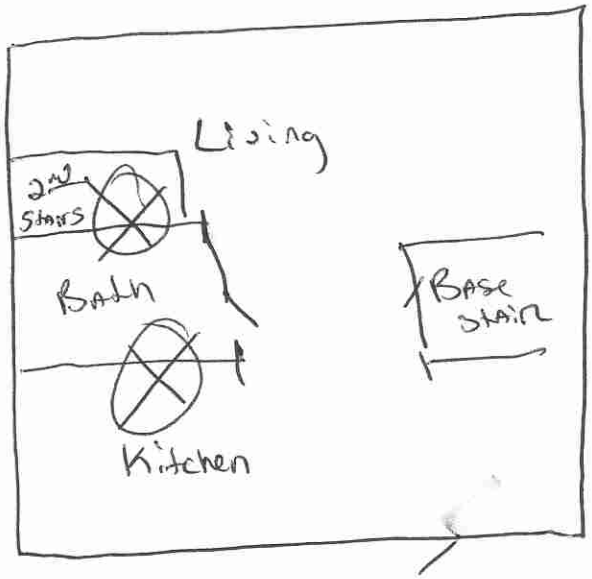
Technical Review By: Jeff Fox
Printed Name

Signature

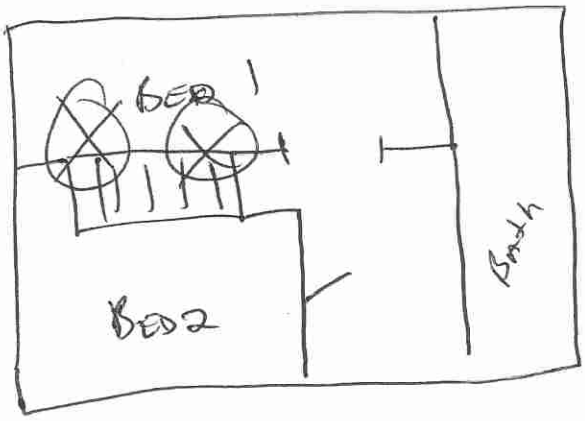
1/21/16
Date

X = AREA ABATED

1st Floor



2nd Floor



Colleen Baxter
Ann Arbor, MI

Not to Scale

6-29-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 6-30-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Green Barkers

Site's Full Address: 1737 Green Ann Arbor, MI

Work Areas (Be Specific): Unit 1723 - 1703 - 1713

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 6-30-15

Containment: ☒N/A

☐Yes	☐No	☐N/A	Sealed poly walls and ceilings
☐Yes	☐No	☐N/A	Sealed floor and drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☐Yes	☐No	☐N/A	Water available in containment
☐Yes	☐No	☐N/A	Containment sealed with no breaches
☐Yes	☐No	☐N/A	Negative pressure established
☐Yes	☐No	☐N/A	Decontamination unit

☐Remote or ☐Attached to containment

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

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☐N/A

☒Yes	☐No	☐N/A	HEPA vacuums utilized
☒Yes	☐No	☐N/A	Wet methods utilized
☒Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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

Abatement/remediation activities

☒Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	200

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

If no, please explain_____

Date: 6-30-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☒ Yes ☐ No
If no, please explain_____

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

Date: 6-30-15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [ ] Hoods
- [x] Safety glasses
- [ ] Other: _____
- [x] Boots
- [ ] Gloves
- [x] 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
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: ☐ Yes ☐ No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] Workers performing same tasks
- [ ] 1 worker samples-Represents worst case scenario
- [ ] 2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 6-30-15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain_____

Did work area pass applicable clearance standards: [x] Yes [ ] No

Applicable Standard

- [x] EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- [ ] EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- [ ] Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Blake	A 36314
Christregown	A-45497
Martin Stewart	

Date: 6-30-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

_____
Signature

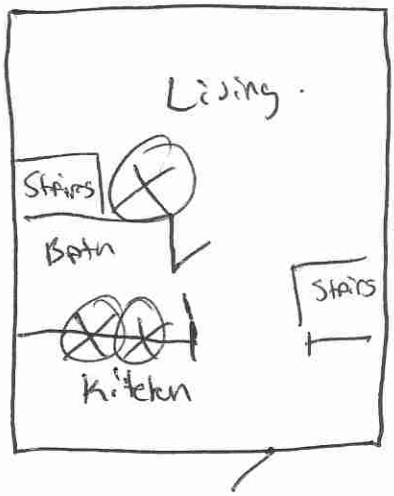
This section is reserved for any additional comments by the reviewer: N/A

Technical Review By: Jeff Fox
Printed Name

J F
Signature

1/21/10
Date

1st



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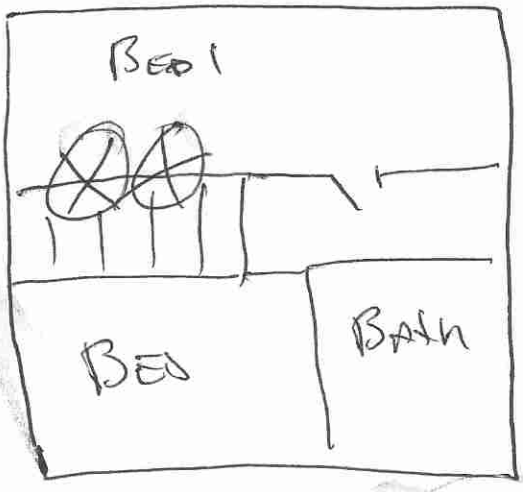
2nd



Green Backer
Ann Arbor, MI

Not to Scale

6-30-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 9-21-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Green Bayhe Court

Site's Full Address: Green Bayhe Court, Ann Arbor, MI

Work Areas (Be Specific): 1715 - 1707

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Pahle

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:

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

Date: 8-21-15

Containment: ☒N/A

☐Yes	☐No	☐N/A	Sealed poly walls and ceilings
☐Yes	☐No	☐N/A	Sealed floor and drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☐Yes	☐No	☐N/A	Water available in containment
☐Yes	☐No	☐N/A	Containment sealed with no breaches
☐Yes	☐No	☐N/A	Negative pressure established
☐Yes	☐No	☐N/A	Decontamination unit

☐Remote or ☐Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☐N/A

☒Yes	☐No	☐N/A	HEPA vacuums utilized
☒Yes	☐No	☐N/A	Wet methods utilized
☒Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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

Abatement/remediation activities

☒Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Sys.	40

Were wet methods utilized for the removal of the contaminant: ☒Yes ☐No
If no, please explain_____

Date: 9-21-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☑ Yes ☐ No
If no, please explain_____

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

Date: 9-21-15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [x] Hoods
- [x] Safety glasses
- [ ] Other: _____
- [x] Boots
- [x] 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 [x], 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
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] 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:

- [x] 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: [x] Yes [ ] No

If no, please explain _____

9-21-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

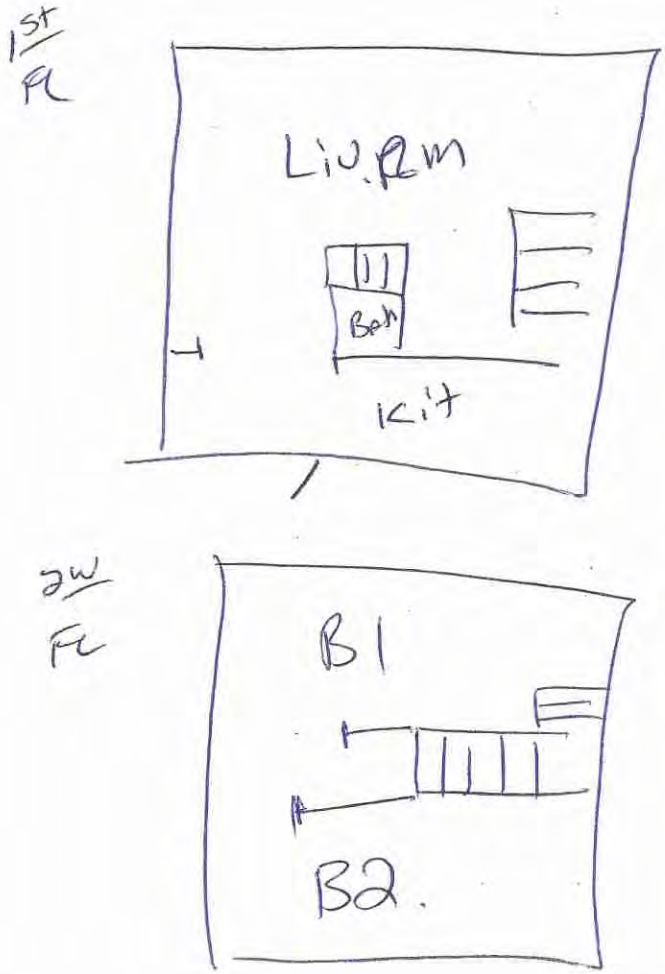
N/A

Technical Review By: Jeff Fox
Printed Name

Signature

1/21/16
Date

AEC Site Map



Green Bakke.

Not to Scale.

9-21-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 9-22-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Green Baxter

Site's Full Address: Green Baxter Ann Arbor MI

Work Areas (Be Specific): 1719

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plake

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:

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

Date: 9-22-05

Containment: ☒N/A

☐Yes	☐No	☐N/A	Sealed poly walls and ceilings
☐Yes	☐No	☐N/A	Sealed floor and drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☐Yes	☐No	☐N/A	Water available in containment
☐Yes	☐No	☐N/A	Containment sealed with no breaches
☐Yes	☐No	☐N/A	Negative pressure established
☐Yes	☐No	☐N/A	Decontamination unit

☐Remote or ☐Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☐N/A

☒Yes	☐No	☐N/A	HEPA vacuums utilized
☒Yes	☐No	☐N/A	Wet methods utilized
☒Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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

Abatement/remediation activities

☒Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
Asbestos	Drywall Sys	20

Were wet methods utilized for the removal of the contaminant: ☒Yes ☐No
If no, please explain_____

Date: 9-22-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☑ Yes ☐ No
If no, please explain_____

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

Date: 9-22-5

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [x] Washable clothing
- [ ] Hoods
- [x] Safety glasses
- [ ] Other: _____
- [x] Boots
- [x] Gloves
- [x] 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 [x], 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
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] 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:

- [x] 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: [x] Yes [ ] No

If no, please explain _____

Date: 9-22-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

N/A

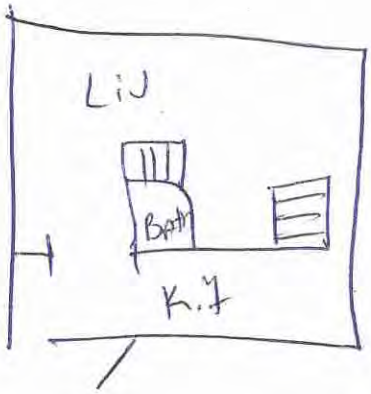
Technical Review By: Jeff Fox
Printed Name

Signature

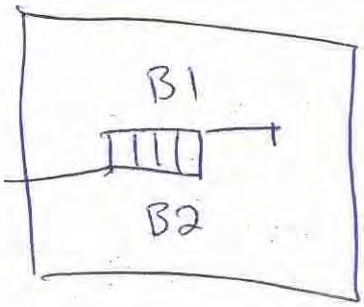
1/21/16
Date

AEC Site Map

1ST



2W



Green Baxter.
Ann Arbor.

