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

LETTER OF RELIANCE

February 29, 2016

PRIVILEGED AND CONFIDENTIAL

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

RE: Asbestos Abatement Closeout Report:

River Run- Baker Commons, Report N100-0008, Report Date 02/29/2016

Dear Mr. Lince:

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

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

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

Sincerely,
Environmental Consulting Solutions, LLC

Andrew J. Foerg, CPG
President

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

February 29, 2016

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

Re: Revised Asbestos Abatement Closeout Report – Baker Commons
106 Packard, Ann Arbor, Michigan
ECS Project N100-0008

Dear Ms. Harris:

Environmental Consulting Solutions, LLC (ECS) is pleased to submit this revised Asbestos Abatement Closeout Report for Baker Commons in Ann Arbor, Michigan. The asbestos abatement work took place from November 11, 2014 through March 30, 2015.

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

- Sinks with ACM glazing/undercoating throughout the building
- Floor Tile in the elevator

The project plans/specifications called for removal of all of the sinks and the floor tile in the elevator.

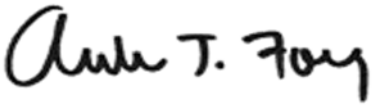
ECS contracted American Environmental Consultants (AEC) to perform asbestos abatement oversight and air monitoring. Asbestos abatement activities were conducted by Environmental Maintenance Engineers (EME) under contract to Norstar Building Corporation.

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

ECS reviewed the documents and concludes that all identified ACMs were abated in accordance with project plans/specifications and applicable regulations. AEC concluded "All clearance samples were below the applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy". No further assessment or abatement is recommended.

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 48076

AT

BAKER COMMONS
106 PACKARD
ANN ARBOR, MI 48104

PREPARED BY:

AMERICAN
ENVIRONMENTAL
CONSULTANTS, LLC

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

PROJECT NUMBER
1478-15004

Table of Contents

Table of Contents

Introduction

Sampling Types

Sampling Equipment

Analytical Methods

Regulatory Standards

Results

Conclusion

Limitations

Appendix A- Air Sampling Sheets

Appendix B- Daily Paperwork

Introduction

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at Baker Commons located at 106 Packard, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from November 11, 2014 through March 30, 2015.

AEC representatives Matt Rodgers 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 of sinks with asbestos glaze on various dates. 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:**	Baker Commons	**Project Number:**	1478-15004	**Sample Date:**	11/11/2014
City / State / Zip:	Royal Oak, MI 48076	**Project Location:**	106 Packard	**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:**	ECS

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	IWA	North End of 5th Floor Hall	CL	8	100	10	12.7	10.00	10.00	10.00	1206	1406	120	1200.00	0.0041	< 0.0041
	4	IWA	South End of 5th Floor Hall	CL	7	100	10	12.7	10.00	10.00	10.00	1207	1407	120	1200.00	0.0041	< 0.0041
	5	IWA	Near Elevator 5th Floor	CL	7	100	10	12.7	10.00	10.00	10.00	1207	1407	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount												
4	4	<<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:**	Baker Commons	**Project Number:**	1478-15004	**Sample Date:**	11/14/2014
City / State / Zip:	Royal Oak, MI 48076	**Project Location:**	106 Packard	**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:**	ECS

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	IWA	North Hall 4th Floor	CL	11	100	11	14.0	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0045
	4	IWA	South Hall 4th Floor	CL	10	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	5	IWA	Elevator Lobby 4th Floor	CL	10	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount													
5	4	<<Enter Sample Number Here	9.5	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:	Environmental Consulting Solutions	**Project Name:**	Baker Commons	**Project Number:**	1478-15004	**Sample Date:**	1/13/2015
City / State / Zip:	Royal Oak, MI 48076	**Project Location:**	106 Packard	**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:**	ECS

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	IWA	North Hall 3th Floor	CL	8	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	4	IWA	South Hall 3th Floor	CL	8.5	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	5	IWA	Elevator Lobby 3rd Floor	CL	7	100	10	12.7	10.00	10.00	10.00	1214	1414	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount												
5	4	<<Enter Sample Number Here	8.5	100	10	12.7		10.00		1214	120.00	0.0408	< 0.0408

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Environmental Consulting Solutions	**Project Name:**	Baker Commons	**Project Number:**	1478-15004	**Sample Date:**	2/18/2015
City / State / Zip:	Royal Oak, MI 48076	**Project Location:**	106 Packard	**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:**	ECS

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	IWA	North Hall 2nd Floor	CL	9	100	10	12.7	10.00	10.00	10.00	1330	1530	120	1200.00	0.0041	< 0.0041
	4	IWA	South Hall 2nd Floor	CL	7	100	10	12.7	10.00	10.00	10.00	1330	1530	120	1200.00	0.0041	< 0.0041
	5	IWA	Elevator Lobby 2nd Floor	CL	8.5	100	10	12.7	10.00	10.00	10.00	1330	1530	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount												
5	4	<<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:	Environmental Consulting Solutions	**Project Name:**	Baker Commons	**Project Number:**	1478-15004	**Sample Date:**	3/30/2015
City / State / Zip:	Royal oak, MI 48076	**Project Location:**	106 Packard	**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:**	ECS

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	IWA	North End of 1st Flor Hall	CL	6	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	4	IWA	South End of 1st Floor Hall	CL	8	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount														
4	4	<<Enter Sample Number Here	8	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: Lance Hassell

Project Manager Signature

Appendix B

Daily Paperwork

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/11/14 Start Time: 1200 AEC Representative: Matt Rodgers

Site Name: Baker Commons

Site's Full Address: 106 Packard Ann Arbor, MI

Work Areas (Be Specific): 5th FL - Kitchens

Contaminant(s) of Concern: Asbestos - Sink Glazing

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Matt Cheney

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

Scope of work

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

Work area

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

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

Set up: ☒ 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: 11/11/14

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:
Sink Glaze	5TH FL - Kitchens	12 Sinks

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

If no, please explain_____

Date: 11/11/14

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:_____

N/A

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: 11/11/14

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: N/A

Consultant activities

Contaminant(s): ACM - Sink Glaze.