Not to Scale

9-22-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 9/23/15 Start Time: 0800 AEC Representative: Lance Hassell

Site Name: Green Baxter

Site's Full Address: 1737 Green, Ann Arbor, MI 48105

Work Areas (Be Specific): B 1745 Bath/Bedroom, Kitchen, Basement

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 9/23/13

Containment: ☐N/A

☐Yes	☐No	☒N/A	Sealed poly walls and ceilings
☑Yes	☐No	☐N/A	Sealed floor and drop cloths
☑Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☑Yes	☐No	☐N/A	HVAC system shutdown and isolated
☑Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☑Yes	☐No	☐N/A	Water available in containment
☑Yes	☐No	☐N/A	Containment sealed with no breaches
☑Yes	☐No	☐N/A	Negative pressure established
☑Yes	☐No	☐N/A	Decontamination unit

☑Remote or ☐Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

☐Yes ☐No ☒N/A Other:_____

Glovebags: ☑N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☐N/A

☑Yes	☐No	☐N/A	HEPA vacuums utilized
☑Yes	☐No	☐N/A	Wet methods utilized
☑Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☑Yes	☐No	☒N/A	Other:_____

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

Abatement/remediation activities

☑Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

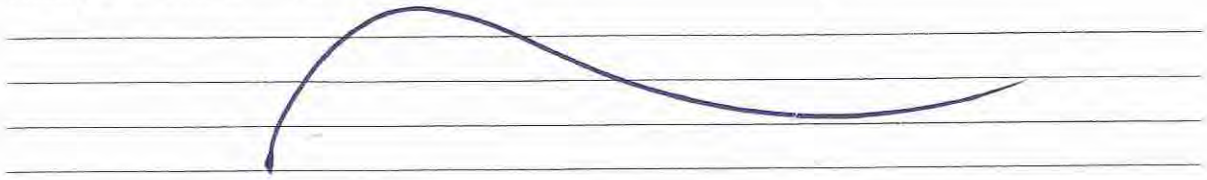
Contaminant:	Location:	Quantity:
Joint Compound	Kitchen, Bedroom	
Heat Shield	Basement	

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

If no, please explain_____

Date: 9/23/15

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



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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☑ Yes ☐ No
If no, please explain_____

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

Date: 9/23/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ACM Joint Compound and Heat Shield

Were the air monitoring samples analyzed: on site [x] 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
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] 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: [x] Yes [ ] No

If no, please explain _____

_____

Date: 9/23/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

Did work area pass applicable clearance standards: [x] Yes [ ] No

Applicable Standard

- [x] EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- [ ] EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- [ ] Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	A25587
Chris Treglown	A36314
Martin Stewart	A45497

Date: 9/23/15

Onsite visit of government officials

☑ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

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

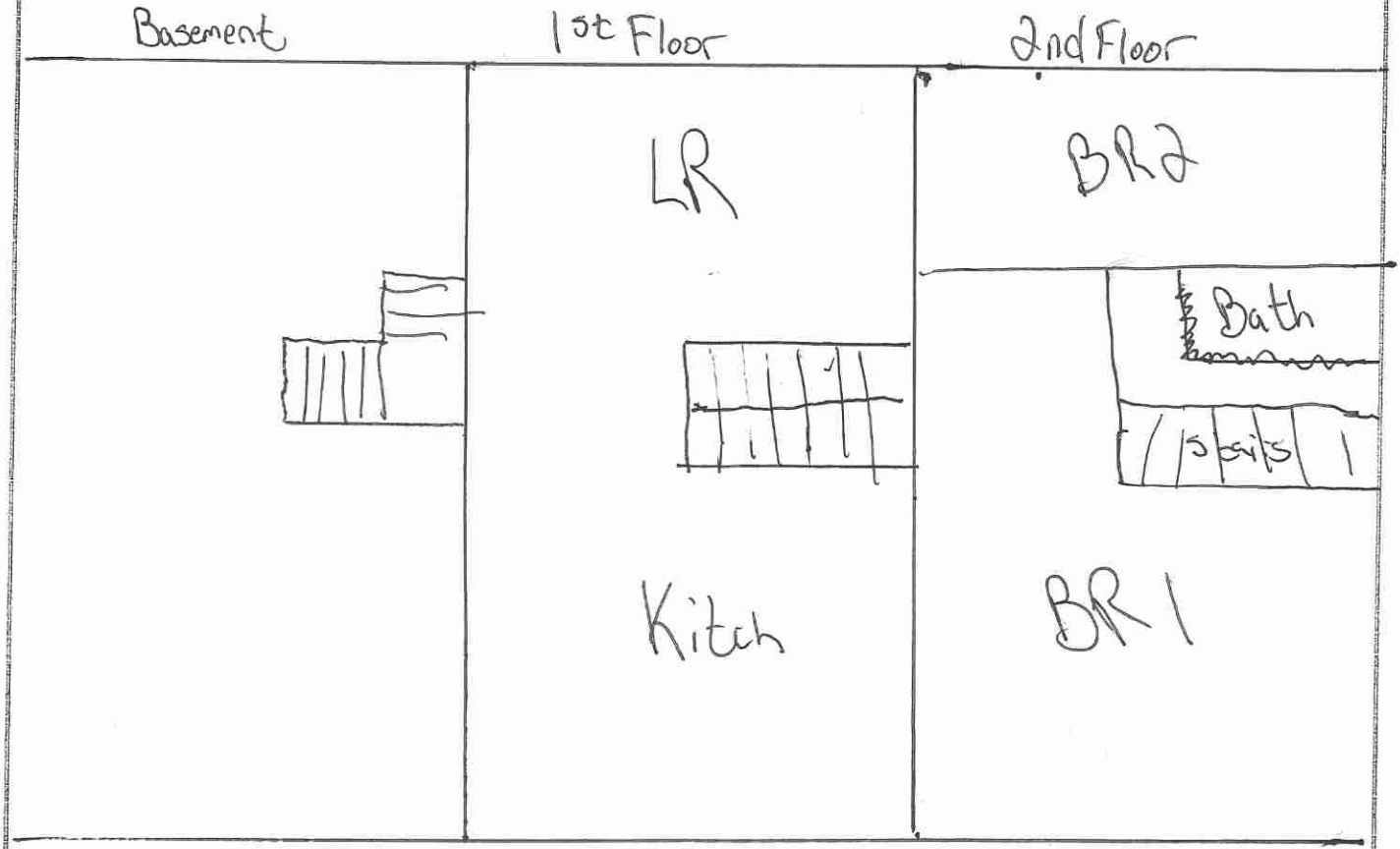
Technical Review By: Jeff Fox
Printed Name

Signature

1/21/16
Date

AEC Site Map

Unit # 1737



x- pumps

Not to Scale

ECS

Green Baxter
1737 Green,
Ann Arbor, MI 48105

9/23/15
Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 10/14/15 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: Green Baxter

Site's Full Address: 1705 Green, Ann Arbor, MI

Work Areas (Be Specific): 1705, 1707, 1743, 1745, 1723, 1721, 1719, 1715, 1713

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 10/14/15

Containment: ☐N/A

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

Glovebags: ☑N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:

Clean up: ☐N/A

☑Yes	☐No	☐N/A	HEPA vacuums utilized
☑Yes	☐No	☐N/A	Wet methods utilized
☑Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☑N/A	Other:

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

Abatement/remediation activities

☑Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
Joint Compound	Bathrooms	

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

If no, please explain

Date: 10/14/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 10/14/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site [x], 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
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] 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: [x] Yes [ ] No

If no, please explain _____

_____

Date: 10/14/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

Did work area pass applicable clearance standards: [x] Yes [ ] No

Applicable Standard

- [x] EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- [ ] EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- [ ] Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
A. Ptak	
Marty Davis	

Date: 10/14/15

Onsite visit of government officials

☑ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

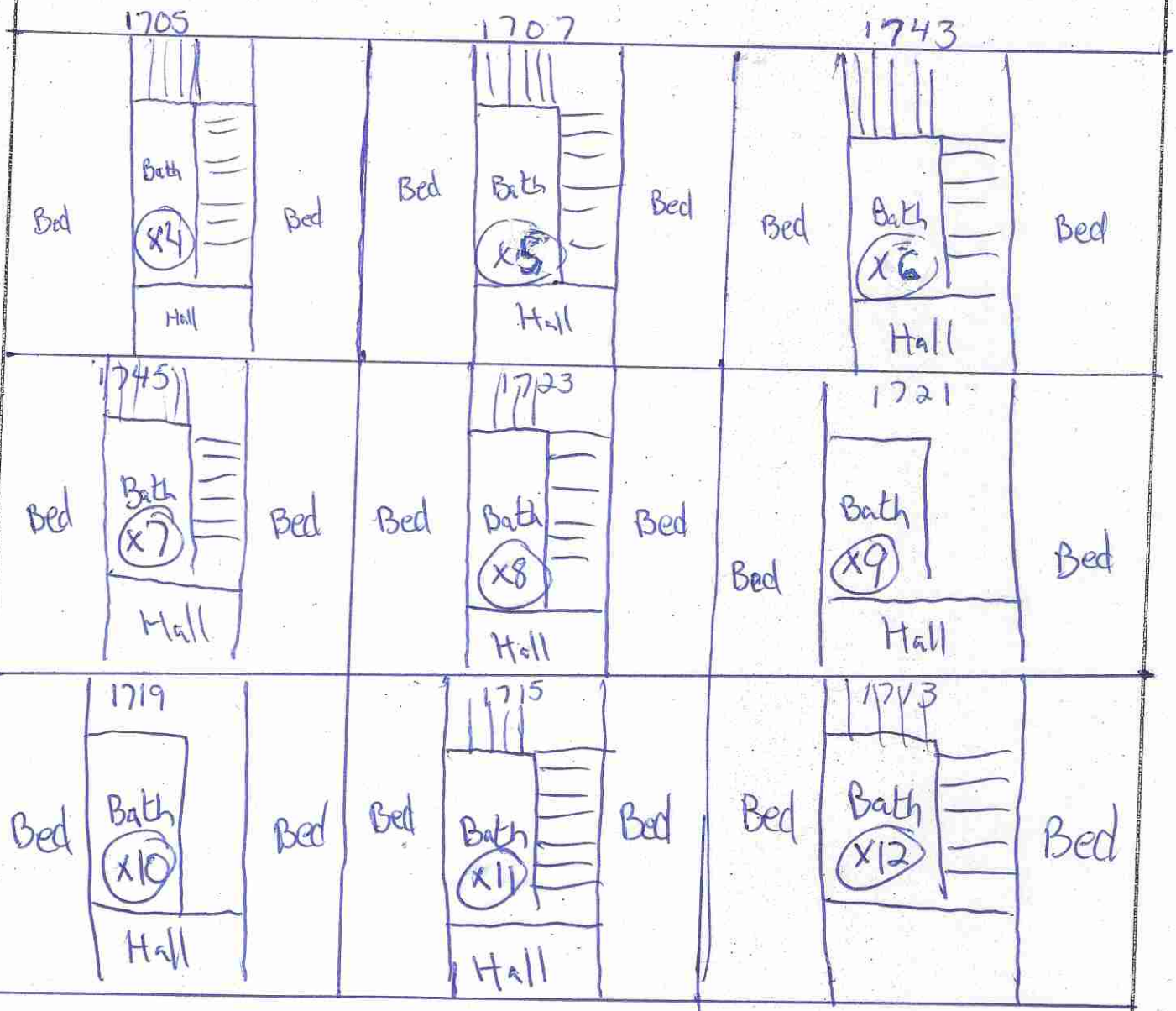
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Signature

1/21/16
Date

AEC Site Map



x-pumps

Not to Scale

Nostar / EME / A. Ptak / Green Baxter 2nd Floors / 10/14/15 / Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 10/30/15 Start Time: 800 AEC Representative: FOX

Site Name: GREEN BAXTER COURT

Site's Full Address: 1737 GREEN, ANN ARBOR, MI

Work Areas (Be Specific): 1717, 1709

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PTAK

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

Scope of work

☒ Full abatement ☐ Patch and repair ☐ Clean up ☐ Set up
☐ No work performed ☐ Other:

Work area

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

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

Set up:

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

Date: 10/30/15

Containment: ☐N/A

☐Yes	☒No	☐N/A	Sealed poly walls and ceilings
☒Yes	☐No	☐N/A	Sealed floor and drop cloths
☒Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☒Yes	☐No	☐N/A	HVAC system shutdown and isolated
☒Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☒Yes	☐No	☐N/A	Water available in containment
☒Yes	☐No	☐N/A	Containment sealed with no breaches
☒Yes	☐No	☐N/A	Negative pressure established
☒Yes	☐No	☐N/A	Decontamination unit

☒Remote or ☐Attached to containment

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

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☒N/A

☐Yes	☐No	☐N/A	HEPA vacuums utilized
☐Yes	☐No	☐N/A	Wet methods utilized
☐Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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:
DRYWALL/JC	1717	100 SF
	1709	100 SF
HEAT SHIELD	[redacted] 1709	5 SF

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

If no, please explain_____

Date: 10/30/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☒Yes ☐No
If no, please explain_____

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

Date: 10/30/15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [x] Hoods
- [x] Safety glasses
- [ ] Other: _____
- [x] Boots
- [x] 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
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] 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: 10/30/15

Clearance sampling

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

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

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

If no, please explain_____

Did work area pass applicable clearance standards: ☒ Yes ☐ No

Applicable Standard

- ☒ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
ANDREW PTAK	A25587
KEN WARLAND	A26616
MARTIN STEWART	A45497

Date: 10/30/15

Onsite visit of government officials

☒ N/A

Name of Person(s): _____

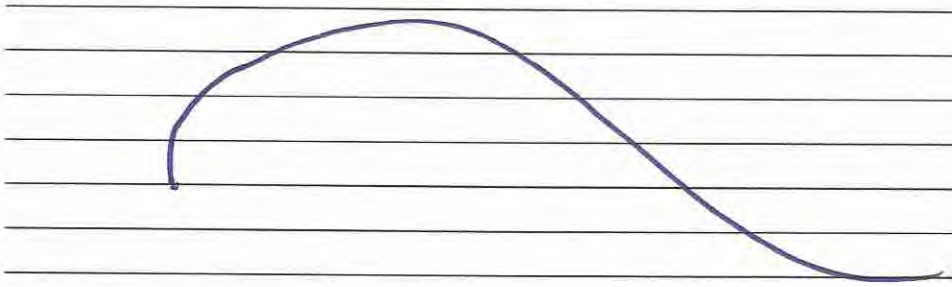
Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

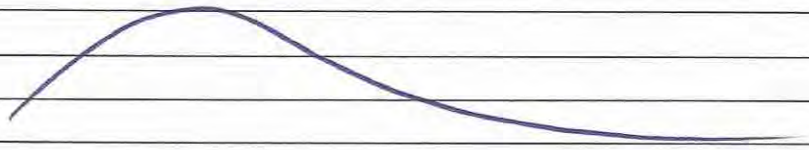


All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: JEF FOX
Printed Name

Signature

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



Technical Review By: JEF FOX
Printed Name

Signature

1/21/16
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: GREEN BAXTER **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:

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

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

_____ **EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications**

0.0041 **Average F/cc (PCM)** _____ **Average S/mm^2 (TEM)**

AREAS:

1717

Industrial Hygienist **Date** 10/30/15 **Time** 1700

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: Green Baxter Court 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:

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

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

____ EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.004 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

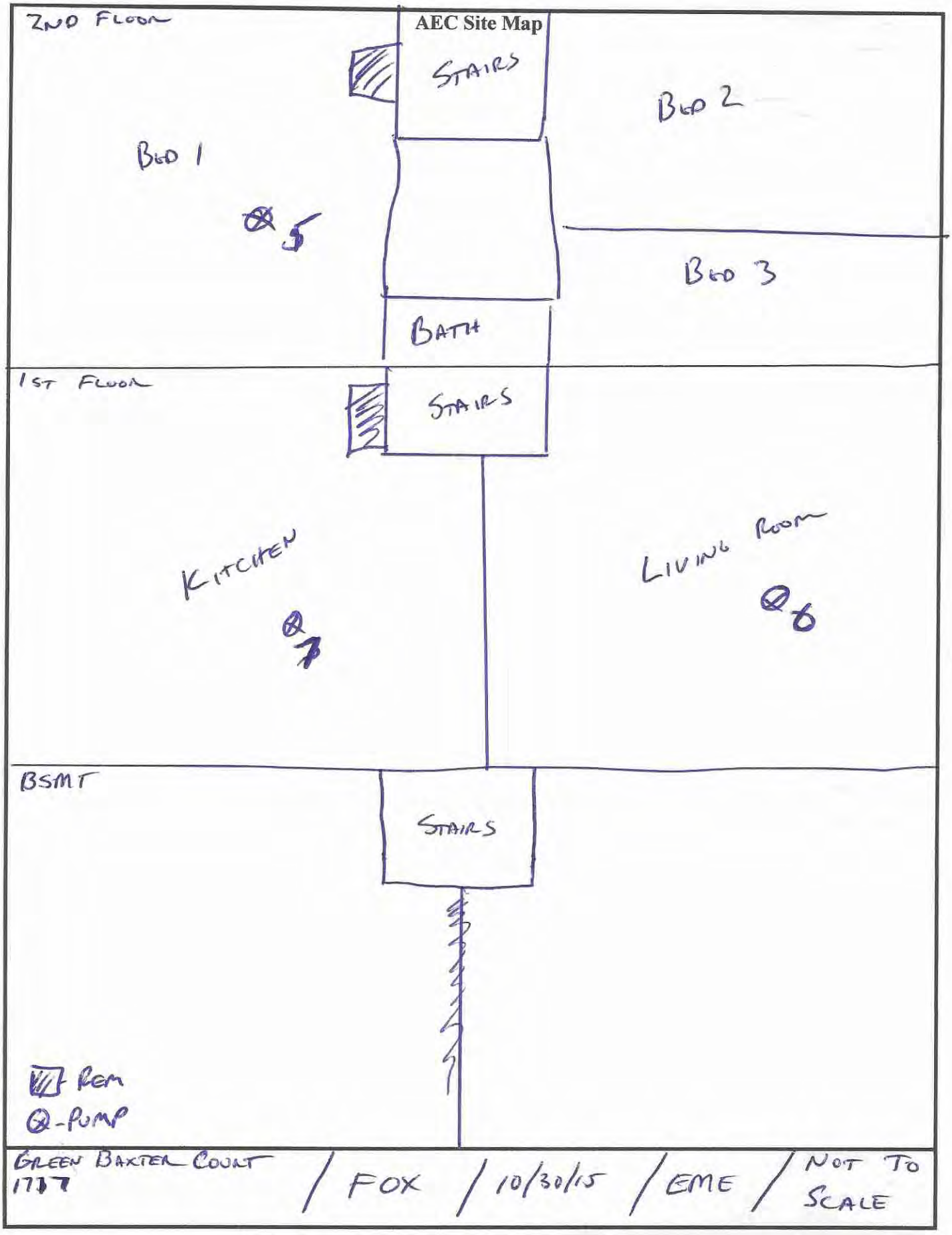
AREAS:

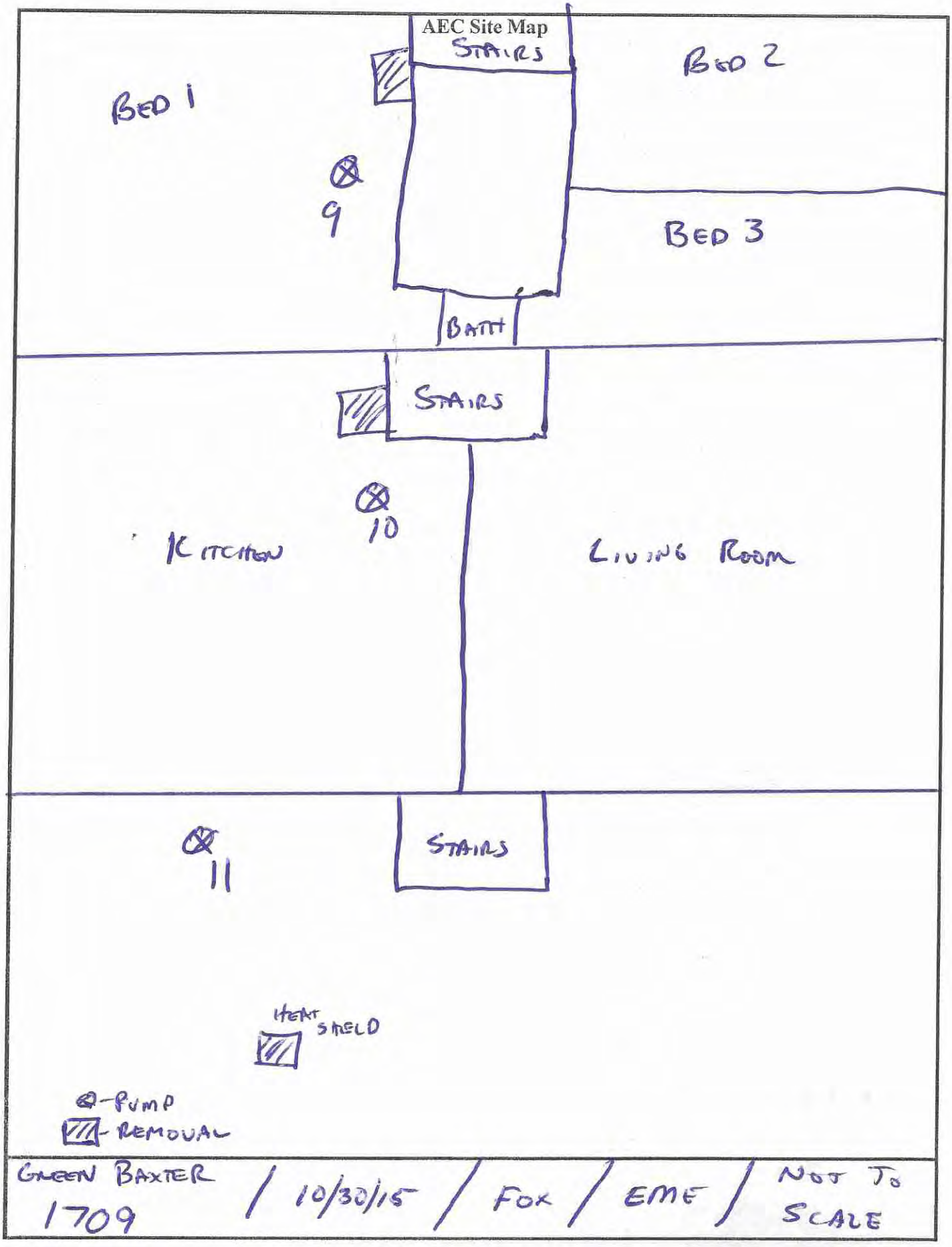
1709

Industrial Hygienist

10/30/15 Date

1730 Time


AEC Site Map
2ND FLOOR
STAIRS
BED 2
BED 1
5
BED 3
BATH
1ST FLOOR
STAIRS
KITCHEN
LIVING ROOM
6
BSMT
STAIRS
REM
Q-PUMP
GREEN BAXTER COURT
1717
FOX
10/30/15
EME
NOT TO SCALE


AEC Site Map
STAIRS
BED 1
BED 2
BED 3
9
BATH
STAIRS
10
KITCHEN
LIVING ROOM
STAIRS
11
HEAT SHIELD
@-PUMP
REMOVAL
GREEN BAXTER
1709
10/30/15
FOX
EME
NOT TO SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/2/15 Start Time: 800 AEC Representative: JEF FOX

Site Name: GREEN BAXTER COURT

Site's Full Address: 1737 GREEN, ANN ARBOR, MI 48106

Work Areas (Be Specific): 1747, 1741

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PTAK

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 11/2/15

Containment: ☐N/A

☐Yes	☒No	☐N/A	Sealed poly walls and ceilings
☑Yes	☐No	☐N/A	Sealed floor and drop cloths
☑Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☑Yes	☐No	☐N/A	HVAC system shutdown and isolated
☑Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☑Yes	☐No	☐N/A	Water available in containment
☑Yes	☐No	☐N/A	Containment sealed with no breaches
☑Yes	☐No	☐N/A	Negative pressure established
☑Yes	☐No	☐N/A	Decontamination unit

☒Remote or ☐Attached to containment

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

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☒N/A

☐Yes	☐No	☐N/A	HEPA vacuums utilized
☐Yes	☐No	☐N/A	Wet methods utilized
☐Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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:
DRYWALL JOINT	1747	100 SF
	1741	100 SF
HEAT SHIELD	1747	5 SF

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

If no, please explain_____

Date: 11/2/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☒ Yes ☐ No
If no, please explain_____

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

Date: 11/2/15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [x] Hoods
- [x] Safety glasses
- [ ] Other: _____
- [x] Boots
- [x] 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
- [x] Clearance samples (see clearance sampling section below)
- [x] 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:

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

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

If no, please explain _____

_____

Date: 11/2/15

Clearance sampling

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

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

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

If no, please explain_____

Did work area pass applicable clearance standards: ☒ Yes ☐ No

Applicable Standard

- ☒ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
ANDREW PIAK	A25587
KEN WAYLAND	A2666
MARTIN STEWART	A45497

Date: 11/2/15

Onsite visit of government officials

☒ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Submitted By: JEF FOX
Printed Name