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)
- [ ] 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: 11/11/14

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:
Matt Cheney	

Date:_____

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

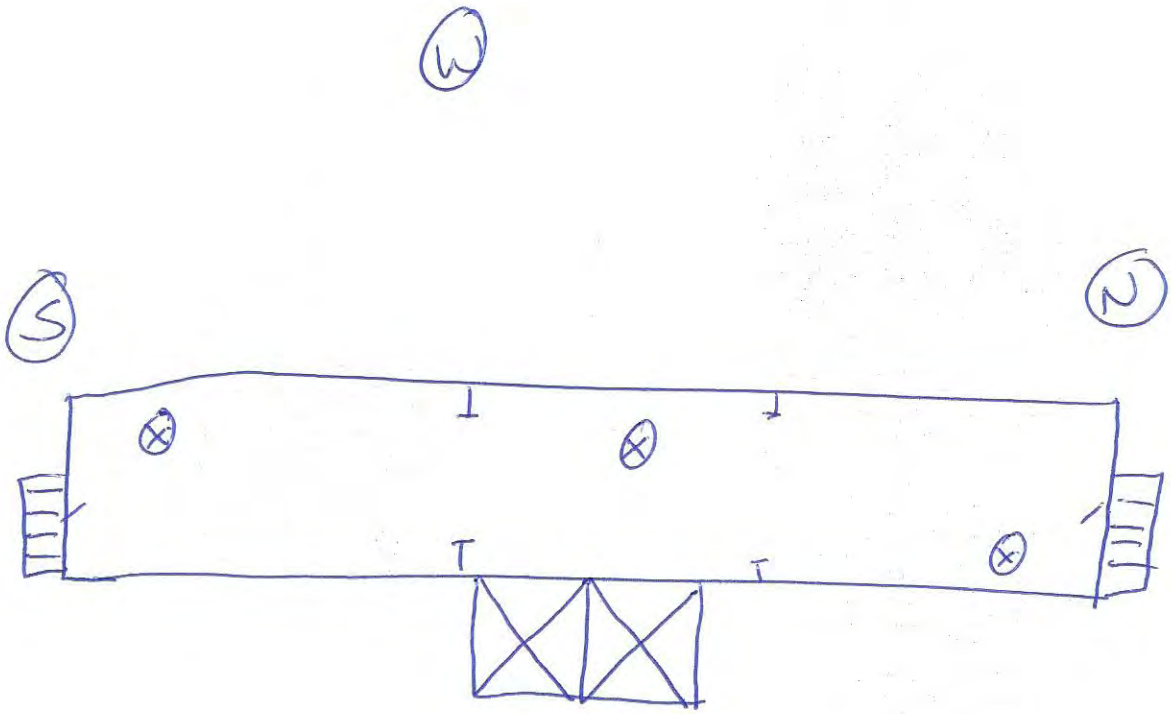
This section is reserved for any additional comments by the reviewer:_____

Technical Review By: Jeff Fox
Printed Name

Signature

4/10/15
Date

AEC Site Map



106 PACKARD
Ann Arbor, MI

NOT to SCALE

11/11/15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/14/14 Start Time: 1200 AEC Representative: M. Rodgers

Site Name: BAKER Commons

Site's Full Address: 106 PACKARD Ann Arbor, MI

Work Areas (Be Specific): 4th Floor

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: MATT Cheney

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

Scope of work

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

Work area

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

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

Set up:

☒ 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: 11/14/14

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:
ASBESTOS	Sink Glaze	100 SF Appx

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

If no, please explain_____

Date: 11/14/14

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: 11/14/14

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] 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: _____

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
- [ ] 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)
- [ ] 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: 11/14/14

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

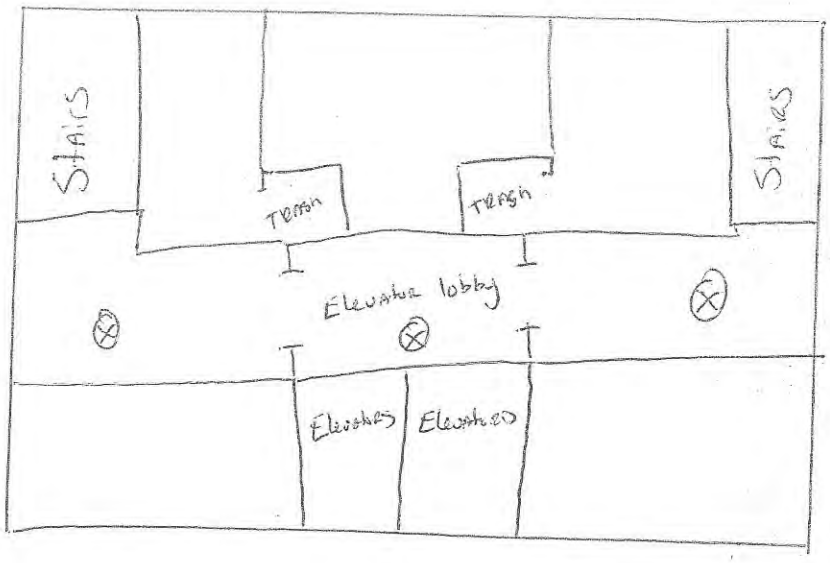
- ☒ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Matt Cheney	

AEC Site Map

⊗ = Sample location



4th Floor

Baker Commons
106 Packard
Ann Arbor, MI

Not to Scale

11/14/14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 1/13/15 Start Time: 1200 AEC Representative: M. Rodgers