Signature

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

_____

_____

_____

_____

_____

Technical Review By: JEF FOX
Printed Name

Signature

1/21/16
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: Green Baxter Court 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:

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

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

____ EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.0041 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

AREAS:

1747

Industrial Hygienist Date 11/2/15 Time 1730

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: GREEN BAXTER COURT 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:

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

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

____ EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.004 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

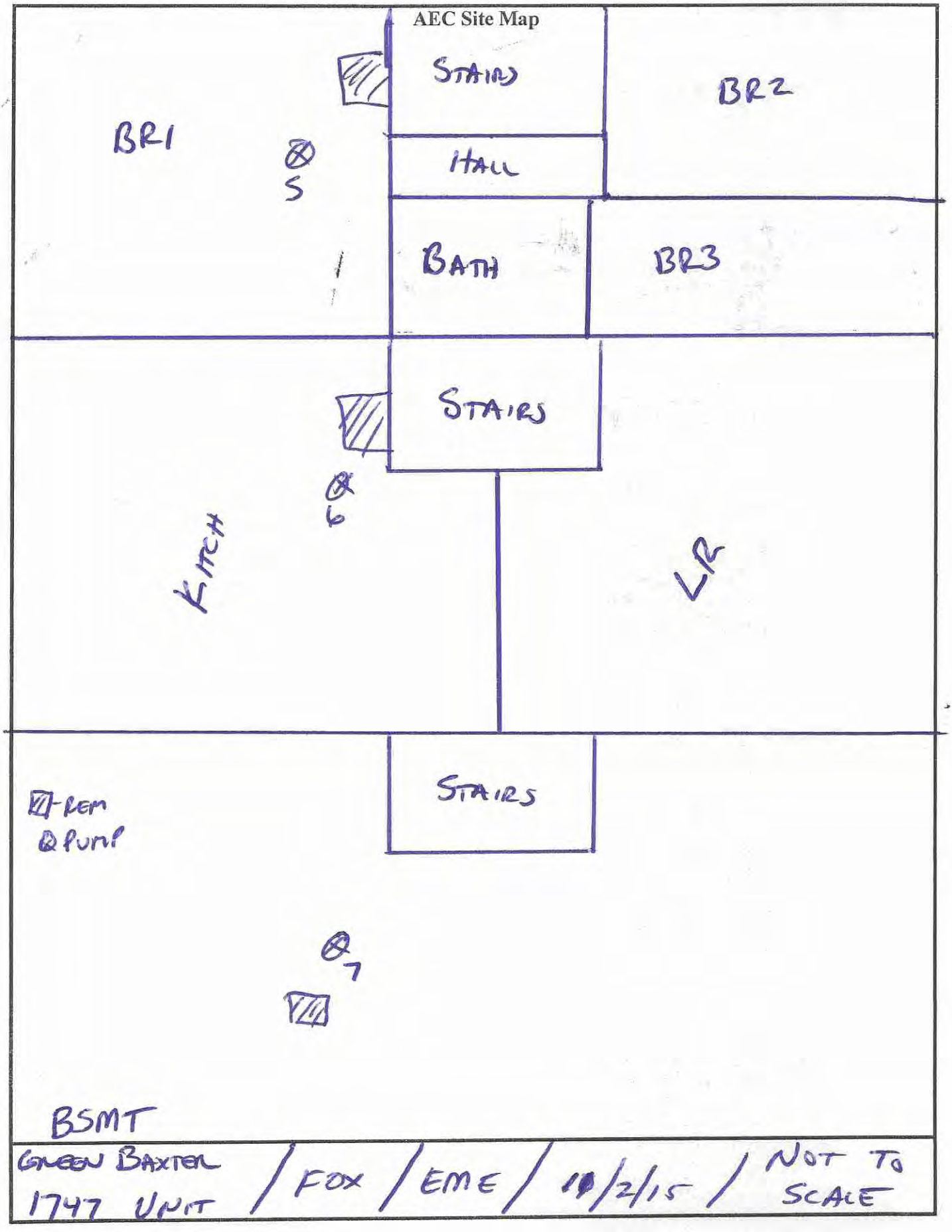
AREAS:

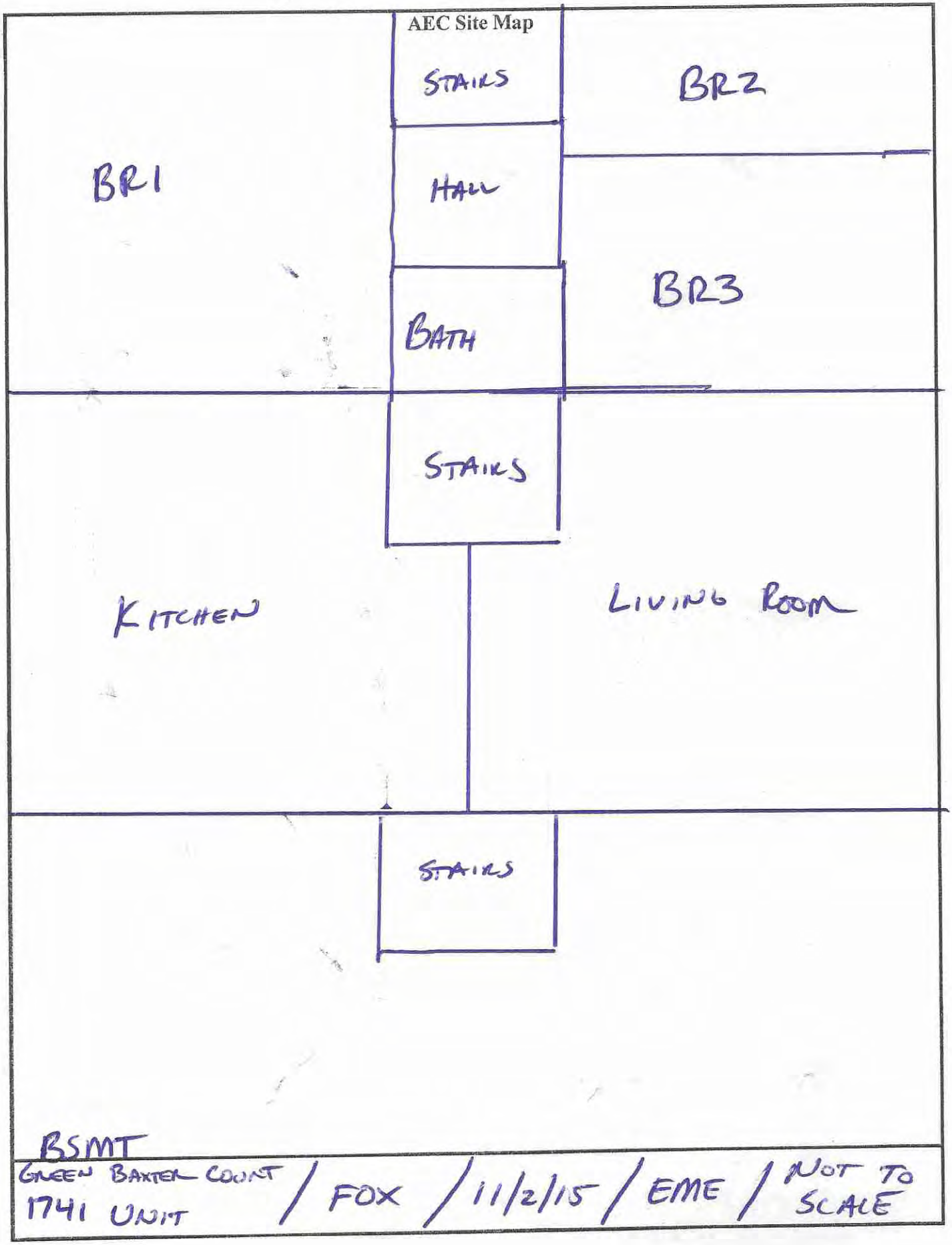
1741

Industrial Hygienist

11/2/15 Date

1800 Time


AEC Site Map
STAIRS
BR2
BR1
S
HALL
BATH
BR3
1
STAIRS
6
KITCH
LR
STAIRS
Elec
& Pump
7
BSMT
GREEN BAXTER
1747 UNIT
FOX
EME
10/2/15
NOT TO
SCALE


AEC Site Map
STAIRS
BR2
BR1
HALL
BR3
BATH
STAIRS
KITCHEN
LIVING ROOM
STAIRS
BSMT
GREEN BAXTER COURT
1741 UNIT
/ FOX / 11/2/15 / EME / NOT TO SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/3/15 Start Time: 800 AEC Representative: FOX

Site Name: GREEN BAXTER COURT

Site's Full Address: 1737 GREEN RD, ANN ARBOR

Work Areas (Be Specific): 1739

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PIAK

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

Scope of work

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

Work area

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

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

Set up: ☐ N/A

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

Date: 11/3/15

Containment: ☐N/A

☐Yes	☐No	☒N/A	Sealed poly walls and ceilings
☒Yes	☐No	☐N/A	Sealed floor and drop cloths
☒Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☒Yes	☐No	☐N/A	HVAC system shutdown and isolated
☒Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☒Yes	☐No	☐N/A	Water available in containment
☒Yes	☐No	☐N/A	Containment sealed with no breaches
☒Yes	☐No	☐N/A	Negative pressure established
☒Yes	☐No	☐N/A	Decontamination unit

☒Remote or ☐Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☒N/A

☐Yes	☐No	☐N/A	HEPA vacuums utilized
☐Yes	☐No	☐N/A	Wet methods utilized
☐Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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:
DRYWALL/J.C	1739	100 SF
HEAT SHIELD	1739	5 SF

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

If no, please explain_____

Date: 11/3/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/3/15

Other personal protective equipment (check all that apply):

- [X] Disposable clothing
- [ ] Washable clothing
- [X] Hoods
- [X] Safety glasses
- [ ] Other: _____
- [X] Boots
- [X] 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 [X], taken to laboratory [ ], or offsite [X]

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
- [X] Clearance samples (see clearance sampling section below)
- [X] 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
- [X] 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: [X] Yes [ ] No

If no, please explain _____

_____

Date: 11/3/15

Clearance sampling

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

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

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

If no, please explain_____

Did work area pass applicable clearance standards: [x] Yes [ ] No

Applicable Standard

- [x] EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- [ ] EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- [ ] Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
ANDREW PIAK	A25587
MANTI STEWART	A45497
KEN WAYLAND	A26616

Date: 11/3/15

Onsite visit of government officials

☒ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

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

Submitted By: JEF FOX
Printed Name

Signature

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

Technical Review By: JEF FOX
Printed Name

Signature

1/21/16
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: GREEN BAXTER COURT 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:

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

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

____ **EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications**

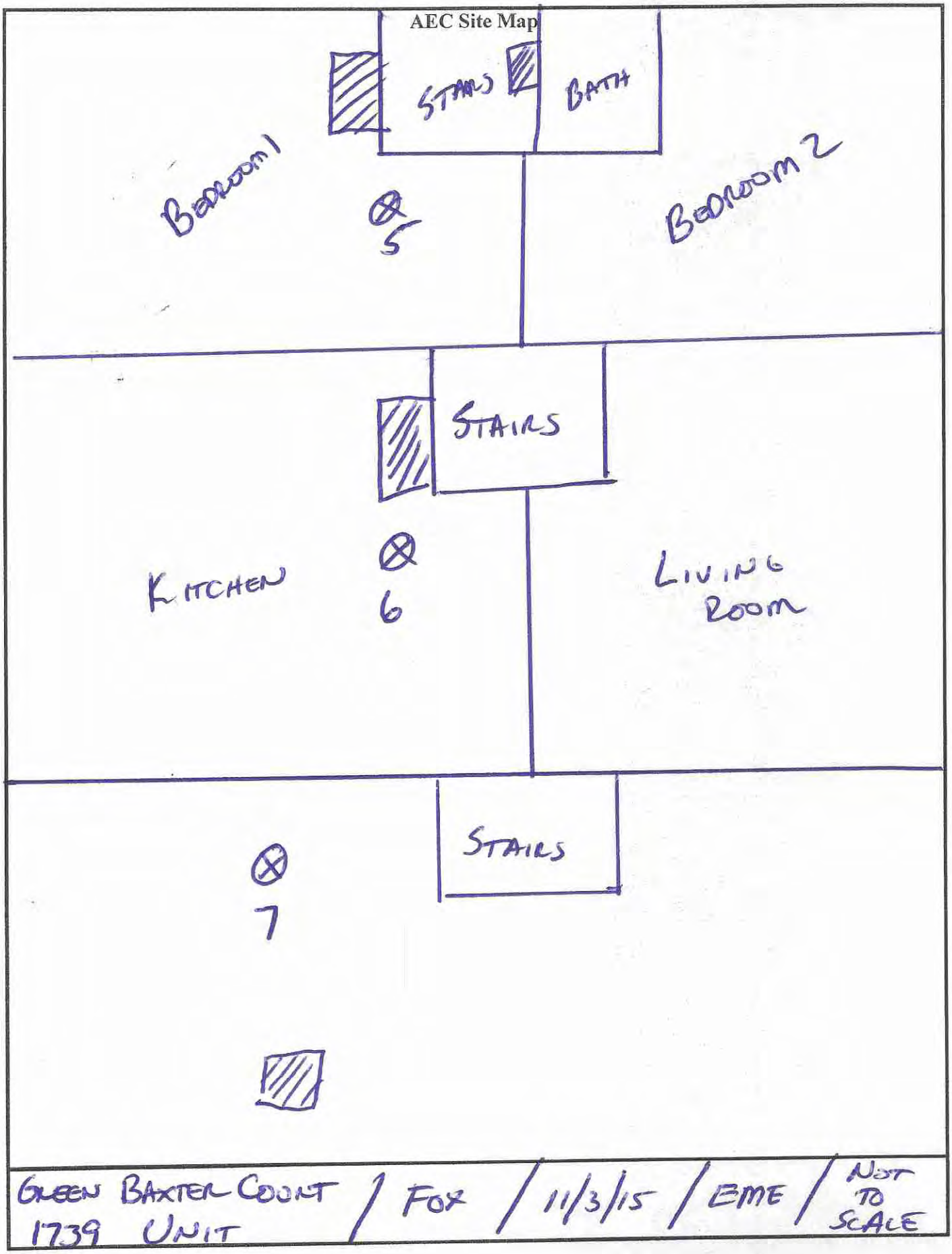
0.004 **Average F/cc (PCM)** _____ **Average S/mm^2 (TEM)**

AREAS:

1739

[signature] **Industrial Hygienist** 11/3/15 **Date** 1700 **Time**

AEC Site Map



GREEN BAXTER COURT / FOX / 11/3/15 / EME / NOT TO SCALE
1739 UNIT

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12/2/15 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: Green Baxter

Site's Full Address: 1701 Ann Arbor, MI

Work Areas (Be Specific): 1701, 1703

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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

Scope of work

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

Work area

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

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

Set up: ☐ N/A

☑ Yes	☐ No	☐ N/A	Moving in of equipment and supplies
☑ Yes	☐ No	☐ N/A	Set up of poly walls
☑ Yes	☐ No	☐ N/A	Set up of floor and drop cloths
☑ Yes	☐ No	☐ N/A	Set up of signs and barrier tape labeled with appropriate contaminant
☑ Yes	☐ No	☐ N/A	Isolation of HVAC system and shutdown
☑ Yes	☐ No	☐ N/A	All points of potential fiber release sealed (doors, windows, etc.)
☑ Yes	☐ No	☐ N/A	Water available
☑ Yes	☐ No	☐ N/A	Containment sealed with no breaches
☑ Yes	☐ No	☐ N/A	Negative pressure established
☑ Yes	☐ No	☐ N/A	Set up of decontamination unit

☑ Remote or ☐ Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

☐ Yes ☐ No ☑ N/A Other: _____

Date: 12/2/15

Containment: ☐N/A

☑Yes	☐No	☐N/A	Sealed poly walls and ceilings
☑Yes	☐No	☐N/A	Sealed floor and drop cloths
☑Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☑Yes	☐No	☐N/A	HVAC system shutdown and isolated
☑Yes	☐No	☐N/A	All points of potential fiber release sealed (doors, windows, etc.)
☑Yes	☐No	☐N/A	Water available in containment
☑Yes	☐No	☐N/A	Containment sealed with no breaches
☑Yes	☐No	☐N/A	Negative pressure established
☑Yes	☐No	☐N/A	Decontamination unit

☑Remote or ☐Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

☐Yes ☐No ☑N/A Other: _____

Glovebags: ☑N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other: _____

Clean up: ☐N/A

☑Yes	☐No	☐N/A	HEPA vacuums utilized
☑Yes	☐No	☐N/A	Wet methods utilized
☑Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☑N/A	Other: _____

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

Abatement/remediation activities

☑Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
Joint Compound	1701 + 170	

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

If no, please explain _____

Date: 12/2/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: ☑ Yes ☐ No
If no, please explain_____

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

Date: 12/2/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Asbestos Joint Compound

Were the air monitoring samples analyzed: on site [x], 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
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] 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: [x] Yes [ ] No

If no, please explain _____

_____

Date: 12/2/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

_____

Did work area pass applicable clearance standards: ☑ Yes ☐ No

Applicable Standard

- ☑ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
A. Ptak	
M. Stewart	
D. Carvalho	

Date: 12/2/15

Onsite visit of government officials

☑ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

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

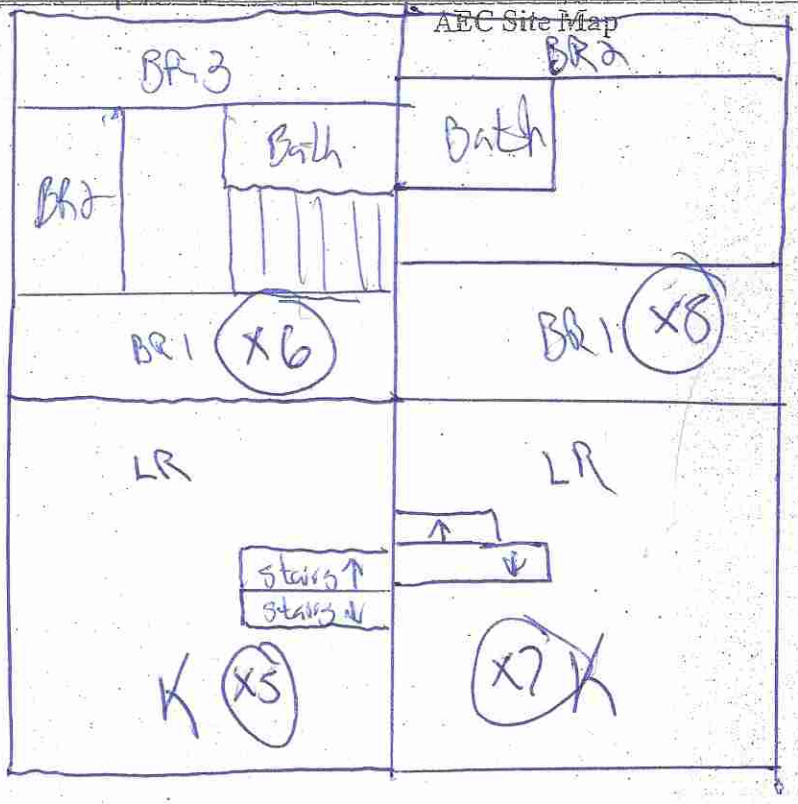
Technical Review By: Jeff Fox
Printed Name

J D
Signature

1/21/16
Date

1701 1703

AEC Site Map



X - pumps

Not to Scale

EME

Green Backer
1700 Green
AA, MI

12/2/15

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12/3/15 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: Green Baxter

Site's Full Address: 1701 Green Baxter

Work Areas (Be Specific): 1711, 1737

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EMF

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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

Scope of work

☑ Full abatement ☐ Patch and repair ☐ Clean up ☐ Set up
☐ No work performed ☐ Other:

Work area

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

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

Set up:

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

Date: 12/3/15

Containment: ☐N/A

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

Glovebags: ☑N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:

Clean up: ☐N/A

☑Yes	☐No	☐N/A	HEPA vacuums utilized
☑Yes	☐No	☐N/A	Wet methods utilized
☑Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☑N/A	Other:

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

Abatement/remediation activities

☑Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
Joint Compound		

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

If no, please explain

Date: 12/3/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12/3/13

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Joint Compound

Were the air monitoring samples analyzed: on site [x], 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
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] 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: [x] Yes [ ] No

If no, please explain _____

_____

Date: 12/3/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

_____

Did work area pass applicable clearance standards: ☑ Yes ☐ No

Applicable Standard

- ☑ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
A. Ptak	
M. Stewart	
D. Carvalho	

Date: 12/3/15

Onsite visit of government officials

☑ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

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

_____

_____

_____

_____

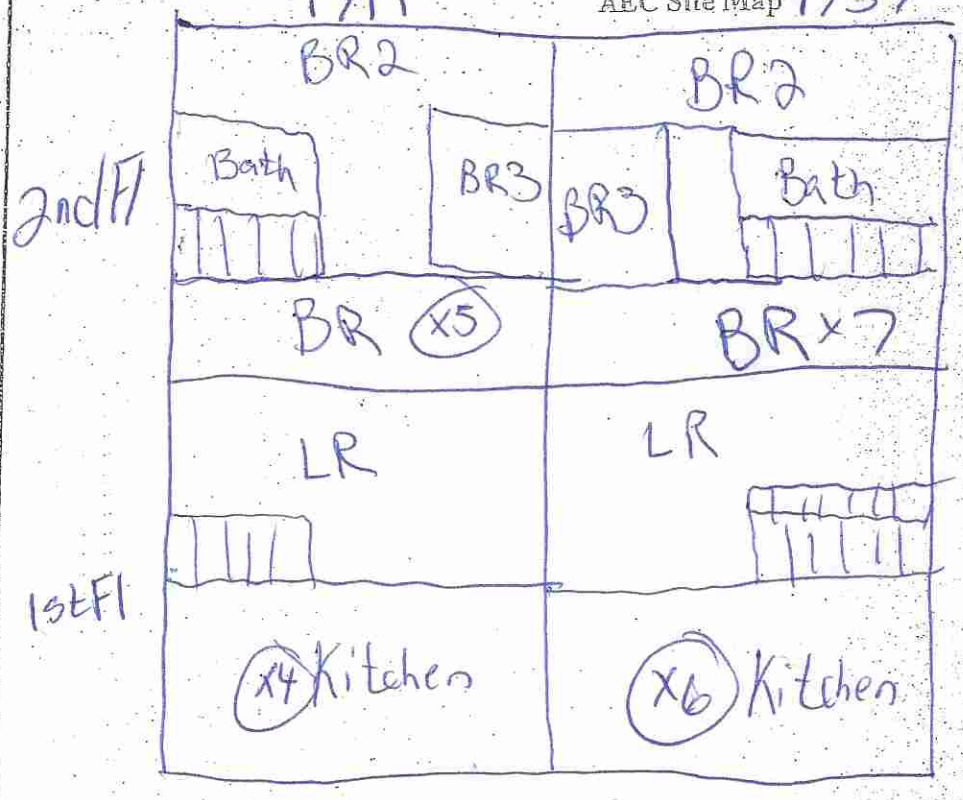
_____

Technical Review By: Jeff Fox
Printed Name

Signature

1/20/16
Date

AEC Site Map



x- pumps

Not to Scale

12/3/15

Lance Hassell

Rand Environmental
S. Sicbigteroth

SCPP
4901 Pointe Dr.
East China, MI

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 1/11/16 Start Time: 1230 AEC Representative: M. RODGERS

Site Name: GREEN BAXTER

Site's Full Address: 1737 GREEN Ann Arbor, MI

Work Areas (Be Specific): LIVING AREA, 2nd FL BATH

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PTAK

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

Scope of work

☒ Full abatement ☐ Patch and repair ☐ Clean up ☐ Set up
☐ No work performed ☐ Other:

Work area

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

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

Set up:

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

Date: 1/11/16

Containment: ☒N/A

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

Glovebags: ☒N/A

☐Yes	☐No	☐N/A	Drop cloths
☐Yes	☐No	☐N/A	Signs and barrier tape labeled with appropriate contaminant
☐Yes	☐No	☐N/A	HVAC system shutdown and isolated
☐Yes	☐No	☐N/A	Glovebags sealed with amended water and negative air
☐Yes	☐No	☐N/A	Other:_____

Clean up: ☐N/A

☒Yes	☐No	☐N/A	HEPA vacuums utilized
☒Yes	☐No	☐N/A	Wet methods utilized
☒Yes	☐No	☐N/A	Work area demarcated and isolated from general traffic
☐Yes	☐No	☐N/A	Other:_____

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

Abatement/remediation activities

☒Abatement/remediation activities conducted ☐No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	150

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

If no, please explain_____

Date: 1/11/16

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

☐ No waste generated

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

MC ☑ ~~Lined dumpster~~ on site

☑ Disposal by contractor off site

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

☑ Material double bagged, fiber drums

☑ Material labeled with appropriate labels

☑ Material wetted

☐ Waste generated was disposed of on site as general construction debris

☐ Other:_____

Personal protective equipment

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

If no, please explain_____

Respiratory protection (check all that apply):

☑ Half face negative pressure air purifying respirator

☐ Full face negative pressure air purifying respirator

☐ Positive pressure air purifying respirator

☐ Other:_____

Date: 1/11/16

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [ ] Hoods
- [ ] Safety glasses
- [ ] Other: _____
- [x] 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 [x], 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
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] 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
- [x] 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: [x] Yes [ ] No

If no, please explain _____

Date: 1/11/16

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

_____

Did work area pass applicable clearance standards: ☑ Yes ☐ No

Applicable Standard

- ☑ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Dan Walerski	

Date: 1/11/16

Onsite visit of government officials

☑ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

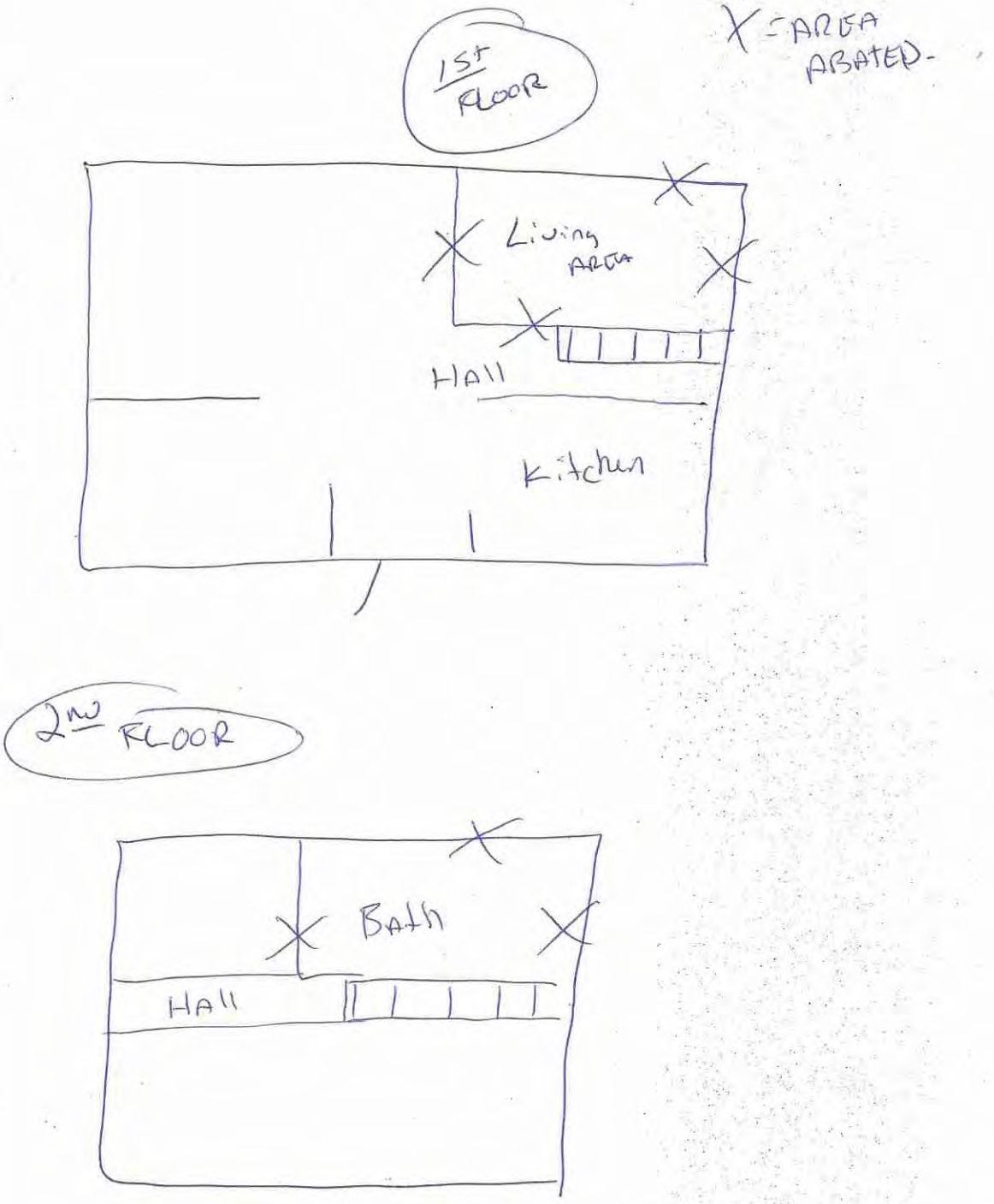
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Signature

1/21/16
Date

AEC Site Map



GREEN BAXTER
1737

NOT to SCALE

1/11/16

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

January 6, 2016

Environmental Consulting Solutions
523 West Sunnybrook
Royal Oak, MI 48073

RE: AAHC-River Run Project – Green Baxter Court
Asbestos Abatement Closeout Documents
EME Job #: 14-554B

Dear Mr. Foerg:

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

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

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

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

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Diane Highfill

Enclosures

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

Contractor Number	Expiration Date
C2684	12/08/2016

State of Michigan

Department of Licensing and Regulatory Affairs

mm 11-2-15

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

119093

2053

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

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

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

To apply for renewal of this license, please submit an application no sooner than 90 days and no later than 30 days before the license expires. The Department must also be notified of any address or ownership changes. Project notifications and questions regarding your license should be directed to the Michigan Department of Licensing and Regulatory Affairs, CSHD-Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909-8171, 517.322.5806.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: Carolyn Belcher PHONE (A/C, No, Ext): (248) 471-0970 FAX (A/C, No): (248) 471-0641 E-MAIL ADDRESS: cbelcher@gswins.com
INSURED Environmental Maintenance Engineers, Inc. 25851 Trowbridge Inkster MI 48141	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Westchester Surplus Lines Insurance — 10172 INSURER B: Travelers Indemnity Company of CT — 25682 INSURER C: Liberty Mutual Insurance — 0077 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 15-16 Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT LOC OTHER:			G27138470003	10/1/2015	10/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			BA0135C519	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist combined	$ 1,000,000 $ $ $ $ 1,000,000
A	UMBRELLA LIAB OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			G27140476003	10/1/2015	10/1/2016	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC534S542329	10/1/2015	10/1/2016	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			G27138470003	10/1/2015	10/1/2016	Limit:	$2,000,000
A	Contractor's Pollution			G27138470003	10/1/2015	10/1/2016	Limit:	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Ann Arbor Housing Commission, Various Locations

CERTIFICATE HOLDER

Environmental Resources Group LLC
28003 Center Oaks Court
Suite 106
Wixom, MI 48393

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Patrick Williams/CTB Patrick W Williams

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

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

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

1. NOTIFICATION:

Date of Notification: 09/15/2015 Document #: 0000001507
Date of Original: 08/14/2015 Original Document #: 0000000136
Notification Type: ☐ Original ☑ Revised ☐ Canceled

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) [*260 ln. ft./160 sq. ft. or more is threshold*]

☑ Planned Renovation - 10 **working** days notice
☐ Emergency Renovation
☐ Scheduled Demolition - 10 **working** days notice
☐ Intentional Burn - 10 **working** days notice
☐ Ordered Demolition

LARA (MIOSHA) [*Will not accept annual notifications*]

☑ Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
☐ Emergency Renovation/Encapsulation

Calculate LARA Asbestos Project Fee:(1% Project Fee) ☑ Time & material
Total Project Cost: $0 x 0.01 = $0.00
Type of Contractor: Type II License No: C2684
Licensing Authority: MIOSHA

2. PROJECT SCHEDULE:

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

	START DATE	END DATE
* Renovation:		
+ Asb. Removal:	09/21/2015	09/24/2015
+ Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	M, Tu, W, Th	7:30am-4:00pm
Demolition:		
Encapsulation:		

☐ Check here if the work hours are not the same across the days of the week or vary from day to day and attach a document with Detailed Work Hours.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-554E
Name: Environmental Maintenance Engineers, Inc.
Mailing Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141-2465
E-mail: mikek@teameme.com
Contact: Michael Kelly Phone: 313-791-2600

4. DEMOLITION CONTRACTOR: Internal Project #:
Name:
Mailing Address:
City/State/Zip:
E-mail:
Contact: Phone:

5. FACILITY OWNER: Internal Project #:
Name: River Run Ann Arbor Limited Divd Housing Assoc. LP
Mailing Address: 2702 Hikone
City/State/Zip: Ann Arbor, MI 48103
E-mail:
Contact: Robert Nickoloff Phone: 313-749-7692

6. FACILITY DESCRIPTION:
Facility Name: Green Baxter Court
Location Address: 1737 Green Rd.
City/State/Zip: Ann Arbor, MI 48105
County: Washtenaw Age: 51
No. of Floors: 2 If Apt. # of units: 32
Nearest Crossroad: Plymouth Rd.
Size: (sq. ft.) 38400 Floor No.: 1
Present Use: Housing Apartments
Prior Use: Same
Specific Location(s) in Facility: Interior Units

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd
City/State/Zip: New Boston, MI 48164

8. WASTE TRANSPORTER(S):
Name: Republic Services-Wayne
Location Address: 5499 Cogswell
City/State/Zip: Wayne, MI 48164
Name: Environmental maintenance Engineers Inc.
Location Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
Gov't Agency Ordering Demo:
Name/Title of Person Signing Order:
Date of Order: Date Ordered to Begin:

10. ASBESTOS INFORMATION

Is asbestos present? *(i.e. Assumed or identified in asbestos inspection report)* ☑ Yes ☐ No Will asbestos be removed prior to demolition? ☐ Yes ☐ No

Estimate the amount of asbestos: *Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. **(NOTE:** In a demolition, cementatious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition. Also, all asbestos must be removed prior to an intentional burn.)*

RACM/ACM to be removed	RACM to be Encapsulated	Non-friable ACM **not** removed prior to demo. Category I	Category II	Units of Measure
				☐ Ln. Ft. ☐ Ln. M.
465				☑ Sq. Ft. ☐ Sq. M.
				☐ Cu. Ft.* ☐ Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition:**

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☑ Other (describe):
Drywall andf Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe):

Method of removal: Describe how the asbestos will be removed:

☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into sections and remove ☐ Hand Scraping
☐ Dry Removal (please provide attachment with a description and explanation ☑ Other (describe):
Mini Enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Indicate if complete or partial demolition:

☐ **Complete** or ☐ **Partial** (describe part of facility to be demolished):

Method of Demolition: Describe the method of demolition of facility, bridge, etc.:

☐ Excavator or other heavy equipment ☐ Disassembly by hand ☐ Explosives ☐ Other (describe):

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal:

☑ Water spray to control dust ☑ Place in leak tight containers ☑ Adequately wet material ☐ Other (describe):

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

☑ Stop Work ☑ Wet material ☑ Contact DEQ and abatement contractor ☐ Revise notification ☐ Other (describe):

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:

A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification):

☑ All suspect materials sampled and analyzed using Polarized Light Microscopy (PLM) ☐ Other (describe):

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, 313-491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/13/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency:

Describe the sudden, unexpected event:

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly — 09/15/2015
Signature of Owner or Abatement/Demolition Contractor — *Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee — *Date*

Michael Kelly — 09/15/2015
Signature of Asbestos Abatement Contractor Representative — *Date*

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested.