Site Name: Baker Commons

Site's Full Address: 106 Packard Ann Arbor, MI

Work Areas (Be Specific): 3rd Floor

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Matt Cheney

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

Scope of work

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

Work area

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

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

Set up:

☒ 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: 1/13/15

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:
ASBESTOS	SINK GLAZE	100 SF Aprox

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

If no, please explain_____

Date: 1/13/15

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

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

Clean up/close out activities

☐			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: 1/13/15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [x] Shoes
- [x] Safety glasses
- [ ] Other: _____
- [ ] 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): 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
- [ ] 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)
- [ ] 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
- [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: 1/13/15

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:
Matt Cheney	

Date: 1/13/15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

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

Submitted By: M. Rodgers
Printed Name

Signature

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

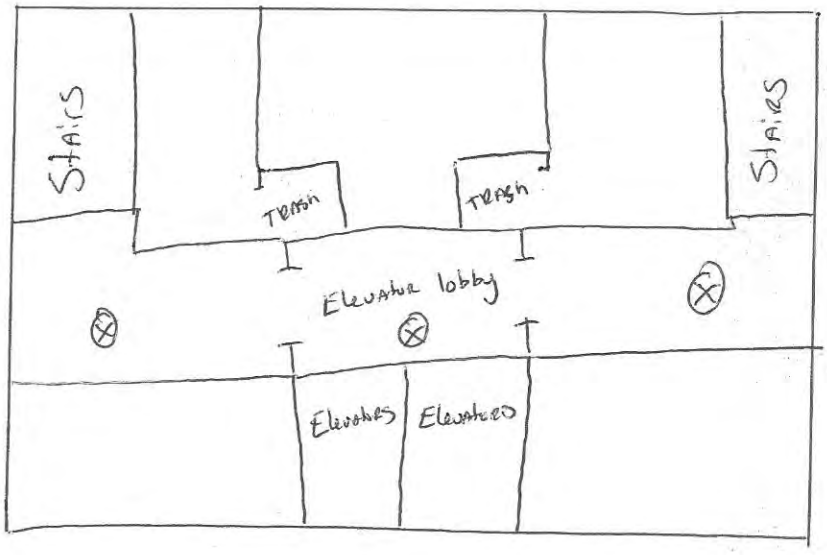
Technical Review By: JOF FOX
Printed Name

Signature

4/10/15
Date

AEC Site Map

⊗ = Sample location



3rd Floor

Baker Commons
106 Packard
Ann Arbor, MI

Not to Scale

1/13/15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 2-18-15 Start Time: 1330 AEC Representative: M. Rodgers

Site Name: Baker Commons

Site's Full Address: 106 Packard Ann Arbor, MI

Work Areas (Be Specific): 2nd Floor all units (kitchens)

1 out of the 12 units did not have a sink.

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: 2-18-15

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:

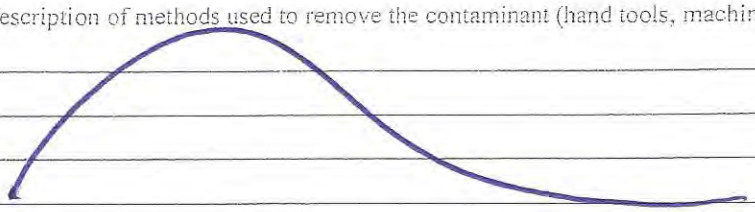
Contaminant:	Location:	Quantity:
ACM	Sink Glaze.	~~60~~ 60

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

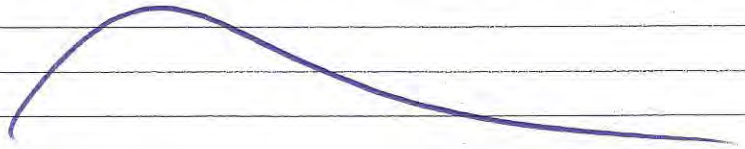
If no, please explain_____

Date: 2-18-15

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: 2-18-15

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 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):

_____

_____

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: 2-18-15

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	A-25587
Chris Heglown	A-36314

Date: 2-18-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Submitted By: M. Rodgers
Printed Name

_____
Signature

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

_____

_____

_____

_____

_____

_____

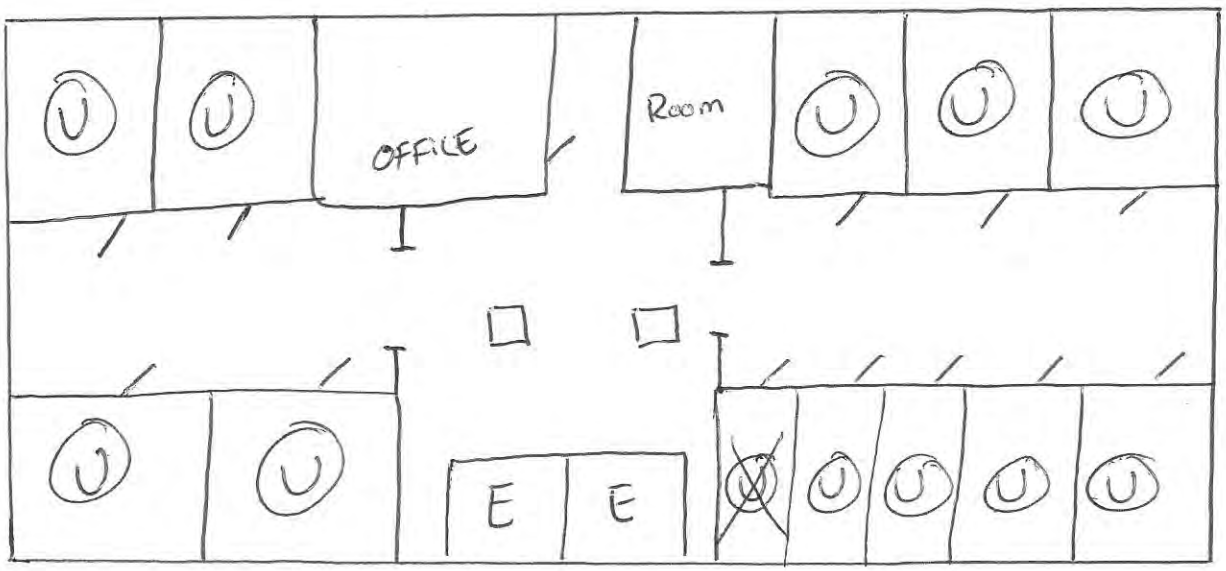
Technical Review By: Jeff Fox
Printed Name

_____
Signature

4/10/15
Date

(U) = unit ABATED

(U) = unit DID NOT HAVE A SINK



BAKER COMMONS
106 PACKARD
ANN ARBOR, MI.

NOT TO SCALE.

2-18-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 3/30/15 Start Time: 11:00 AEC Representative: Hassell

Site Name: Baker Commons - 1st Floor

Site's Full Address: 106 Packard St, Ann Arbor, MI

Work Areas (Be Specific): 1st Floor - main Hall

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: 3/30/15

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:

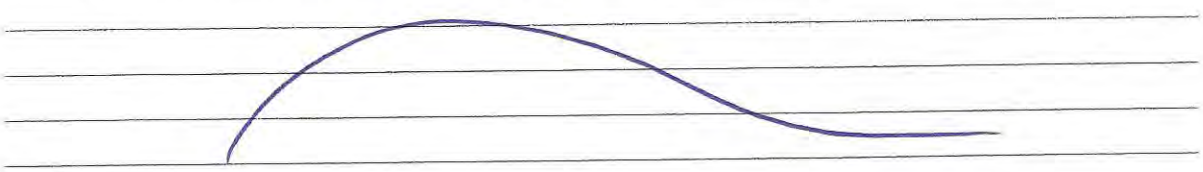
Contaminant:	Location:	Quantity:
Sink Glaze	Kitchens	

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

If no, please explain Not disturbed, just Bagged and sealed.

Date: 3/30/15

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



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

Clean up/close out activities

☑			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: 3/30/13

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): Sink glaze

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)
- [ ] 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

N/A

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

If no, please explain _____

_____

Date: 3/30/15

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.	
Tim Highland	

Date: 3/30/15

Onsite visit of government officials

☑ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

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

Submitted By: Lance Hassell
Printed Name

Signature

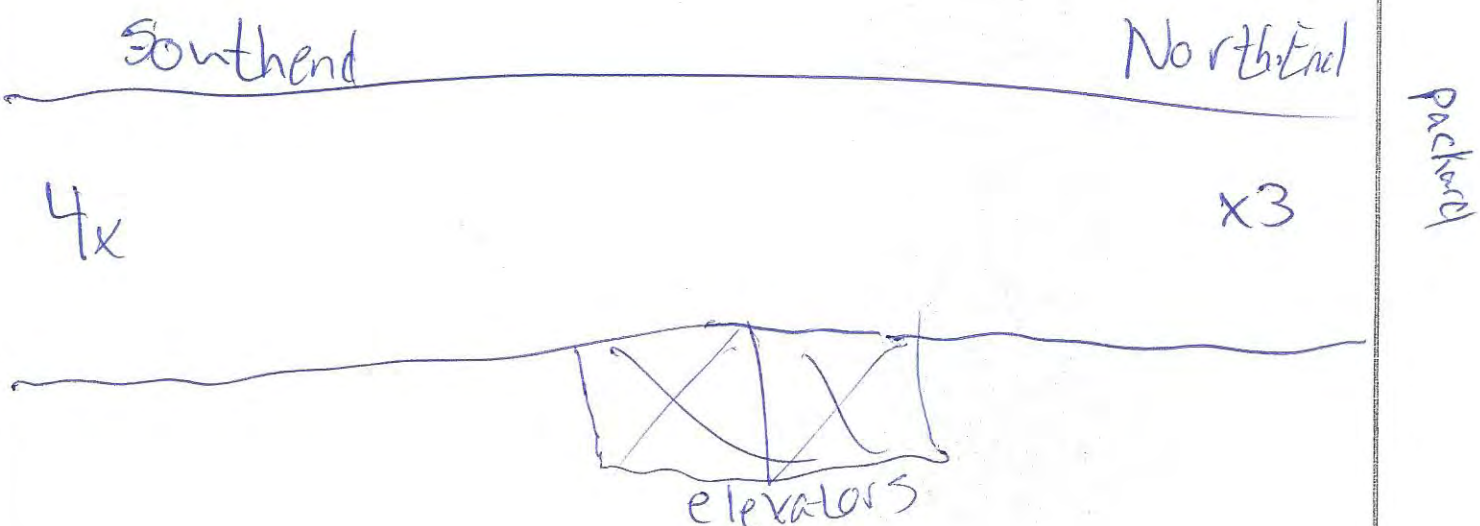
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fisk
Printed Name

Signature

7/10/15
Date

AEC Site Map



x - Pumps

Not to Scale

EME	Baker Commons	3/30/15
Andrew Peak	106 Packard, Ann Arbor, MI	Lance Hassell

AIR MONITORING REPORT

FOR

Environmental Consulting Solutions
523 W Sunnybrook Dr.
Royal Oak, MI 48076

AT

Baker Commons
106 Packard
Ann Arbor, MI 48104

Prepared by:

American
Environmental
Consultants, LLC

12838 Gavel
Detroit, Michigan 48227
Office: 313-491-2600
Fax: 313-491-2601

Project Number
1478-15004

Table of Contents

Table of Contents

Introduction

Sampling Types

Sampling Equipment

Analytical Methods

Regulatory Standards

Results

Conclusion

Limitations

Appendix A- Air Sampling Sheets

Appendix B- Daily Paperwork

Introduction

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at Baker Commons located at 106 Packard, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place on April 22, 2015.

AEC representatives Lance Hassell was 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 of floor tile in the service elevator. 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:**	Baker Commons	**Project Number:**	1478-15004	**Sample Date:**	4/22/2015
City / State / Zip:	Royal Oak, MI 48076	**Project Location:**	106 Packard	**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	IWA	Service Elevator	CL	10	100	10	12.7	12.00	12.00	12.00	1020	1200	100	1200.00	0.0041	< 0.0041
	4	IWA	Service Elevator	CL	10	100	10	12.7	12.00	12.00	12.00	1020	1200	100	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount													
4	4	<<Enter Sample Number Here	10	100	10	12.7		12.00		100	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: Lance Hassell

Project Manager Signature

Appendix B

Daily Paperwork

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 4/22/15 Start Time: 10:00 AEC Representative: Hassell

Site Name: Baker Commons - Service Elevator

Site's Full Address: _____

Work Areas (Be Specific): Service Elevator

_____

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 _____ N/A

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: 4/22/15

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:

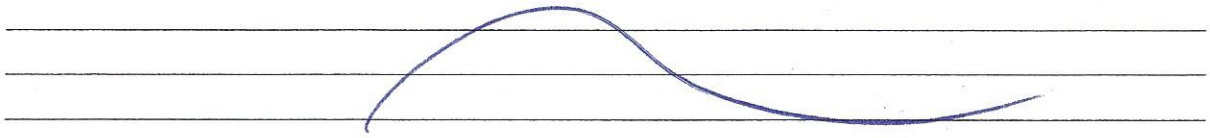
Contaminant:	Location:	Quantity:
Floor Tile	Elevator	30 SF

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

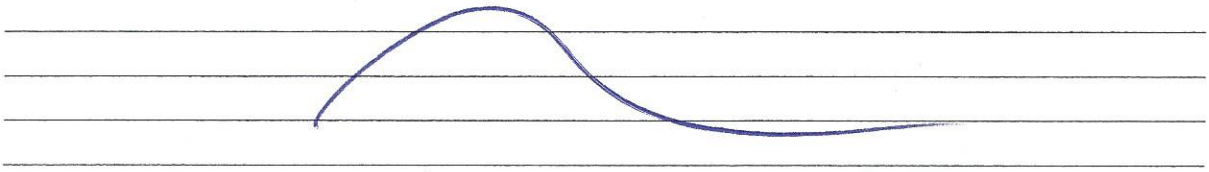
If no, please explain_____

Date: 4/22/15

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: 4/22/15

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): ACM Floor Tile

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)
- [ ] 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: 4/22/15

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	
Anthony Conky	

Date: 4/22/15

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.

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

Submitted By: Lance Hassell
Printed Name

James Hassell
Signature

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

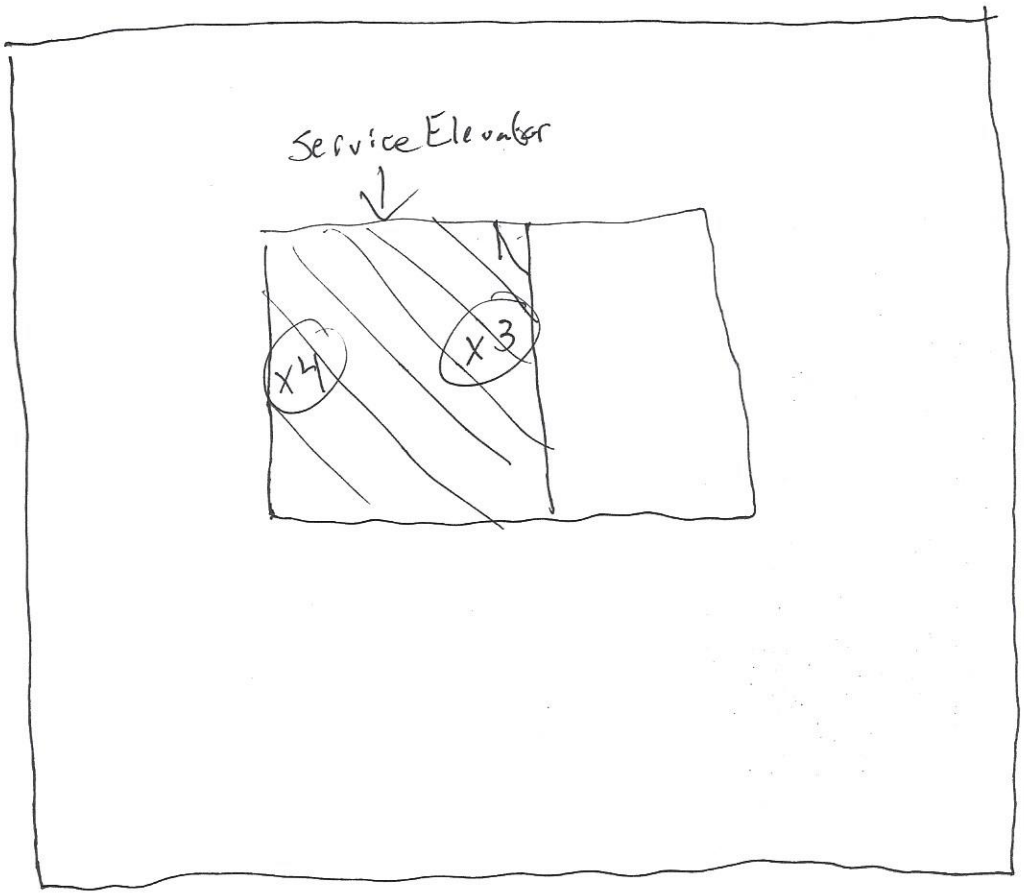
Technical Review By: Jeff Fox
Printed Name

Signature

5/30/15
Date

AEC Site Map

Basement



- ACM Removal

X - Pumps

Not to scale

Ngrstar Mark	EME Andrew Ptak	Baker Commons 106 Packard Ann Arbor, MI	4/22/15 Lance Hassell

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS

ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.

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

April 16, 2015

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

RE: AAHC-River Run Project – Baker Common
November 11 & November 14, 2014, January 13, February 19 & March 27, 2015
Asbestos Abatement Closeout Documents
EME Job #: 14-554A

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
- Daily Construction Reports
- Employee Paperwork
- Waste Manifests

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

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures

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

Contractor Number
C2684

Expiration Date
12/08/2015

State of Michigan

Department of Licensing and Regulatory Affairs

MM
11-18-14

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

113652

1801

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): 10/21/2014

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, Inc.
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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Westchester Surplus Lines	10172
INSURER B: Travelers Indemnity Co of CT	25682
INSURER C: LM Insurance Corporation	33600
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Environmental Maintenance Engineers, Inc.
25851 Trowbridge

Inkster MI 48141

COVERAGES **CERTIFICATE NUMBER:** 14-15 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractor's Pollution X Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT LOC	X		G27138470001	10/1/2014	10/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			BA0135C519	10/1/2014	10/1/2015	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	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			G27140476001	10/1/2014	10/1/2015	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5348542329013	10/1/2014	10/1/2015	X WC STATU-TORY LIMITS 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			G27138470001	10/1/2014	10/1/2015	Limit	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: River Run, Ann Arbor, MI
Where required by written contract: Insurance afforded to the Additional Insured shall be primary & not excess over or contributing with any insurance purchased or maintained by the Additional Insured. River Run Ann Arbor Limited Dividend Housing Association Limited Partnership, 727 Miller Avenue, Ann Arbor, MI 48103; River Run Ann Arbor, LLC, 727 Miller Avenue, Ann Arbor, MI 48103; Norstar River Run, Inc., 733 Broadway, Albany, NY 12207; Ann Arbor Housing Commission, 727 Miller Avenue, Ann Arbor, MI 48103; Ann Arbor Housing Development Corporation, 727 Miller Avenue, Ann Arbor, MI 48103; Norstar Development USA,

CERTIFICATE HOLDER
Norstar Building Corp.
22190 Garrison St., Suite 101
Dearborn, MI 48124

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/DMS

COMMENTS/REMARKS

L.P., 733 Broadway, Albany, NY 12207; Norstar Building Corporation, 22190 Garrison St., Suite 101, Dearborn, MI 48124; RSEP Holding, LLC, its successors and/or assigns, 200 Public Square, Suite 2050, Cleveland, OH 44114; Red Stone Equity Manager, LLC, its successors and/or assigns, 200 Public Square, Suite 2050, Cleveland, OH 44114; JPMorgan Chase Bank, N.A., any and all subsidiaries, ISAOA ATIMA, Commercial Real Estate Loan Administration, 700 North Pearl Street, 13th Floor, Department TX1-2625, Dallas, TX 75201; Capital Fund Investment Corporation, c/o Great Lakes Capital Fund, 1118 S. Washington Avenue, Lansing, MI 48910; The City of Ann Arbor, 301 E. Huron Street, PO Box 8647, Ann Arbor, MI 48107 are Additional Insured on the General Liability policy with respect to liability arising out of ongoing & completed operations performed by Named Insured on named project. Waiver of Subrogation applies to the Automobile and General Liability policies in favor of the Additional Insured(s).

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 11-11-14	Job #: 14-554A
Week Ending Date: 11-17-14	Job Name: Nokstor Bldg
Truck #/Driver: 93 Mahony	(ACM) / Mold / Lead / Other
Work Area: 5th Floor - Baker - 106 Packard Ann Arbor	

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 Sinks	X		

The type of abatement conducted:

	Y	N	n/a
Removal	X		
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	X		
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	X		
Electric GFCI's/Temp. Panel	X		
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	X		
Half-Face/Full-Face/PAPR's	X		
Disposable Suits	X		
Steel Toe/Rubber Boots	X		
Gloves Rubber/Cotton	X		
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	X		
Load Out Activities	X		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	X		
All Equip./Tools Cleaned	X		
Final Lockdown			
Work Area Teardown	X		
Final Worksite Walk-Thru	X		

Inspections:

____ # of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound	X		
DECON/Shower Inspection			
Employee PPE Used	X		
Electrical Safety In Place	X		
OSHA Inspection Site Review			
Consultant/EME Monitoring	X		
Consultant/Supervisor Visual	X		
Personnel Decontaminated	X		
Work Area Inspected/Secure	X		

Consultant Firm: Alc **Visual/Testing:** Air clearance
Representative Name: Matt **Accreditation Number:**
Comments: Meeting with Mark Eden - removed all signs on 5th floor

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Matt Cherry	A-22225	S	1000	—		1130	1.5	Matt Cherry

Safety Issues: ____

Asbestos Waste ✓

~~Friable~~		~~Non-Friable~~	
	Bags	14	Bags
	Drums		Drums
	Bundles		Bundles

Dumpster X EME ____ Onsite

Status of Job

X **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: Matt Cherry

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 11-14-14	**Job #:** 14-554A
Week Ending Date: 11-17-14	**Job Name:** BAKER Com - Norstar
Truck #/Driver: 34 - mchey	ACM / Mold / Lead / Other
Work Area: Ypsilanti - 106 Packard Ann Arbor	

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 SWS	X		

The type of abatement conducted:

	Y	N	n/a
Removal	X		
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	X		
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	X		
Electric GFCI's/Temp. Panel	X		
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	X		
Half-Face/Full-Face/PAPR's	X		
Disposable Suits	X		
Steel Toe/Rubber Boots	X		
Gloves Rubber/Cotton	X		
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	X		
Load Out Activities	X		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	X		
All Equip./Tools Cleaned	X		
Final Lockdown			
Work Area Teardown	X		
Final Worksite Walk-Thru	X		

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound	X		
	DECON/Shower Inspection			
	Employee PPE Used	X		
	Electrical Safety In Place	X		
	OSHA Inspection Site Review			
	Consultant/EME Monitoring	X		
	Consultant/Supervisor Visual	X		
	Personnel Decontaminated	X		
	Work Area Inspected/Secure	X		

Consultant Firm: ACC
Representative Name: Lance
Visual/Testing: Air samples / clearance
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Matt Chney	A.22225	5	1100	—		1230	1.5	

Safety Issues:

Asbestos Waste ✓				Dumpster	X	EME		Onsite
~~Friable~~		~~Non-Friable~~		**Status of Job**				
	Bags	14	Bags	X	**Project On-going** - someone to return			
	Drums		Drums		*Note:*			
	Bundles		Bundles		**Complete** - no one will need to return			

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

Signature:

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 1-13-15	Job #: 14-554A
Week Ending Date: 1-18-15	Job Name: AAHC
Truck #/Driver: New 3-axle Van - Mahony	(ACM) / Mold / Lead / Other
Work Area: Baker Commons - 3rd Floor	

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 Sinks	X		

The type of abatement conducted:

	Y	N	n/a
Removal	X		
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	X		
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops	X		
Portable/Full Decon Chamber			
Water System Set-up	X		
Electric GFCI's/Temp. Panel	X		
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	X		
Half-Face/Full-Face/PAPR's	X		
Disposable Suits	X		
Steel Toe/Rubber Boots	X		
Gloves Rubber/Cotton	X		
Safety Glasses/Full Face	X		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	X		
Load Out Activities	X		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	X		
All Equip./Tools Cleaned	X		
Final Lockdown			
Work Area Teardown	X		
Final Worksite Walk-Thru	X		

Inspections:

# of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound	X		
DECON/Shower Inspection			
Employee PPE Used	X		
Electrical Safety In Place	X		
OSHA Inspection Site Review			
Consultant/EME Monitoring	X		
Consultant/Supervisor Visual	X		
Personnel Decontaminated	X		
Work Area Inspected/Secure	X		

Consultant Firm: **Visual/Testing:**

Representative Name: **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Matt Cheney	A-22225	S/W	7:00	—		11:00	4	
Chris Treglown	A36314	S/W	8:00	—		11:00	3	

Safety Issues:

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

Dumpster [X] EME [ ] Onsite

Status of Job

[ ] **Project On-going** - someone to return

Note:

[X] **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 2-18-15	Job #: 14-554A
Week Ending Date: 2-22-15	Job Name: Baker
Truck #/Driver: 35 / Treglown	(ACM) / Mold / Lead / Other
Work Area:	

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 _____			

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:

	# 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:** Air Clearance
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. Ptak	A25587		12^00	—	1^00		1	
Chris Treglown	A36344		12^00	—	1^00		1	

Safety Issues:

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
Bags		12
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: Andrew Ptak

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

Today's Date/Day: S M T W T F S 3-26-15 | Job #: 14-554A
Week Ending Date: 3-29-15 | Job Name: Baker
Truck #/Driver: 24/Timmy | (ACM) / Mold / Lead / Other
Work Area: 1st floor

Daily Construction Report

Removed 10 sinks

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 _____			

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:

	# 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: **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		200	—	—	300	1	Andrew Ptak
Timothy Highland	A42977		200	—	—	300	1	

Safety Issues: _____

Asbestos Waste ✓				Dumpster	✓	EME		Onsite
~~Friable~~		~~Non-Friable~~		**Status of Job**				
	Bags	10	Bags		**Project On-going** - someone to return			
	Drums		Drums	*Note:*				
	Bundles		Bundles	✓	**Complete** - no one will need to return			

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

Certification No.9213
0.05.05.14

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Abatement Worker Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Andrew Anthony Ptak
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: May 30, 2014 Friday
SCORE GREATER THAN: 70%
COURSE DATES: May 30, 2014 Friday
EXPIRATION DATE: May 30, 2015

EPA REG. V #515 Sponsor / Instru

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

Asbestos Abatement Worker

Andrew A. Ptak

Accreditation Number
A25587

Expiration Date
07/02/2015

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.

111271

Certification No. 0031
0.05.05.14

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Timothy Ray Highland
SS#

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

In accordance with EPA 40 CFR 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:
2968 E Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: May 16 2014 Friday
SCORE GREATER THAN: 70%
COURSE DATES: May 16, 2014 Friday
EXPIRATION DATE: May 16, 2015

EPA REG. V #515 Sponsor / Instructor

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

Asbestos Contractor/Supervisor

Timothy R. Highland

Accreditation Number
A42977

Expiration Date
06/19/2015

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

111059

Certification No.8137
0.12.12.14

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day 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 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: December 12, 2014 Friday
SCORE GREATER THAN: 70%
COURSE DATES: December 12, 2014 Friday
EXPIRATION DATE: December 12, 2015

EPA REG. V #515 Sponsor / Instr

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

Asbestos Abatement Worker

Christopher D. Treglown

TUEBOR

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. 6295
0.05.05.14

JMS Asbestos Training Center & Environmental Service

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

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Matthew Aaron Cheney
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 Pub'lic Act 440 of 1988 as amended and TSCA TITLE II /ASHARA Section 15 (c) (3) Id. Volume 59 923 M.A.P. & STATE OF MI Regulations as amended.

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9019 Fax: (313) 870-9041
Alt. Phone# (313) 673-4256

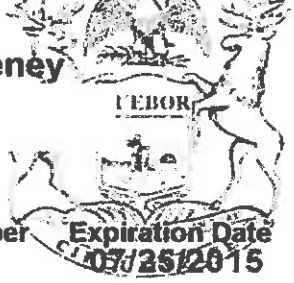
Examination Date: May 0 6 2014 Tuesday
SCORE GREATER THAN: 70%
COURSE DATES: May 0 6, 2014 Tuesday
EXPIRATION DATE: May 0 6, 2015

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

Matthew A. Cheney



Accreditation Number
A22225

Expiration Date
07/25/2015

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

110825

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:**
Baker Commons
106 Packard
Ann Arbor, MI 48104

Owner's Name:
Ann Arbor Housing Commission
727 Miller Ave.
Ann Arbor, MI 48103

Contact Name
Kathleen Kelchner

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			
⇨ Non-Friable Asbestos	28	6mil bags	7
⇨ 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:** 12-14-14

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:**	11-19-14

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:**	12-1-14

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:** 12-1-14

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:**

Baker Commons
106 Packard
Ann Arbor, MI 48104

Owner's Name:

Ann Arbor Housing Commission
727 Miller Ave.
Ann Arbor, MI 48103

Contact Name

Kathleen Kelchner

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			
Non-Friable Asbestos	28	6mil bags	
Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

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

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 11-14-14

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: Matt Cheney	**Title:**	Supervisor
Signature:	**Date:**	11-19-14

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 #: W-554A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
Baker Commons
106 Packard
Ann Arbor, MI 48104

Owner's Name:
Ann Arbor Housing Commission
727 Miller Avenue
Ann Arbor, MI 48103

Contact Name
Kathleen Kelchner
Contact Telephone #
(3137) 849-7692

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

Operator's Address:
26851 Trowbridge
Inkster, MI 48141

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

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

Waste Disposal Mailing Address:
28600 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			
⇨ Non-Friable Asbestos	14	Bags	0.55
⇨ 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: 3-12-15

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

Name: Environmental Maintenance Engineers, Inc.		
Address: 26851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600
⇨ Printed/Typed Name: Matt Cheney	Title:	Supervisor
⇨ Signature: Matt Cheney ⇨	Date:	3-13-15

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

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number:	(734) 216-8240
Printed/Typed Name: Mike Buckles	Title:	Driver
Signature:	Date:	3/9/15

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: Mary Smith	Title: Scale
Signature:	Date: 3-9-15

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name
Baker Commons 106 Packard Ann Arbor, MI 48104	Ann Arbor Housing Commission 727 Miller Avenue Ann Arbor, MI 48103	Kathleen Kelchner **Contact Telephone #** (3137) 949-7692

2) Operator's Name:	Operator's Address:	Operator's Telephone #:
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600

3) Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Address:	Disposal Site Telephone #:
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001

4) Responsible Agency:

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

5) Description of Materials:

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			
Non-Friable Asbestos	14	Bags	
Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

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

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 1-12-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600
Printed/Typed Name: Matt Cheney	Title:	Supervisor
Signature: Matt Cheney	Date:	1-13-15

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 #: 14-554A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**

Baker Commons
103 Packard
Ann Arbor, MI 48104

Owner's Name:

Ann Arbor Housing Commission
727 Miller Avenue
Ann Arbor, MI 48103

Contact Name: Kathleen Kelchner

Contact Telephone #: (3137) 949-7892

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			
⇨ Non-Friable Asbestos	12	Bags	0.45
⇨ 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:** 2-11-15

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 Pike	**Title:**	Supervisor
⇨ **Signature:**		⇨ **Date:**	2-12-15

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

Name:	Republic Services - Wayne		
Address:	5400 Cogswell, Wayne, MI 48184	**Phone Number:**	(734) 216-9240
Printed/Typed Name:	Mike Burkett	**Title:**	Driver
Signature:		**Date:**	3/9/15

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

Printed/Typed Name: Megan Smith	**Title:** Scale
Signature:	**Date:** 3-9-15

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: H-554A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name
Baker Commons 106 Packard Ann Arbor, MI 48104	Ann Arbor Housing Commission 727 Miller Avenue Ann Arbor, MI 48103	Kathleen Kelchner **Contact Telephone #** (3137) 949-7692

2) Operator's Name:	Operator's Address:	Operator's Telephone #:
Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600

3) Waste Disposal Site (WDS) Name:	Waste Disposal Mailing Address:	Disposal Site Telephone #:
Carleton Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 654-0001

4) Responsible Agency:

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

5) Description of Materials:

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			
⇨ Non-Friable Asbestos	12	Bags	
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

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

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 2-18-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600
⇨ Printed/Typed Name: Andrew Ptak	Title:	Supervisor
⇨ Signature: A. Ptak ⇨	Date:	2-18-15

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 #: 14-554A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

Baker Commons
106 Packard
Ann Arbor, MI 48104

Owner's Name:

Ann Arbor Hoursing Commission
727 Miller Avenue
Ann Arbor, MI 48103

Contact Name

Kathleen Kelchner

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			
⇨ Non-Friable Asbestos	10	Bags	0.79
⇨ 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: JC	**Date:** 3-26-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Ptak	**Title:**	Supervisor
⇨ **Signature:** Andrew Ptak ⇨	**Date:**	3-26-15

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

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	**Phone Number:**	(734) 216-8240
Printed/Typed Name: Steve Johnson	**Title:**	Driver
Signature:	**Date:**	4.8.15

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

Printed/Typed Name: Megan Smith	**Title:**	Scale
Signature: Megan Smith	**Date:**	4-8-15

Michigan Department of Natural Resources
Air Quality Division

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

Internal Job #: 14-554A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

Baker Commons
106 Packard
Ann Arbor, MI 48104

Owner's Name:

Ann Arbor Hoursing Commission
727 Miller Avenue
Ann Arbor, MI 48103

Contact Name

Kathleen Kelchner

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			
⇨ Non-Friable Asbestos	10	Bags	
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

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

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature: JC	**Date:** 3-26-15

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 Hak	**Title:**	Supervisor
⇨ **Signature:** Andrew Hak ⇨	**Date:**	3-26-15

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:**