For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

Michael Kelly — 09/15/2015
Printed Name of Owner/Operator — *Date*

Michael Kelly — 09/15/2015
Signature of Owner/Operator — *Date*

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

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

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

DEQ/LARA USE ONLY

Postmark Date ____/____/____ Rec'd Date ____/____/____
Emergency Date ____/____/____ Valid No. ____
☐ OK ☐ Send Def Ltr. Date of Def Ltr. ____/____/____
FOLLOW UP ____/____/____ Spoke w/ ____
Comments: ____
Notification No. ____ Trans No. ____

Calculate LARA Asbestos Project Fee: (1% Project Fee)
Total Project Cost: ____ x 0.01 = ____
Type of Contractor: ____ License No.: ____
Licensing Authority: ____

1. NOTIFICATION:
Date of Notification: 06/15/2015
Date of Revision(s): 07/07/2015
Notification Type ☐ Original ☒ Revised ☐ Canceled ☐ Annual

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) ***[260 ln. ft./160 sq. ft. or more is threshold]***
☒ Planned Renovation – 10 **working** days notice
☐ Emergency Renovation
☐ Scheduled Demolition – 10 **working** days notice
☐ Intentional Burn – 10 **working** days notice
☐ Ordered Demolition

LARA (MIOSHA) ***[Will not accept annual notifications]***
☐ Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
☐ Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation		
+Asb. Removal	06/29/2015	07/07/2015
+Demolition:		
Encapsulation:		

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	MO, TU, WE, TH, FR	8a-4:30p
Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-554D
Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
Mailing Address: 25851 TROWBRIDGE ST
City/State/Zip: INKSTER , MI , 48141-2465
E-mail: dwatson@teameme.com
Contact: MIKE KELLY Phone: (313) 791 - 2600

4. DEMOLITION CONTRACTOR: Internal Project #: ____
Name: ____
Mailing Address: ____
City/State/Zip: ____
E-mail: ____
Contact: ____ Phone: ( ) -

5. FACILITY OWNER: ("Facility" includes Bridges)
Name: River Run Ann Arbor Limited Divd Housing Assoc., LP
Mailing Address: 2702 Hikone
City/State/Zip: Ann Arbor , MI , 48103
E-mail: ____
Contact: Robert Nickoloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
Facility Name: Green Baxter Court
Location Address/Description: 1737 Green Rd.
If Apt. # of units: 32
City/Twp. Ann Arbor State: MI Zip Code: 48105
County: WASHTENAW Nearest Crossroad: Plymouth
Size: (sq. ft.) 38400 No. of Floors: 2 Floor No.: 1
Age: 51 Present Use: Housing Apartments Prior Use: Same
Specific Location(s) in Facility: Interior Units

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd.
City/State/Zip: New Boston , MI , 48164

8. WASTE TRANSPORTER 1:
Environmental Maintenance Engineers
25851 Trowbridge
Inkster , MI , 48141

WASTE TRANSPORTER 2:
Republic Services - Wayne
5400 Cogswell
Wayne , MI , 48184
(734)216-.824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
Gov't Agency Ordering Demo: ____
Name/Title of Person Signing Order: ____
Date of Order: ____ Date Ordered to Begin: ____

10. IS ASBESTOS PRESENT? ☒ Yes ☐ No ☐ To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. **(NOTE:** In a demolition, cementatious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo. Category I	Non-friable ACM not removed prior to demo. Category II	Units of Measure
				☐ Ln. Ft. ☐ Ln. M.
725				☒ Sq. Ft. ☐ Sq. M.
				☐ Cu. Ft.* ☐ Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

(continued on reverse side)

One Stop ID: 355563 Previous Doc#: 276858 Doc #: 279675

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition:**

A) RENOVATION: Mark all surfaces/types of RACM to be removed:
☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☒ Other (describe) Drywall Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:
☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Cut into sections and removed, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM), Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/13/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 07/07/2015
Signature of Owner or Abatement Contractor *Date*

_____
Signature of Owner or Demolition Contractor *Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)
Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. *I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.*

_____
Signature of Building Owner or Lessee *Date*

_____
Signature of Asbestos Abatement Contractor Representative *Date*

NOTE: **It is not mandatory that a signed copy be sent to LARA unless requested.** For affected projects, this section of the notification form must be completed, signed, and made part of **your** records before the project begins.

18. I certify that the above information is correct:

Michael Kelly 07/07/2015
Printed Name of Owner/Operator *Date*

Michael Kelly : kellym1991 07/07/2015
Signature of Owner/Operator *Date*

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8)**, mail to address below. For more info visit: http://www.michigan.gov/asbestos

MIOSHA Asbestos Program
LARA, CSHD
P.O. Box 30671
Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, mail notifications to the appropriate address below (by county of subject facility): For more info visit http://www.michigan.gov/deq click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)
NESHAP Asbestos Program
DEQ, AQD
P.O. Box 30260
Lansing, MI 48909-7760

517.241.7463 (Office)
517.373.7064 (Revision Line)

Wayne County Only
NESHAP Asbestos Program
Detroit Field Office, DEQ, AQD
Cadillac Place, Suite 2-300
3058 West Grand Boulevard
Detroit, MI 48202

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M T W T F S 6.29.15	Job #: 14554B
Week Ending Date: 7-5-15	Job Name: Green Bank
Truck #/Driver: 34 Treglown	(ACM) / Mold / Lead / Other
Work Area: 1713 1721	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Hood Stack	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

1 # 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: Matt Rodgers AEC
Representative Name:

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. Fisk	A25582		6:30	11:30	12:00	5:00	10	
Alex Swart	A45792	W			12:00	4:00	4	
M Stewart	A45497	W	7:30	11:30	12:00	4:00	8	
Chris Treglown	A36314		6:30	11:30	12:00	5:00	10	

Safety Issues:

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
Bags	29	
Drums		
Bundles		

Dumpster ✓ EME Onsite

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:

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M T W T F S 6-30-15	Job #: 14-554 B
Week Ending Date: 7-5-15	Job Name: Green Baxter
Truck #/Driver: 35 / Treglown	ACM / Mold / Lead / Other
Work Area: 1723 1743	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Work Shed	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	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	—		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	—		

Inspections:

1 # 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:
Representative Name: AEC Matt Rodgers

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. Pick	A25587		6:30	12:00	12:30	4:00	9	Andrew Pick
M. Stewart	A45997		7:30	12:00	12:30	4:00	8	Matt Stew
Chris Treglown	A36314		6:30	12:00	12:30	4:00	9	Chris Treglown
Alex Sweet	A45782		9:30	12:00	12:30	4:00	6	Alex Sweet

Safety Issues:

Asbestos Waste ✓			
~~Friable~~		~~Non-Friable~~	
22	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster — EME ✓ — Onsite

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: Andrew Pick

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S (M) T W T F S 9-21-15	Job #: 14-554B
Week Ending Date: 9-27-15	Job Name: Gleem Baxter
Truck #/Driver: 35 / Chris	(ACM) / Mold / Lead / Other
Work Area: 1707 1715	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Heat Shield			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

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: **Visual/Testing:**
Representative Name: AEC M&H Rodgers **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptak	A25587		6:30	12:00	12:30	4:30	9.5	Andrew Ptak
Martin Stewart	AH5497		7:30	—		11	3.5	Martin
Chris Treglown	A3C314		6:30	12:00	12:30	4:30	9.5	Chris Treglown

Safety Issues:

Asbestos Waste	✓		
~~Friable~~		~~Non-Friable~~	
22	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME | | Onsite

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: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M (T) W T F S 9-22-15	Job #: 14554B
Week Ending Date: 9-27-15	Job Name: Green Baxter
Truck #/Driver: 35/Chris	(ACM) / Mold / Lead / Other
Work Area: 1707	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

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 **Visual/Testing:**
Representative Name: Matt Rodgers **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Plaks	A25537		6:30	—		11:30	5	Andrew Plaks
M. Stewart	AY5497		9:00	—		11:30	2.5	M. Stewart
Chris Treglown	A3C314		6:30	—		11:30	5	Chris Treglown

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
10	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME ( ) Onsite

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: Andrew Plaks

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M T W T F S 9-23-15 | Job #: 14 5574B
Week Ending Date: 9-27-15 | Job Name: Green Baxter
Truck #/Driver: 35/Chris | ACM / Mold / Lead / Other
Work Area: 1745

Daily Construction Report

General Work Description:	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Hearth	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:	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	✓		

Set-up procedures conducted:	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:	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			

Clean-up activities:	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	✓		

Inspections:	Y	N	n/a
2 # of Neg. Air Machines			
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: **Visual/Testing:**
Representative Name: AEC Lance Hassell **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptak	A25587		6:30	✓		11:30	5	Andrew Ptak
M. Stewart	A43497		8:30	✓		11:30	3	M Stewart
Chris Treglown	A36314		6:30	✓		11:30	5	Chris Treglown

Safety Issues:

Asbestos Waste	~~Friable~~	~~Non-Friable~~
	10 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster ✓ EME | Onsite

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: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Daily Construction Report

Today's Date/Day: S M T W T F S 10-14-15	**Job #:** 14-554 B
Week Ending Date: 10-18-15	**Job Name:** Green Baxter
Truck #/Driver: 45 / Roger	ACM / Mold / Lead / Other
Work Area: 1705, 1707, 1713, 1715, 1719 1721, 1723 1745, 1743	

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

	Y	N	n/a
1 # of Neg. Air Machines			
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 **Visual/Testing:**
Representative Name: Lance Hassell **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Fink	A25587		6:30	12:00	12:30	4:00	9	
Roger Allen	A47932		6:30	12:00	12:30	4:00	9	
M. Stewart	A45497		8:30	12:00	12:30	3:30	6.5	

Safety Issues:

Asbestos Waste	✓		
~~Friable~~		~~Non-Friable~~	
15 Bags		Bags	
Drums		Drums	
Bundles		Bundles	

Dumpster X EME Onsite

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: Andrew Post

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M T W T F S 10-30-15	**Job #:** 14-554B
Week Ending Date: 11-1-15	**Job Name:** Green Baxter
Truck #/Driver: 42 / Ken	**ACM / Mold / Lead / Other**
Work Area: 1717 1709	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

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:
Representative Name: AEC Jeff Fox

Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	
M. Stewart	A45497		8:30	12:00	12:30	4:30	7	
Ken Wayland	A26616		6:30	12:00	12:30	4:30	9.5	

Safety Issues:

Asbestos Waste	~~Friable~~	~~Non-Friable~~
	23 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster ✓ EME ☐ Onsite

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: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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Today's Date/Day: S M T W T F S 11-2-15	**Job #:** 14-5543
Week Ending Date: 11-8-15	**Job Name:** Green Baxter
Truck #/Driver: 42 / Ken	**ACM** / Mold / Lead / Other
Work Area: 1741 1747	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

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:
Representative Name: AEC Jeff Fox

Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Pfahl	A25587		6:30	12:00	12:30	4:30	9.5	Stephen Pfahl
K. Woodland	A26616		6:30	12:00	12:30	4:30	9.5	Kenneth Woodland
M. Stewart	A45477		7:30	12:00	12:30	4:00	8	Mark Stewart

Safety Issues:

Asbestos Waste	✓		
~~Friable~~		~~ Non-Friable~~	
17 Bags		Bags	
Drums		Drums	
Bundles		Bundles	

Dumpster ✓ EME | Onsite

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: Stephen Pfahl

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

Today's Date/Day: S M T W T F S 11-3-15
Job #: 14-554B
Week Ending Date: 11-8-15
Job Name: Green Baxter
Truck #/Driver: 42/Ken
(ACM) / Mold / Lead / Other
Work Area: 1739

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	/		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	/		

The type of abatement conducted:

	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	/		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	/		

Inspections:

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:
Representative Name:
Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptak	A25587		6:30	12:30			6	Andrew Ptak
Ken Wayland	A26616		6:30	12:30			6	Ken Wayland
M. Stewart	A45447		7:30	12:30			5	M. Stewart

Safety Issues:

Asbestos Waste ✓	~~Friable~~	~~Non-Friable~~
	13 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster / EME / Onsite

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: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M T W T F S 12-2-15	Job #: 14 554B
Week Ending Date: 12-6-15	Job Name: Green Baxter
Truck #/Driver: 34/Danny Ho	ACM / Mold / Lead / Other
Work Area: 1701 1703	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	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	✓		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	✓		

Inspections:

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:
Representative Name: AEC Lance Hassell

Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:00	12:00	12:30	4:00	9	
Danny Carvalho	A39256	W	6:30	12:00	12:30	4:00	9	
M. Stewart	A45497		7:30	12:00	12:30	3:30	7.5	

Safety Issues:

Asbestos Waste ✓	~~Friable~~	~~ Non-Friable~~
	14 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster | | EME | | Onsite

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:

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

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

Today's Date/Day: S M T W (T) F S 12-3-15	**Job #:** 14 5543
Week Ending Date: 12-6-15	**Job Name:** Green Baylor
Truck #/Driver: 34 / Danny H	**ACM** / Mold / Lead / Other
Work Area: 1711 1737	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	–		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	–		

The type of abatement conducted:

	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	–		

Set-up procedures conducted:

	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:

	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			

Clean-up activities:

	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	–		

Inspections:

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:
Representative Name: AEC Lance Hassell

Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	
D. Carvalho	A39856	W	6:30	12:00	12:30	4:30	9.5	
M. Stewart	A45497		7:30	12:00	12:30	4:30	8	

Safety Issues:

Asbestos Waste	~~Friable~~		~~Non-Friable~~	
	16	Bags		Bags
		Drums		Drums
		Bundles		Bundles

Dumpster / EME Onsite

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:

Certification No. 6021
08.08.15

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Roger Ted Allen III
SS# :

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Abatement Worker

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

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

Examination Date: August 21, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: August 17-21, 2015 Monday-Friday
EXPIRATION DATE: August 21, 2016

EPA REG. V #515 Sponsor/Instructor

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

Asbestos Contractor/Supervisor

Roger T. Allen, III

Accreditation Number
A47932

Expiration Date
09/15/2016

DOB:

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

Accreditation card is not valid if altered

118669

Certification No. 7805
0.02.02.15

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Danny Carvalho
SS#:

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

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

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

Examination Date: February 20, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: February 20, 2015 Friday
EXPIRATION DATE: February 20, 2016

EPA REG. V #515 Sponsor / Instru

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

Asbestos Contractor/Supervisor

Danny Carvalho

Accreditation Number
A39856

Expiration Date
04/05/2016

DOB:

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

Accreditation card is not valid if altered.

115466

Certification No. 9213
0.06.06.15

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Andrew Anthony Ptak
SS#

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

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

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

Examination Date: June 05, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: June 01-05, 2015 Monday-Friday
EXPIRATION DATE: June 05, 2016

EPA REG. V #515 Sponsor/Instructor

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

Asbestos Contractor/Supervisor

Andrew A. Ptak

Accreditation Number
A25587

Expiration Date
06/16/2016

DOB:

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

Accreditation card is not valid if altered

117387

Certification No. 2572
0.03.03.15

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Martin Stewart
SS#

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

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

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

Examination Date: March 23, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: March 23, 2015 Monday
EXPIRATION DATE: March 23, 2016

EPA REG. V #515 Sponsor / Instruc[redacted]

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

Asbestos Contractor/Supervisor

Martin P. Stewart

Accreditation Number
A45497

Expiration Date
04/02/2016

DOB:[redacted]

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.

115797

Certification No. 1399
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Alexander William Sweet

SS:

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

Asbestos Contractor/Supervisor

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

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

Examination Date: April 28, 2015, Tuesday

Score: > 70%

Course Date: April 28, 2015, Tuesday

Expiration Date: April 28, 2016

Marsha Saine

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

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

Asbestos Contractor/Supervisor

Alexander W. Sweet

Accreditation Number
A45792

Expiration Date
05/29/2016

DOB:

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

Accreditation card is not valid if altered

116465

Certification No. 8137
12.11.15

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Christopher Daniel Treglown
SS:

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

Asbestos Abatement Worker

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

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

Examination Date: December 11, 2015, Friday
Score: > 70%
Course Date: December 11, 2015, Friday
Expiration Date: December 11, 2016

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

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

Asbestos Abatement Worker

Christopher D. Treglown

Accreditation Number
A36314

Expiration Date
01/29/2016

DOB:

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

Accreditation card is not valid if altered.

114126

Certification No. 5484
09.09.15

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Kenneth D. Wayland
SS#

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

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

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

Examination Date: September 28, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: September 28, 2015 Monday
EXPIRATION DATE: September 28, 2016

EPA REG. V #515 Sponsor/Instructor

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

Asbestos Contractor/Supervisor

Kenneth D. Wayland

Accreditation Number
A26616

Expiration Date
02/23/2016

DOB:

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

Accreditation card is not valid if altered

115094

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554 A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:
River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name
Robert Nickoloff
Contact Telephone #
(313) 749-7692

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

Operator's Address:
25851 Trowbridge
Inkster, MI 48141

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

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

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

Disposal Site Telephone #:
(734) 654-0001

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

5) **Description of Materials:**

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

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	51	Bags	
⇨ Non-Friable Asbestos			
⇨ 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:	**Date:** 7-1-15

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

Name: Environmental Maintenance Engineers, Inc.	
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:** (313) 791-2600
⇨ **Printed/Typed Name:** A Pfalk	**Title:** Supervisor
⇨ **Signature:**	⇨ **Date:** 7-1-15

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

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

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

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554 A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**

Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:

River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name

Robert Nickoloff

Contact Telephone #

(313) 749-7692

2) **Operator's Name:**

Environmental Maintenance Engineers, Inc.

Operator's Address:

25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #:

(313) 791-2600

3) **Waste Disposal Site (WDS) Name:**

Carleton Farms Landfill

Waste Disposal Mailing Address:

28800 Clark Rd.
New Boston, MI 48164

Disposal Site Telephone #:

(734) 654-0001

4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) **Description of Materials:**

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

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	4	bags	
⇨ Non-Friable Asbestos			
⇨ 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:	**Date:** 7-1-15

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

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:**	**Title:**	Supervisor
⇨ **Signature:** ⇨	**Date:**	7-1-15

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

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	**Phone Number:**	(734) 216-8240
Printed/Typed Name:	**Title:**	Driver
Signature:	**Date:**	7-8-15

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

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**

Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:

River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name

Robert Nickoloff

Contact Telephone #

(313) 749-7692

2) **Operator's Name:**

Environmental Maintenance Engineers, Inc.

Operator's Address:

25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #:

(313) 791-2600

3) **Waste Disposal Site (WDS) Name:**

Carleton Farms Landfill

Waste Disposal Mailing Address:

28800 Clark Rd.
New Boston, MI 48164

Disposal Site Telephone #:

(734) 654-0001

4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) **Description of Materials:**

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

6) **Containers:**

	# of Containers:	**Type of Containers (drums, bags, etc)**	**Total Qty. (cu ft., cu yds., lbs., tons):**
⇨ Friable Asbestos	42	Bag 3	
⇨ Non-Friable Asbestos			
⇨ 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:	**Date:** 9-23-15

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

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Pugh	**Title:**	Supervisor
⇨ **Signature:** Andrew Pugh ⇨	**Date:**	9-23-15

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

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

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

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:
River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name
Robert Nickoloff

Contact Telephone #
(313) 749-7692

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

Operator's Address:
25851 Trowbridge
Inkster, MI 48141

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

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

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

Disposal Site Telephone #:
(734) 654-0001

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

5) **Description of Materials:**

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

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	42	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

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

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

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 9-23-15

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

Name:	Environmental Maintenance Engineers, Inc.		
Address:	25851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600
⇨ Printed/Typed Name:	Andrew Stahl	Title:	Supervisor
⇨ Signature:	Andrew Stahl	⇨ Date:	9-23-15

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

Name:	Republic Services - Wayne		
Address:	5400 Cogswell, Wayne, MI 48184	Phone Number:	(734) 216-8240
Printed/Typed Name:	Charles A Phillips	Title:	Driver
Signature:		Date:	10-6-15

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

Printed/Typed Name:	Megan Stutts	Title:	WM Scale
Signature:		Date:	10/6

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:

River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name

Robert Nickoloff

Contact Telephone #

(313) 749-7692

2) Operator's Name:

Environmental Maintenance Engineers, Inc.

Operator's Address:

25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #:

(313) 791-2600

3) Waste Disposal Site (WDS) Name:

Carleton Farms Landfill

Waste Disposal Mailing Address:

28800 Clark Rd.
New Boston, MI 48164

Disposal Site Telephone #:

(734) 654-0001

4) Responsible Agency:

Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) Description of Materials:

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

6) Containers:

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	15	Bags	
⇨ Non-Friable Asbestos			
⇨ 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:	**Date:** 10-14-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Pink	**Title:**	Supervisor
⇨ **Signature:**	⇨ **Date:**	10-14-15

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

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

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

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:
River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name
Robert Nickoloff

Contact Telephone #
(313) 749-7692

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

Operator's Address:
25851 Trowbridge
Inkster, MI 48141

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

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

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

Disposal Site Telephone #:
(734) 654-0001

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

5) **Description of Materials:**

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

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	15	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

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

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

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 10-14-15

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

Name: Environmental Maintenance Engineers, Inc.	
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600
⇨ Printed/Typed Name: Andrew Pink	Title: Supervisor
⇨ Signature:	⇨ Date: 10-14-15

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

Name: Republic Services - Wayne	
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240
Printed/Typed Name: TERRENCE ERVING	Title: Driver
Signature:	Date: 10-28-15

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

Printed/Typed Name:	Title:
Signature:	Date: 10-28-15

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

Green Baxter
1737 Green Road
Ann Arbor, MI 48103

Owner's Name:

River Run Ann Arbor Limited Divd Housing A
2702 Hikone
Ann Arbor, MI 48103

Contact Name

Robert Nickoloff

Contact Telephone #

(313) 749-7692

2) Operator's Name:

Environmental Maintenance Engineers, Inc.

Operator's Address:

25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #:

(313) 791-2600

3) Waste Disposal Site (WDS) Name:

Carleton Farms Landfill

Waste Disposal Mailing Address:

28800 Clark Rd.
New Boston, MI 48164

Disposal Site Telephone #:

(734) 654-0001

4) Responsible Agency:

Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) Description of Materials:

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

6) Containers:

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	53	Bags	
⇨ Non-Friable Asbestos			
⇨ 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:	**Date:** 11-3-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Pfeil	**Title:**	Supervisor
⇨ **Signature:** Andrew Pfeil ⇨	**Date:**	11-3-15

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

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

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

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554B

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Ann Arbor, MI 48103

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Contact Name

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Contact Telephone #

(313) 749-7692

2) **Operator's Name:**

Environmental Maintenance Engineers, Inc.

Operator's Address:

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Inkster, MI 48141

Operator's Telephone #:

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3) **Waste Disposal Site (WDS) Name:**

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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):
⇨ Friable Asbestos	53	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**

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Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 11-3-15

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

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Pfeil	**Title:**	Supervisor
⇨ **Signature:** Andrew Pfeil ⇨	**Date:**	11-3-15

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

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	**Phone Number:**	(734) 216-8240
Printed/Typed Name: TERRENCE ERVING	**Title:**	Driver
Signature: Terrence Erving	**Date:**	11-16-15

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

Printed/Typed Name: Wayne Stuntz	**Title:** Scale
Signature:	**Date:** 11/16

Michigan Department of Natural Resources
Air Quality Division

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Internal Job #: 14-554 B

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Contact Name
Robert Nickoloff

Contact Telephone #
(313) 749-7692

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

Operator's Address:
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Inkster, MI 48141

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

3) **Waste Disposal Site (WDS) Name:**
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Waste Disposal Mailing Address:
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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):
⇨ Friable Asbestos	31	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
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Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 12-2-15

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

Name: Environmental Maintenance Engineers, Inc.			
Address: 25851 Trowbridge, Inkster, MI 48141		**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** A Pugh		**Title:**	Supervisor
⇨ **Signature:**	⇨	**Date:**	12-3-15

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

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

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

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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Contact Name
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Contact Telephone #
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Disposal Site Telephone #:
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4) **Responsible Agency:**
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5) **Description of Materials:**

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Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 12-2-15

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

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600
⇨ Printed/Typed Name: A Ptak	Title:	Supervisor
⇨ Signature:	⇨ Date:	12-3-15

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

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number:	(734) 216-8240
Printed/Typed Name: Patrick Anglish	Title:	Driver
Signature:	Date:	12-22-15

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

Printed/Typed Name:	Title:
Signature:	Date: