



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:

Maple Tower- Miller Manor, Report N100-0009, Report Date 02/29/2016

Dear Mr. Lince:

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

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

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

Sincerely,
Environmental Consulting Solutions, LLC

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

Andrew J. Foerg, CPG
President



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

February 29, 2016

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

**Re: Revised Asbestos Abatement Closeout Report – Miller Manor
727 Miller Avenue, Ann Arbor, Michigan
ECS Project N100-0009**

Dear Ms. Harris:

Environmental Consulting Solutions, LLC (ECS) is pleased to submit this revised Asbestos Abatement Closeout Report for Miller Manor in Ann Arbor, Michigan. The asbestos abatement work took place from October 30, 2015 through December 9, 2015.

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

- Drywall joint compound
- Sink undercoating/glazing
- Floor tile and mastic
- Exterior cement caulk
- Roofing

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

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

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

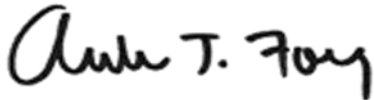
ECS reviewed the documents and concludes that all identified ACMs were abated in accordance with project plans/specifications and applicable regulations. AEC concluded "All clearance samples were below the applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed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

Asbestos Operations and Management Plan, which documents the procedures to maintain and manage the remaining ACMs.

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

Sincerely,

ENVIRONMENTAL CONSULTING SOLUTIONS, LLC

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

Andrew J. Foerg, CPG
President

Enclosures

ATTACHMENT 1

AEC AIR MONITORING REPORT

AIR MONITORING REPORT

FOR

**Environmental consulting solutions
523 w. sunny brook DRIVE
Royal oak, mi 48073**

AT

**Miller Manor
727 Miller Ave.
Ann Arbor , MI 48103**

Prepared by:

**American
Environmental
Consultants, LLC**

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

**Project Number
1478-15007**

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Introduction

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at Miller Manor located at 727 Miller Ave., Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from October 30, 2014 through December 9, 2015.

AEC representatives Matt Rodgers, Lance Hassell, Jef Fox, Jody Henson, Keith Champlin and Ron Fraley 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 at Miller Manor on the 1st, 2nd, 3rd, 4th, 5th, 6th and 7th floors. The workers were below the Occupational Safety and Health Administration (OSHA) permissible exposure limit (PEL) for the personal protective equipment (PPE) worn. All clearance samples were below applicable Environmental Protection Agency (EPA) clearance standards and the areas were deemed safe for re-occupancy. Please refer to the appendices for sample results and daily paperwork.

Sampling Types

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

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

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

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

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

Sampling Equipment

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

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

Analytical Methods

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

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

Regulatory Standards

The EPA clearance standard for re-occupancy is 0.01 f/cc. Outside work area samples are to be below 0.01 f/cc to be within the standard if no predetermined concentration exists from the background sampling. If a significant concentration of asbestos fibers was identified in the background samples, the background samples must be 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: Environmental Consulting Solutions	Project Name: Miller Manor	Project Number: 1478-15007	Sample Date: 10/30/2014
City / State / Zip: Royal Oak, MI 48076	Project Location: 727 Miller Ave.	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers
Filter ECA: 385 mm2	Microscope Field Area: 0.00785 mm2	Project Contact: Andy Foerg	Contractor: EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers / cc		
									Start	Stop	Ave.					
	1	FB			0	100										
	2	FB			0	100								FB AVE 0.0000		
	3	IWA	North Hall	CL	6	100	10	12.7	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	4	IWA	South Hall	CL	4	100	10	12.7	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	5	IWA	Elevator lobby	CL	7	100	10	12.7	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
Total Samples	5	4														
Blind Recount																

10.00

120

1200.00

0.0041

0.0041

< 0.0041

PCM Analyst: Matt Rodgers

Project Manager Signature:

Project Number: 1478-15007

City / State / Zip: Ann Arbor, MI

Sample Date: 10/30/2014

Collected By: Matt Rodgers

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

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/3/2014									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									
	2	FB			0	100									0.0000
	3	STEL	Mike Perez	REM	1	100	10	12.7	2.00	2.00	2.00	60.00	0.0817	0.0817	< 0.0817
	4	P	Mike Perez	REM	6	100	10	12.7	2.00	2.00	2.00	180	0.0136	0.0136	< 0.0136
	5	OSWA	North Hallway	REM	6	100	10	12.7	10.00	10.00	10.00	3000.00	0.0016	0.0016	< 0.0016
	6	OSWA	South Hallway	REM	6	100	10	12.7	10.00	10.00	10.00	3000.00	0.0016	0.0016	< 0.0016
	7	P	Mike Perez	REM	3	100	10	12.7	2.00	2.00	2.00	80	0.0306	0.0306	< 0.0306
	8	IWA	Unit 703 Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0049
	9	IWA	Unit 703 Bathroom	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	0.0041	< 0.0041
	10	IWA	Unit 704 Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	0.0041	< 0.0041
	11	IWA	Unit 704 Bathroom	CL	14	100	14	17.8	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0057
	12	IWA	Unit 705 Kitchen	CL	11	100	11	14.0	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0045
	13	IWA	Unit 705 Bathroom	CL	13	100	13	16.6	10.00	10.00	10.00	1800.00	0.0027	0.0027	0.0035
Total Samples															
Blind Recount															
13															

	10.00	300	3000.00	0.0016	< 0.0016
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<p>Sample Types</p> <ul style="list-style-type: none"> = Outside Work Area = Inside Work Area = Personal = Short Term Exposure Limit = HEPA Exhaust = Field Blank = NA-PF / Pump Failure = Not Analyzed / Overloaded Filter = NA-WDF / Water Damaged Filter 	<p>Activity</p> <ul style="list-style-type: none"> = Background = Removal = Clean Up = Pest Abatement = Glovebag = Bag Out = Ambient = Work Site Prep = Clean Up 																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">OSWA</td> <td style="width: 20%;">BKGD</td> <td style="width: 20%;">10</td> <td style="width: 20%;">10</td> <td style="width: 20%;">12.7</td> <td style="width: 20%;">6</td> </tr> <tr> <td>IWA</td> <td>REM</td> <td>100</td> <td>100</td> <td>10</td> <td>100</td> </tr> <tr> <td>P</td> <td>CL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STEL</td> <td>PA</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEPEX</td> <td>GB</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FB</td> <td>B/O</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA-PF</td> <td>AMB</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA-OLF</td> <td>PREP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA-WDF</td> <td>CU</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	OSWA	BKGD	10	10	12.7	6	IWA	REM	100	100	10	100	P	CL					STEL	PA					HEPEX	GB					FB	B/O					NA-PF	AMB					NA-OLF	PREP					NA-WDF	CU					<p>PCM Analyst: <u>Matt Rodgers</u></p> <p style="text-align: right;">Request Manager Signature</p>
OSWA	BKGD	10	10	12.7	6																																																		
IWA	REM	100	100	10	100																																																		
P	CL																																																						
STEL	PA																																																						
HEPEX	GB																																																						
FB	B/O																																																						
NA-PF	AMB																																																						
NA-OLF	PREP																																																						
NA-WDF	CU																																																						

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/4/2014											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers											
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers /cc	
									Start	Stop	Ave.	Start	Stop				Total
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Mike Perez	REM	1	100	10	12.7	2.00	2.00	2.00	0800	0830	30	0.0817	< 0.0817	
	4	P	Mike Perez	REM	4	100	10	12.7	2.00	2.00	2.00	0830	1105	155	0.0158	< 0.0158	
	5	OSWA	North Hallway	REM	7	100	10	12.7	10.00	10.00	10.00	0805	1300	295	0.0017	< 0.0017	
	6	OSWA	Library	REM	4	100	10	12.7	10.00	10.00	10.00	0805	1300	295	0.0017	< 0.0017	
	7	P	Mike Perez	REM	4	100	10	12.7	2.00	2.00	2.00	1206	1400	114	0.0215	< 0.0215	
	8	IWA	Unit 702 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1300	1500	120	0.0041	< 0.0041	
	9	IWA	Unit 702 Bathroom	CL	10	100	10	12.7	10.00	10.00	10.00	1300	1500	120	0.0041	< 0.0041	
	10	IWA	Unit 706 Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1325	1525	120	0.0041	< 0.0041	
	11	IWA	Unit 706 Bathroom	CL	11	100	11	14.0	10.00	10.00	10.00	1325	1525	120	0.0041	< 0.0041	
	12	IWA	Unit 707 Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1506	1706	120	0.0041	< 0.0041	
	13	IWA	Unit 707 Bathroom	CL	9	100	10	12.7	10.00	10.00	10.00	1506	1706	120	0.0041	< 0.0041	
Total Samples																	
Blind Recount																	
13																	

2.00	114
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2.00

3	100	10
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12.7	10	12.7
------	----	------

<<Enter Sample Number Here

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background Removal
	Clearance
	Post Abatement
	Glovebag
	Bat Out
	Ambient
	Work Site Prep
	Clean Up

PCM Analyst:

Matt Rodgers
Project Manager Signature

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

Client Name: Environmental Consulting Solutions
City / State / Zip: Royal Oak, MI 48076
Project Name: Miller Manor
Project Location: 727 Miller Ave.
Project Number: 1478-15007
City / State / Zip: Ann Arbor, MI
Sample Date: 11/5/2014
Collected By: Matt Rodgers
Contractor: EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Ave.			
									Start	Stop	Total			
	1	FB			0	100								
	2	FB			0	100								FB AVE
	3	STEL	Mike Perez	REM	1	100	10	12.7	2.00	2.00	2.00	60.00	0.0817	0.0000
	4	P	Mike Perez	REM	4	100	10	12.7	2.00	2.00	2.00	358.00	0.0137	< 0.0817
	5	OSWA	North Hallway	REM	8	100	10	12.7	10.00	10.00	10.00	3300.00	0.0015	< 0.0137
	6	OSWA	South Hallway	REM	8	100	10	12.7	10.00	10.00	10.00	3300.00	0.0015	< 0.0015
	7	P	Mike Perez	REM	2	100	10	12.7	10.00	10.00	10.00	600.00	0.0082	< 0.0082
	8	IWA	701 Kitchen	CL	9	100	10	12.7	10.00	10.00	1330	1200.00	0.0041	< 0.0041
	9	IWA	701 Bathroom	CL	10	100	10	12.7	10.00	10.00	1530	1200.00	0.0041	< 0.0041
	10	IWA	708 Kitchen	CL	6	100	10	12.7	10.00	10.00	1400	1200.00	0.0041	< 0.0041
	11	IWA	708 Bathroom	CL	7	100	10	12.7	10.00	10.00	1400	1200.00	0.0041	< 0.0041
	12	IWA	717 Kitchen	CL	9	100	10	12.7	10.00	10.00	1530	1200.00	0.0041	< 0.0041
	13	IWA	717 Bathroom	CL	9	100	10	12.7	10.00	10.00	1530	1200.00	0.0041	< 0.0041
Total Samples														
Blind														
Recount														
13					2	100	10	12.7			10.00	60	0.0082	< 0.0082

<<Enter Sample Number Here
 10.00
 60 600.00 0.0082 < 0.0082

Sample Issues
 OSWA = Outside Work Area
 IWA = Inside Work Area
 P = Personal
 STEL = Short Term Exposure Limit
 HEPEX = HEPA Exhaust
 FB = Field Blank
 NA-PF = Not Analyzed / Pump Failure
 NA-OLF = Not Analyzed / Overloaded Filter
 NA-WDF = Not Analyzed / Water Damaged Filter
Activities
 BKGD = Background Removal
 REM = Clearance
 PL = Post Abatement
 B/O = Bioaerosol
 AMB = Ambient
 PREP = Work Site Prep
 CU = Clean-Up
PCM Analyst: Matt Rodgers
Project Manager: Stanahrnc

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/6/2014							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Start	Total		
									Stop	Stop			
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Mike Perez	REM	1	100	10	12.7	2.00	0750	0820	30	0.0817
	4	P	Mike Perez	REM	6	100	10	12.7	2.00	0820	1100	160	0.0153
	5	OSWA	North Hallway	REM	11	100	11	14.0	10.00	0800	1315	315	0.0017
	6	OSWA	South Hallway	REM	9	100	10	12.7	10.00	0800	1315	315	0.0016
	7	P	Mike Perez	REM	3	100	10	12.7	2.00	1150	1315	85	0.0288
	8	IWA	710 Kitchen	CL	10	100	10	12.7	10.00	1300	1500	120	0.0041
	9	IWA	710 Bathroom	CL	12	100	12	15.3	10.00	1300	1500	120	0.0049
	10	IWA	711 Kitchen	CL	9	100	10	12.7	10.00	1315	1515	120	0.0041
	11	IWA	711 Bathroom	CL	10	100	10	12.7	10.00	1315	1515	120	0.0041
	12	IWA	716 Kitchen	CL	10	100	10	12.7	10.00	1520	1720	120	0.0041
	13	IWA	716 Bathroom	CL	10	100	10	12.7	10.00	1520	1720	120	0.0041
Total Samples	Blind	Recount											
13	5												

10.00	315	3150.00	0.0016	0.0017	0.0017

PCM Analyst:	Project Manager Signature:
	Matt Rodgers

<<Enter Sample Number Here

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/7/2014									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	Mike Perez	REM	1	100	10	12.7	2.00	2.00	2.00	60.00	0.0817	0.0817	< 0.0817
	4	P	Mike Perez	REM	3	100	10	12.7	2.00	2.00	2.00	320.00	0.0153	0.0153	< 0.0153
	5	OSWA	North Hallway	REM	10	100	10	12.7	10.00	10.00	10.00	3300.00	0.0015	0.0015	< 0.0015
	6	OSWA	South Hallway	REM	10	100	10	12.7	10.00	10.00	10.00	3300.00	0.0015	0.0015	< 0.0015
	7	P	Mike Perez	REM	1	100	10	12.7	2.00	2.00	2.00	170.00	0.0288	0.0288	< 0.0288
	8	IWA	Unit 712 Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0049
	9	IWA	Unit 712 Bathroom	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	0.0041	< 0.0041
	10	IWA	Unit 714 Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0057
	11	IWA	Unit 714 Bathroom	CL	11	100	11	14.0	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0045
	12	IWA	Unit 715 Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0049
	13	IWA	Unit 715 Bathroom	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	0.0041	< 0.0041
Total Samples															
Blind Recount															
13															

10.00	3300.00
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12.7

10	100	10
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<<Enter Sample Number Here		
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10.00	3300.00	0.0015	0.0015	0.0015
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<p>Sample Types</p> <ul style="list-style-type: none"> = OSWA = IWA = P = STEL = HEPEX = FB = NA-PF = NA-OLF = NA-WDF 	<p>Activities</p> <ul style="list-style-type: none"> = BKGD = REM = CL = CA = HPA Exhaust = Field Blank = Not Analyzed / Pump Failure = Not Analyzed / Overloaded Filter = Not Analyzed / Water Damaged Filter
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PCM Analyst: Matt Rodgers

(Signature)
Project Manager Signature

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

Client Name: Environmental Consulting Solutions	Project Name: Miller Manor	Project Number: 1478-15007	Sample Date: 11/10/2014
City / State / Zip: Royal Oak, MI 48076	Project Location: 727 Miller Ave.	City / State / Zip: Ann Arbor, MI	Collected By: Lance Hassell

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	706 Kitchen	CL	11	100	11	14.0	10.00	10.00	10.00	0900	1100	120	1200.00	0.0041	
	4	IWA	706 Kitchen	CL	11	100	11	14.0	10.00	10.00	10.00	0900	1100	120	1200.00	0.0041	
	5	IWA	706 Bathroom	CL	14	100	14	17.8	10.00	10.00	10.00	0900	1100	120	1200.00	0.0057	
	6	OSWA	Hall-Outside 706	CL	10	100	10	12.7	10.00	10.00	10.00	1435	1635	120	1200.00	0.0041	
	7	OSWA	Hall-Outside 710	CL	10	100	10	12.7	10.00	10.00	10.00	1435	1635	120	1200.00	0.0041	
	8	P	Matt Kelly-Sink removal on 7	REM	1	100	10	12.7	2.00	2.00	2.00	1104	1434	210	420.00	0.0117	
	9	P	Matt Kelly- Floor Tile on 6	REM	4	100	10	12.7	2.00	2.00	2.00	1436	1636	120	240.00	0.0204	
Total Samples																	
9								10		100		10		12.7		10.00	
Blind Recount																	
5																	

Microscope Field Area: 0.00785 mm²

Contractor: Andy Foerg

Project Contact: Andy Foerg

Contractor: EME

<<Enter Sample Number Here

120	1200.00	0.0041	< 0.0041

Sample Lines	Activity
OSWA	Background
IWA	Removal
P	Clearance
STEL	Clear Abatement
HEPEX	Clearance
FB	Clearance
NA-PF	Clearance
NA-OLF	Clearance
NA-WDF	Clearance

PCM Analyst: Lance Hassell

Project Manager Signature:

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/11/2014							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Matt Kelly	REM	3	100	10	12.7	2.00	0900	1500	360	< 0.0068
	4	OSWA	Hall Outside 601	REM	10	100	10	12.7	10.00	1151	1351	120	< 0.0041
	5	IWA	604-Kitchen	CL	12	100	12	15.3	10.00	1255	1455	120	0.0041
	6	IWA	604-Bathroom	CL	11	100	11	14.0	10.00	1255	1455	120	0.0041
	7	OSWA	Hall Outside 601	REM	10	100	10	12.7	10.00	1351	1551	120	< 0.0041
	8	IWA	605-Kitchen	CL	13	100	13	16.6	10.00	1351	1551	120	0.0053
	9	IWA	605-Bathroom	CL	12	100	12	15.3	10.00	1351	1551	120	0.0041
Total Samples													
	Blind Recount												
9	6				11	100	11	14.0	10.00		120	1200.00	0.0041

<<Enter Sample Number Here

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

PCM Analyst: Lance Hassell
Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/12/2014									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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)			Vol. (L)	LOQ (f/cc)	Fibers /cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	IWA	608- Kitchen	CL	11	100	11	14.0	10.00	10.00	1039	120	1200.00	0.0041	0.0045
	4	IWA	608- Bathroom	CL	12	100	12	15.3	10.00	10.00	1039	120	1200.00	0.0041	0.0049
	5	OSWA	Outside 608	REM	10	100	10	12.7	10.00	10.00	1039	120	1200.00	0.0041	< 0.0041
	6	P	Chris Treglowan	REM	6	100	10	12.7	2.00	2.00	1639	480	960.00	0.0051	< 0.0051
	7	OSWA	Outside 608	REM	10	100	10	12.7	10.00	10.00	1039	120	1200.00	0.0041	< 0.0041
	8	IWA	614- Kitchen	CL	11	100	11	14.0	10.00	10.00	1440	120	1200.00	0.0041	0.0045
	9	IWA	614- Bathroom	CL	12	100	12	15.3	10.00	10.00	1440	120	1200.00	0.0041	0.0049
Total Samples															
Blind Recount															
9	7					10	100	10	12.7			120	1200.00	0.0041	< 0.0041

10.00

10.00

12.7

10.00

120

1200.00

0.0041

< 0.0041

<<Enter Sample Number Here

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Sample Types</th> <th style="text-align: left;">Activity</th> </tr> <tr> <td>OSWA</td> <td>BKGD</td> </tr> <tr> <td>IWA</td> <td>REM</td> </tr> <tr> <td>P</td> <td>CL</td> </tr> <tr> <td>STFL</td> <td>PA</td> </tr> <tr> <td>HEPEX</td> <td>GB</td> </tr> <tr> <td>FB</td> <td>B/O</td> </tr> <tr> <td>NA-PF</td> <td>AMB</td> </tr> <tr> <td>NA-OLF</td> <td>PREP</td> </tr> <tr> <td>NA-WDF</td> <td>CU</td> </tr> </table>	Sample Types	Activity	OSWA	BKGD	IWA	REM	P	CL	STFL	PA	HEPEX	GB	FB	B/O	NA-PF	AMB	NA-OLF	PREP	NA-WDF	CU	<p style="text-align: center;">PCM Analyst:</p> <p style="text-align: center;">Lance Hassell</p> <p style="text-align: center;">Protect Manager Signature</p>
Sample Types	Activity																				
OSWA	BKGD																				
IWA	REM																				
P	CL																				
STFL	PA																				
HEPEX	GB																				
FB	B/O																				
NA-PF	AMB																				
NA-OLF	PREP																				
NA-WDF	CU																				

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/13/2014									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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)			Vol. (L)	LOQ (f/cc)	Fibers /cc	
									Start	Stop	Ave.				
	1	FB			0	100									
	2	FB			0	100									FB AVE 0.0000
	3	P	Chris Treglown	REM	6	100	10	12.7	2.00	2.00	0921	1321	240	0.0102	< 0.0102
	4	IWA	612- Kitchen	CL	11	100	11	14.0	10.00	10.00	0921	1121	120	0.0041	0.0045
	5	IWA	612-Bathroom	CL	12	100	12	15.3	10.00	10.00	0921	1121	120	0.0041	0.0049
	6	OSWA	Hall Outside 601	REM	10	100	10	12.7	10.00	10.00	0949	1149	120	0.0041	< 0.0041
	7	IWA	601-Kitchen	CL	11	100	11	14.0	10.00	10.00	1150	1350	120	0.0041	0.0045
	8	IWA	601-Bathroom	CL	12	100	12	15.3	10.00	10.00	1150	1350	120	0.0041	0.0049
	9	P	Andrew Ptak	REM	3	100	10	12.7	2.00	2.00	1145	1345	120	0.0204	< 0.0204
	10	OSWA	711-Outside in Hall	PA	10	100	10	12.7	10.00	10.00	1145	1345	120	0.0041	< 0.0041
Total Samples															
	Blind														
	Recount														
10	7														

10.00

12 100 12 15.3

120 1200.00 0.0041 0.0049

<<Enter Sample Number Here

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


PCM Analyst:

Lance Hassell

Protect Manner Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/14/2014														
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell														
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2						Contractor: EME												
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers /cc						
									Start	Stop	Ave.									
	1	FB			0	100														
	2	FB			0	100									FB AVE 0.0000					
	3	IWA	617 Kitchen	CL	11	100	11	14.0	10.00	2.00	6.00	0845	1045	120	0.0068	0.0075				
	4	IWA	617 Bathroom	CL	12	100	12	15.3	10.00	10.00	10.00	0845	1045	120	0.0041	0.0049				
	5	P	Andrew Prak	REM	6	100	10	12.7	2.00	2.00	2.00	0845	1545	420	0.0058	< 0.0058				
	6	OSWA	Hall Outside 608	REM	10	100	10	12.7	10.00	10.00	10.00	1045	1245	120	0.0041	< 0.0041				
Total Samples																				
Blind Recount																				
6	4	<<Enter Sample Number Here														10.00	120	1200.00	0.0041	0.0049

PCM Analyst: Lance Hassell

 Protect Manager, Stomatrite

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background Removal
	Clearance
	Post Abatement
	Glovebau
	Bag Out
	Ambient
	Work Site Prep
	Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/20/2014						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	OSWA	Hall Outside 608	REM	10	100	12.7	10.00	1000	1200	0.0041	< 0.0041
	4	P	Andrew Garza	REM	8	100	12.7	2.00	1000	360	0.0068	< 0.0068
	5	OSWA	Hall Outside 608	REM	10	100	12.7	10.00	1200	120	0.0041	< 0.0041
	6	IWA	609 Kitchen	CL	13	100	16.6	10.00	1400	120	0.0041	0.0053
	7	IWA	609 Bathroom	CL	14	100	17.8	10.00	1400	120	0.0041	0.0057
Total Samples	Blind											
6	5											

	10.00	12.7	10	100	10	120	1200.00	0.0041	< 0.0041
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PCM Analyst: Lance Hassell

Project Manager Signature

Sample Types

OSWA	Outside Work Area	BKGD	Background
IWA	Inside Work Area	REM	Removal
P	Personal	CU	Clearance
STEL	Short Term Exposure Limit	PA	Per Abatement
HEPEX	HEPA Exhaust	GB	Clearing
FB	Field Blank	B/O	Base 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

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/21/2014							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Keith Champlin							
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	Start			
									Stop	Stop			
									Ave.	Total			
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	IWA	610- Kitchen	CL	9	100	10	12.7	10.00	0903	1103	120	< 0.0041
	4	IWA	610- Kitchen	CL	4	100	10	12.7	10.00	0905	1105	120	< 0.0041
	5	IWA	610- Bathroom	CL	6	100	10	12.7	10.00	0910	1110	120	< 0.0041
	6	STEL	Andrew Prak	REM	2	100	10	12.7	2.00	1240	1310	30	< 0.0817
	7	P	Andrew Prak	REM	21	100	21	26.8	2.00	1311	1515	124	0.0415
	8	IWA	Kitchen	CL	3.5	100	10	12.7	10.00	1120	1320	120	< 0.0041
	9	IWA	Kitchen	CL	1	100	10	12.7	10.00	1120	1320	120	< 0.0041
	10	IWA	Bathroom	CL	2.5	100	10	12.7	10.00	1123	1323	120	< 0.0041
	11	IWA	Eastside Hallway	CL	6	100	10	12.7	10.00	1330	1530	120	< 0.0041
	12	IWA	Westside Hallway	CL	4.5	100	10	12.7	10.00	1330	1530	120	< 0.0041
	13	IWA	Middle of hallway Apt 2	CL	7	100	10	12.7	10.00	1330	1530	120	< 0.0041
Total Samples													
	Blind												
	Recount												
13					5.5	100	10	12.7	10.00			120	< 0.0041

10.00

120 1200.00 0.0041 < 0.0041

<p>OSWA = Outside Work Area</p> <p>IWA = Inside Work Area</p> <p>P = Personal</p> <p>STEL = Short Term Exposure Limit</p> <p>HEPEX = Field Exposure</p> <p>FB = Field (Background)</p> <p>NA-PF = Not Analyzed / Pump Failure</p> <p>NA-OLF = Not Analyzed / Overloaded Filter</p> <p>NA-WDF = Not Analyzed / Water Damaged Filter</p>	<p>BKGD = Background</p> <p>REM = Removal</p> <p>CL = Clearance</p> <p>PA = Post Abatement</p> <p>GB = Glovebag</p> <p>B/O = Bag Out</p> <p>AMB = Ambient</p> <p>PRSP = Work Site Prep</p> <p>CU = Clean Up</p>
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PCM Analyst: Jef Fox

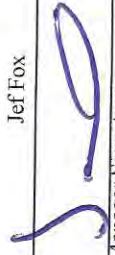
Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/24/2014									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Keith Champlin									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2						Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers /cc	
									Start	Stop	Ave.				
	1	FB			0	100									
	2	FB			0	100									FB AVE 0.0000
	3	IWA	Eastside Hallway	CL	2.5	100	10	12.7	10.00	10.00	10.00	1042	120	0.0041	< 0.0041
	4	IWA	Middle Hall Apt 2	CL	8.5	100	10	12.7	10.00	10.00	10.00	1044	120	0.0041	< 0.0041
	5	IWA	Westside Hall	CL	4	100	10	12.7	10.00	10.00	10.00	1045	120	0.0041	< 0.0041
	6	STEL	Matt Cheney	REM	2.5	100	10	12.7	2.00	2.00	2.00	1000	30	0.0817	< 0.0817
	7	P	Matt Cheney	REM	4.5	100	10	12.7	2.00	2.00	2.00	1030	120	0.0204	< 0.0204
	8	P	Matt Cheney	REM	12	100	12	15.3	2.00	2.00	2.00	1315	120	0.0204	0.0245
	9	IWA	6th Floor Hall	CL	8	100	10	12.7	10.00	10.00	10.00	1315	120	0.0041	< 0.0041
Total Samples															
Blind Recount															
9	8	<<Enter Sample Number Here													

	2.00	120	240.00	0.0204	< 0.0204
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OSWA	Sample Types	Activity
OSWA	Outside Work Area	BKGD
IWA	Inside Work Area	REM
P	Personal	CL
STEL	Short Term Exposure Limit	PA
HEPEX	HEPA Exhaust	GB
FB	Field Blank	B/O
NA-PF	Not Analyzed / Pump Failure	AMB
NA-OLF	Not Analyzed / Overloaded Filter	PREP
NA-WDF	Not Analyzed / Water Damaged Filter	CU
		Background Removal
		Clearance Post Abatement
		Glovebag
		Bag Out
		Ambient
		Work Site Prep
		Clean Up

PCM Analyst:  Jef Fox

Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 11/25/2014											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell											
Filter ECA: 385 mm2				Project Contact: Andy Foerg													
Microscope Field Area: 0.00785 mm ²				Contractor: EME													
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc					
								Start	Stop	Total							
	1	FB			0	100						FB AVE					
	2	FB			0	100						0.0000					
	3	IWA	601	CL	11	100	14.0	10.00	0800	1000	1200.00	0.0041					
	4	P	Andrew Prak	REM	8	100	12.7	2.00	1000	1600	720.00	0.0068					
	5	OSWA	Hall by 603	REM	10	100	12.7	10.00	1000	1200	1200.00	0.0041					
	6	OSWA	Hall by 603	REM	10	100	12.7	10.00	1200	1400	1200.00	0.0041					
	7	IWA	6th Floor East Hall	CL	14	100	17.8	10.00	1400	1600	1200.00	0.0057					
	8	IWA	6th Floor East Hall	CL	12	100	15.3	10.00	1400	1600	1200.00	0.0049					
Total Samples	8																
Blind Recount	3																
				<<Enter Sample Number Here				10.00		120		1200.00		0.0041		0.0045	

OSWA	BKGD
= Outside Work Area	= Background
= Inside Work Area	= Removal
= Personal	= CL
= Short Term Exposure Limit	= PA
= HEPA Exhaust	= GB
= Field Blank	= B/O
= Not Analyzed / Pump Failure	= AMB
= Not Analyzed / Overloaded Filter	= PREP
= Not Analyzed / Water Damaged Filter	= CU
Sample Lines	Activity

PCM Analyst:

Lance Hassell

Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 12/8/2014							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Keith Champlin							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Ave.	Stop	Total	
	1	FB			0	100							
	2	FB			0	100							FB AVE 0.0000
	3	IWA	Hallway outside Apt-613	REM	7.5	100	12.7	10.00	10.00	1100	1300	120	0.0041
	4	STEL	Andrew Ptak	REM	6	100	12.7	2.00	2.00	1100	1130	30	0.0817
	5	P	Andrew Ptak	REM	14.5	100	18.5	2.00	2.00	1130	1500	210	0.0117
	6	OSWA	Hallway outside Apt-613	CL	10	100	12.7	10.00	10.00	1300	1500	120	0.0041
	7	IWA	Hallway outside Apt-611	CL	4	100	12.7	10.00	10.00	1300	1500	120	0.0041
	8	IWA	Hallway outside Apt-615	CL	3.5	100	12.7	10.00	10.00	1300	1500	120	0.0041
Total Samples	8												
Blind Recount	8												

10.00 120 1200.00 0.0041 < 0.0041

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

PCM Analyst: Jef Fox

[Signature]
Project Manager: Sidmahire

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 12/9/2014											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Keith Champlin											
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)			Vol. (L)	LOQ (f/cc)	Fibers/cc			
									Start	Stop	Ave.						
	1	FB			0	100											
	2	FB			0	100									FB AVE 0.0000		
	3	OSWA	Hallway westside Apt- 602	REM	11	100	11	14.0	10.00	10.00	10.00	1100	120	1200.00	0.0041	0.0045	
	4	STEL	Andrew Ptak	REM	4	100	10	12.7	2.00	2.00	2.00	0930	30	60.00	0.0817	< 0.0817	
	5	P	Andrew Ptak	REM	19.5	100	19.5	24.8	2.00	2.00	2.00	1130	120	240.00	0.0204	0.0398	
	6	IWA	Apt 602- Bathroom	CL	8.5	100	10	12.7	10.00	10.00	10.00	1400	120	1200.00	0.0041	< 0.0041	
	7	IWA	Apt 602- Bathroom	CL	9.5	100	10	12.7	10.00	10.00	10.00	1400	120	1200.00	0.0041	< 0.0041	
	8	IWA	Apt 602- Bathroom	CL	6.5	100	10	12.7	10.00	10.00	10.00	1400	120	1200.00	0.0041	< 0.0041	
	9	P	Andrew Ptak	REM	14	100	14	17.8	2.00	2.00	2.00	1600	120	240.00	0.0204	0.0286	
	10	IWA	Entryway- Andrew Ptak	CL	5	100	10	12.7	10.00	10.00	10.00	1600	120	1200.00	0.0041	< 0.0041	
	11	IWA	Entryway- Apt 602	CL	7.5	100	10	12.7	10.00	10.00	10.00	1600	120	1200.00	0.0041	< 0.0041	
	12	IWA	Apt 602- Kitchen	CL	3.5	100	10	12.7	10.00	10.00	10.00	1600	120	1200.00	0.0041	< 0.0041	
Total Samples		Blind		Recount													
12		12															

	10.00	120	1200.00
10.00 120 1200.00 0.0041 < 0.0041			

PCM Analyst: Jef Fox

Project Manager: Stephanie

Sample Types:

OSWA = Outside Work Area IWA = Inside Work Area P = Personal STEL = Short Term Exposure Limit HEPEX = HEPA Exhaust FB = Field Blank N/A-PF = Not Analyzed / Pump Failure N/A-OLF = Not Analyzed / Overloaded Filter N/A-WDF = Not Analyzed / Water Damaged Filter	BKGD = Background REM = Removal CL = Clearance PA = Post Abatement GB = Glovebag B/O = Bas Out AMB = Ambient PREP = Work Site Prep CU = Clean Up
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AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 12/10/2014							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc	
								Start	Stop	Total			
	1	FB			0	100						FB AVE	
	2	FB			0	100						0.0000	
	3	IWA	Kitchen - 616	CL	12	100	15.3	10.00	0900	1100	120	1200.00	0.0041
	4	IWA	Bathroom - 616	CL	11	100	14.0	10.00	0900	1100	120	1200.00	0.0041
	5	OSWA	Hallway by 610	REM	11	100	14.0	10.00	0900	1100	120	1200.00	0.0041
	6	P	Andrew Ptak	REM	8	100	12.7	2.00	0900	1500	360	720.00	< 0.0068
	7	OSWA	Hallway by 610	REM	10	100	12.7	10.00	1100	1300	120	1200.00	< 0.0041
	8	OSWA	Hallway by 610	REM	10	100	12.7	10.00	1300	1500	120	1200.00	< 0.0041
Total Samples	8												
Blind Recount	7												

	10.00	12.7	100	10	120	1200.00	0.0041	< 0.0041
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PCM Analyst:	Lance Hassell
Project Manager Signature	

Sample Type	Sample Type	Activity
OSWA	BKGD	Background
IWA	REM	Removal
PEL	CL	Clearance
HEPEX	PA	Post Abatement
FB	GB	Glovebag
NA-PE	AOB	Ambient
NA-OLF	PREP	Work Site Prep
NA-WDF	CU	Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 12/11/2014									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	IWA	Kitchen - 615	CL	12	100	12	15.3	10.00	10.00	10.00	1200.00	0.0041	0.0049	
	4	IWA	Bathroom - 615	CL	14	100	14	17.8	10.00	10.00	10.00	1200.00	0.0041	0.0057	
	5	OSWA	Hallway by 610	REM	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	6	P	Andrew Ptak	REM	8	100	10	12.7	2.00	2.00	2.00	870.00	0.0056	< 0.0056	
	7	OSWA	Hallway by 610	REM	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041	
	8	OSWA	Hallway by 610	REM	11	100	11	14.0	10.00	10.00	10.00	1200.00	0.0041	0.0045	
	9	IWA	Kitchen- 613	CL	11	100	11	14.0	10.00	10.00	10.00	1200.00	0.0041	0.0045	
	10	IWA	Bathroom - 613	CL	13	100	13	16.6	10.00	10.00	10.00	1200.00	0.0041	0.0053	
Total Samples															
Blind Recount															

	10.00	16.6	120	1200.00	0.0041	0.0053
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PCM Analyst: Lance Hassell

Project Manager Signature:

Sample Type	Sample Count	Activity
OSWA	10	Background
IWA	4	Removal
P		Clean Up
STEL		Personal
HEPEX		CL
FB		PA
NA-PF		Short Term Exposure Limit
NA-OLF		HEPA Exhaust
NA-WDF		Field Blank
		B/O
		Not Analyzed / Pump Failure
		PREP
		Not Analyzed / Overloaded Filter
		Water Damaged Filter

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 1/26/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Jef Fox							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	IWA	608-Bath	CL	4	100	10	12.7	10.00	1207	1407	0.0041	< 0.0041
	4	IWA	608-Bath	CL	3	100	10	12.7	10.00	1207	1407	0.0041	< 0.0041
Total Samples	4												
Blind Recount	4												

	10.00	120	1200.00	0.0041	< 0.0041
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<p>OSWA = Outside Work Area</p> <p>IWA = Inside Work Area</p> <p>STEL = Personal</p> <p>HEPEX = 8hr TWA Exposure Limit</p> <p>FB = HEPA Exhaust</p> <p>NA-PF = Field Blank</p> <p>NA-OLF = Not Analyzed / Pump Failure</p> <p>NA-WDF = Not Analyzed / Overloaded Filter</p>	<p>BKGD = Background</p> <p>REM = Removal</p> <p>CL = Clearance</p> <p>GR = Post Abatement</p> <p>BIO = Grovobag</p> <p>AMB = Air Out</p> <p>PREP = Wash Out</p> <p>CU = Work Site Prep</p> <p>CU = Clean Up</p>
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PCM Analyst: Jef Fox

Project Manager Signature _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 1/29/2015										
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers										
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME										
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc			
								Start	Stop	Ave.				Start	Stop	Total
	1	FB			0	100							FB AVE			
	2	FB			0	100							0.0000			
	3	STEL	Andrew Ptak	PREP	1	100	10	12.7	2.00	2.00	0750	0820	30	60.00	0.0817	< 0.0817
	4	P	Andrew Ptak	PREP	1	100	10	12.7	2.00	2.00	0820	1500	400	800.00	0.0061	< 0.0061
	5	OSWA	North Hall-5th Floor	PREP	4	100	10	12.7	8.00	8.00	0800	1320	320	2560.00	0.0019	< 0.0019
	6	OSWA	South Hall-5th Floor	PREP	4	100	10	12.7	8.00	8.00	0800	1320	320	2560.00	0.0019	< 0.0019
	7	OSWA	North Hall-5th Floor	REM	6	100	10	12.7	8.00	8.00	1320	1515	115	920.00	0.0053	< 0.0053
	8	OSWA	South Hall-5th Floor	REM	4	100	10	12.7	8.00	8.00	1320	1515	115	920.00	0.0053	< 0.0053
Total Samples	Blind Recount															
8	7	<<Enter Sample Number Here										115	920.00	0.0053	< 0.0053	

8.00

5.5 100 10 12.7

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	PL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU

PCM Analyst:


Matt Rodgers

Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 1/30/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Chris Treglowen	REM	1	100	10	12.7	2.00	2.00	10	0.2450	< 0.2450
	4	P	Chris Treglowen	REM	3	100	10	12.7	2.00	2.00	225	0.0109	< 0.0109
	5	P	Chris Treglowen	REM	2	100	10	12.7	2.00	2.00	175	0.0140	< 0.0140
	6	OSWA	South Hall-5th Floor	REM	8	100	10	12.7	10.00	10.00	460	0.0011	< 0.0011
	7	OSWA	North Hall-5th Floor	REM	9	100	10	12.7	10.00	10.00	460	0.0011	< 0.0011
	8	IWA	Unit# 501 Kitchen	CL	14	100	14	17.8	10.00	1100	120	0.0041	0.0057
	9	IWA	Unit# 501 Living Room	CL	11	100	11	14.0	10.00	1100	120	0.0041	0.0045
	10	IWA	Unit# 501 Bathroom	CL	12	100	12	15.3	10.00	1100	120	0.0041	0.0049
Total Samples													
	Blind Recount												
10	7	<<Enter Sample Number Here											
					9	100	10	12.7	10.00		460	0.0011	< 0.0011

Sample Types	Activity
OSWA	BKGD
IWA	REM
STEL	CL
HEPEX	PA
FB	GB
NA-PF	B/O
NA-OLF	AMB
NA-WDF	PREP
	CU
	Background Removal
	Clearance
	Post Abatement
	Glovebag
	Bag Out
	Ambient
	Work Site Prep
	Clean Up

PCM Analyst:  Matt Rodgers
Protect Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/3/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm ²				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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Andrew Ptak	REM	1	100	10	12.7	2.00	0740	60.00	0.0817	< 0.0817
	4	P	Andrew Ptak	REM	3.5	100	10	12.7	2.00	0810	210	0.0117	< 0.0117
	5	P	Andrew Ptak	REM	2	100	10	12.7	2.00	1235	175	0.0140	< 0.0140
	6	OSWA	South Hall-5th Floor	REM	9	100	10	12.7	10.00	0755	470	0.0010	< 0.0010
	7	OSWA	South Hall-5th Floor	REM	10	100	10	12.7	10.00	0755	470	0.0010	< 0.0010
	8	IWA	Unit# 502 Kitchen	REM	12	100	12	15.3	10.00	1130	120	0.0041	0.0049
	9	IWA	Unit# 502 Living Room	CL	15	100	15	19.1	10.00	1130	90	0.0054	0.0082
	10	IWA	Unit# 502 Bathroom	CL	15	100	15	19.1	10.00	1130	90	0.0054	0.0082
Total Samples	Blind Recount												
10	7												

10.00 470 4700.00 0.0010 < 0.0010

<p>Sample Types</p> <ul style="list-style-type: none"> = OSWA = IWA = P = STEL = HEPEX = FB = NA-OF = NA-OLF = NA-WDF 	<p>Activity</p> <ul style="list-style-type: none"> = Background = Removal = Clearance = Post Abatement = Glovebag = Bas. Out = Ambient = Work Site Prep = Clean-Up
<p>PCM Analyst: Matt Rodgers</p>	<p>Project Manager Signature:</p>

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/4/2015						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers						
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME						
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
								Start	Stop	Total		
1		FB			0	100						FB AVE
2		FB			0	100						0.0000
3		STEL	Chris Treglown	REM	1	100	12.7	2.00	0735	0805	30	0.0817
4		P	Chris Treglown	REM	4	100	12.7	2.00	0805	1140	215	0.0114
5		P	Chris Treglown	REM	4	100	12.7	2.00	1235	1530	175	0.0140
6		OSWA	South Hall-5th Floor	REM	12	100	15.3	10.00	0740	1537	477	0.0012
7		OSWA	North Hall-5th Floor	REM	11.5	100	14.6	10.00	0740	1537	477	0.0012
8		IWA	Unit# 503 Kitchen	CL	10	100	12.7	10.00	1000	1200	120	0.0041
9		IWA	Unit# 503 Bathroom	CL	11	100	14.0	10.00	1000	1200	120	0.0045
10		IWA	Unit# 503 Living Room	CL	13	100	16.6	10.00	1000	1200	120	0.0053
11		IWA	Unit# 504 Kitchen	CL	10	100	12.7	10.00	1300	1500	120	< 0.0041
12		IWA	Unit# 504 Bathroom	CL	9.5	100	12.7	10.00	1300	1500	120	< 0.0041
13		IWA	Unit# 504 Living Room	CL	12	100	15.3	10.00	1300	1500	120	0.0041
Total Samples	13											
Blind Recount	8											

	10.00	12.7	10.00	1200.00	0.0041	< 0.0041
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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
HEX = HEPA Exhaust	GB = Glovebag
FB = Field Blank	B/O = Bag Out
NA-PE = 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: Miller Manor	Project Number: 1478-15007	Sample Date: 2/5/2015
City / State / Zip: Royal Oak, MI 48076	Project Location: 727 Miller Ave.	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers
Filter ECA: 385 mm2		Project Contact: Andy Foerg	
Microscope Field Area: 0.00785 mm2		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											
	2	FB			0	100											0.0000
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	2.5	100	10	12.7	2.00	2.00	2.00	0800	1105	185	370.00	0.0132	< 0.0132
	5	P	Chris Treglown	REM	3	100	10	12.7	2.00	2.00	2.00	1210	1545	215	430.00	0.0114	< 0.0114
	6	OSWA	South Hall-5th Floor	REM	12	100	12	15.3	10.00	10.00	10.00	0735	1545	490	4900.00	0.0010	0.0012
	7	OSWA	North Hall-5th Floor	REM	11.5	100	11.5	14.6	10.00	10.00	10.00	0735	1545	490	4900.00	0.0010	0.0012
	8	IWA	Unit# 505 Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	1311	1511	120	1200.00	0.0041	0.0057
	9	IWA	Unit# 505 Bathroom	CL	15	100	15	19.1	10.00	10.00	10.00	1311	1511	120	1200.00	0.0041	0.0061
	10	IWA	Unit# 505 Living Room	CL	12.5	100	12.5	15.9	10.00	10.00	10.00	1311	1511	120	1200.00	0.0041	0.0051
Total Samples																	
	10				3	100	10	12.7						115	230.00	0.0213	< 0.0213
Blind Recount	5																

2.00

115 230.00 0.0213 < 0.0213

PCM Analyst: Matt Rodgers	Project Manager Signature:
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Sample Type	Sample Count	Activity	Remarks
OSWA	=	BKGD	Background
IWA	=	REM	Removal
P	=	CU	Reference
STEL	=	PA	Personal
HEPEX	=	GB	HEPA Exhaust
FB	=	B/O	Field Blank
NA-PF	=	AMB	Not Analyzed / Pump Failure
NA-OLF	=	PREP	Not Analyzed / Overloaded Filter
NA-WDF	=	CU	Not Analyzed / Water Damaged Filter

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

Client Name: Environmental Consulting Solutions Royal Oak, MI 48076		Project Name: Miller Manor 727 Miller Ave.		Project Number: 1478-15007 Ann Arbor, MI		Sample Date: 2/6/2015 Collected By: Matt Rodgers											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Contractor: EME											
Filter ECA: 385 mm ²		Microscope Field Area: 0.00785 mm ²															
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	Start	Ave.	Stop	Total				
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	2.00	0730	0800	30	0.0817		< 0.0817
	4	P	Chris Treglown	REM	3.5	100	10	12.7	2.00	2.00	2.00	0800	1140	220	0.0111		< 0.0111
	5	P	Chris Treglown	REM	3.5	100	10	12.7	2.00	2.00	2.00	1240	1550	190	0.0129		< 0.0129
	6	OSWA	North Hall-5th Floor	REM	15	100	15	19.1	10.00	10.00	10.00	0730	1530	480	0.0010		0.0015
	7	OSWA	South Hall-5th Floor	REM	17.5	100	17.5	22.3	10.00	10.00	10.00	0730	1530	480	0.0010		0.0018
	8	IWA	Unit# 506 Kitchen	CL	17	100	17	21.7	10.00	10.00	10.00	0905	1105	120	0.0041		0.0069
	9	IWA	Unit# 506 Bathroom	CL	16	100	16	20.4	10.00	10.00	10.00	0905	1105	120	0.0041		0.0065
	10	IWA	Unit# 506 Living Room	CL	17	100	17	21.7	10.00	10.00	10.00	0905	1105	120	0.0041		0.0069
	11	IWA	Unit# 507 Kitchen	CL	14	100	14	17.8	10.00	10.00	10.00	1400	1600	120	0.0041		0.0057
	12	IWA	Unit# 507 Bathroom	CL	14.5	100	14.5	18.5	10.00	10.00	10.00	1400	1600	120	0.0041		0.0059
	13	IWA	Unit# 507 Living Room	CL	15	100	15	19.1	10.00	10.00	10.00	1400	1600	120	0.0041		0.0061
Total Samples		Blind Recount															
13		8															

	10.00	120	0.0041
17	100	17	21.7

OSWA	IWA	P	STEL	HEPEX	FB	NA-PF	NA-OLF	NA-WDF
=	=	=	=	=	=	=	=	=
Outside Work Area Inside Work Area Personal 15 Min Term Exposure Limit HEPA Exhaust Field (F) Not Analyzed / Pump Failure Not Analyzed / Overloaded Filter Not Analyzed / Filter Damaged Filter								
			BKGD					
			REM					
			CL					
			PA					
			GB					
			B/O					
			AMB					
			PREP					
			CU					

PCM Analyst:

Matt Rodgers

Project Manager Signature

<<Enter Sample Number Here

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/9/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Ave.	Stop				
	1	FB			0	100									
	2	FB			0	100									FB AVE 0.0000
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	0810	30	0.0817		< 0.0817
	4	P	Chris Treglown	REM	2	100	10	12.7	2.00	2.00	1130	200	0.0123		< 0.0123
	5	P	Chris Treglown	REM	2	100	10	12.7	2.00	2.00	1535	180	0.0136		< 0.0136
	6	OSWA	South Hall-5th Floor	REM	11	100	11	14.0	10.00	10.00	0740	480	0.0010		0.0011
	7	OSWA	South Hall-5th Floor	REM	14	100	14	17.8	10.00	10.00	0740	480	0.0010		0.0014
	8	IWA	Unit# 509 Kitchen	CL	17	100	17	21.7	10.00	10.00	1315	120	0.0041		0.0069
	9	IWA	Unit# 509 Bathroom	CL	14	100	14	17.8	10.00	10.00	1315	120	0.0041		0.0057
	10	IWA	Unit# 509 Living Room	CL	15	100	15	19.1	10.00	10.00	1315	120	0.0041		0.0061
Total Samples: 10 Blind Recount: 7															
10.00 13.5 100 13.5 17.2 480 4800.00 0.0010 0.0014															

Sample Types		Activity	
OSWA	Outside Work Area	BKGD	Background
IWA	Inside Work Area	REM	Removal
STEL	Personal	CL	Clearance
HEPEX	Short Term Exposure Limit	PA	Post Abatement
FB	Field Blank	GB	Glovebag
NA-PF	Not Analyzed / Pump Failure	B/O	Bac Out
NA-OLF	Not Analyzed / Oversized Filter	AMB	Ambient
NA-WDF	Not Analyzed / Water Damaged Filter	PRGP	Work Site Prep
		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: Miller Manor		Project Number: 1478-15007		Sample Date: 2/10/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	0750	0820	30	0.0817
	4	P	Chris Treglown	REM	4	100	10	12.7	2.00	0820	1120	180	0.0136
	5	OSWA	North Hall-5th Floor	REM	16	100	16	20.4	10.00	0745	1550	485	0.0010
	6	OSWA	South Hall-5th Floor	REM	14	100	14	17.8	10.00	0745	1550	485	0.0014
	7	IWA	Unit# 510 Kitchen	CL	17	100	17	21.7	10.00	1316	1516	120	0.0069
	8	IWA	Unit# 510 Bathroom	CL	19	100	19	24.2	10.00	1316	1516	120	0.0078
	9	IWA	Unit# 510 Living Room	CL	17	100	17	21.7	10.00	1316	1516	120	0.0069
	10	P	Chris Treglown	REM	2.5	100	10	12.7	2.00	1240	1550	190	< 0.0129
Total Samples	10												
Blind Recount	7												

	10.00	120	1200.00	0.0041	0.0069
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Sample Types

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

Activity

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

PCM Analyst: Matt Rodgers

Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/11/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Joe Michaels	REM	1	100	10	12.7	2.00	0735	0805	30	0.0817
	4	P	Joe Michaels	REM	3.5	100	10	12.7	2.00	0805	1130	205	0.0120
	5	P	Joe Michaels	REM	3	100	10	12.7	2.00	1215	1500	165	< 0.0148
	6	OSWA	5th Floor North Hall	REM	11	100	11	14.0	10.00	0730	1514	464	0.0012
	7	OSWA	5th Floor South Hall	REM	8	100	10	12.7	10.00	0730	1514	464	< 0.0011
	8	IWA	511-Kitchen	CL	12	100	12	15.3	10.00	0800	1000	120	0.0041
	9	IWA	511-Bedroom	CL	10	100	10	12.7	10.00	0800	1000	120	< 0.0041
	10	IWA	511-Bathroom	CL	11	100	11	14.0	10.00	0800	1000	120	0.0045
	11	IWA	517-Kitchen	CL	13	100	13	16.6	10.00	1305	1505	120	0.0053
	12	IWA	517-Living Room	CL	10.5	100	10.5	13.4	10.00	1305	1505	120	0.0043
	13	IWA	517-Bathroom	CL	11	100	11	14.0	10.00	1305	1505	120	0.0045
Total Samples	Blind Recount												
16	10												

10.00	120	1200.00	0.0041	0.0045
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<p>Sample Types</p> <ul style="list-style-type: none"> = Outside Work Area = Inside Work Area = Personal = Short Term Exposure Limit = HEPA Exhaust = Field Blank = N/A-DF = Not Analyzed / Pump Failure = Not Analyzed / Overloaded Filter = Not Analyzed / Water Damaged Filter 	<p>Activity</p> <ul style="list-style-type: none"> = BKGD = REM = CL = PA = GB = B/O = AMB = PREP = CU
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PCM Analyst: Matt Rodgers

Project Manager Signature:

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/11/2015													
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers													
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg															
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			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	608-Kitchen	CL	7	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041					
	4	IWA	608-Living Room	CL	6.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041					
	5	IWA	608-Bedroom	CL	6.5	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	< 0.0041					
Total Samples																			
Blind Recount																			
16	3	<<Enter Sample Number Here																	
								10.00				120		1200.00		0.0041		< 0.0041	

OSWA	Sample Types	Activity
OSWA	Outside Work Area	Background
IWA	Inside Work Area	Removal
P	Personal	Control
STEL	Short Term Exposure Limit	Post Abatement
HEPEX	HEPA Exhaust	Glovebag
FB	Field Blank	Bar Our
NA-PF	Not Analyzed / Pump Failure	Ambient
NA-OLF	Not Analyzed / Overloaded Filter	Work Site Prep
NA-WDF	Not Analyzed / Water Damaged Filter	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: Miller Manor		Project Number: 1478-15007		Sample Date: 2/12/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									
	2	FB			0	100									0.0000
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	2.00	60.00	0.0817	0.0817	< 0.0817
	4	P	Chris Treglown	REM	3	100	10	12.7	2.00	2.00	2.00	420.00	0.0117	0.0117	< 0.0117
	5	P	Chris Treglown	REM	3	100	10	12.7	2.00	2.00	2.00	300.00	0.0163	0.0163	< 0.0163
	6	OSWA	5th Floor-North Hall	REM	10	100	10	12.7	10.00	10.00	10.00	4650.00	0.0011	0.0011	< 0.0011
	7	OSWA	5th Floor-South Hall	REM	11	100	11	14.0	10.00	10.00	10.00	4650.00	0.0011	0.0011	0.0012
	8	OSWA	6th Floor-North Hall	REM	6	100	10	12.7	10.00	10.00	10.00	4650.00	0.0011	0.0011	< 0.0011
	9	OSWA	6th Floor-South Hall	REM	6.5	100	10	12.7	10.00	10.00	10.00	4650.00	0.0011	0.0011	< 0.0011
	10	IWA	515-Kitchen	CL	11	100	11	14.0	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0045
	11	IWA	515-Bathroom	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	0.0041	< 0.0041
	12	IWA	515-Living Room	CL	10	100	10	12.7	10.00	10.00	10.00	1200.00	0.0041	0.0041	< 0.0041
	13	IWA	515-Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1200.00	0.0041	0.0041	0.0049
Total Samples															
	Blind														
	Recount														
	21				11	100	11	14.0	10.00	10.00	10.00	465	0.0011	0.0011	0.0012

10.00 10.00 465 4650.00 0.0011 0.0012

PCM Analyst: Matt Rodgers

(Signature)
Project Manager Signature

Sample Type	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background
	Removal
	Clearance
	Post Abatement
	Glovebat
	Bas Out
	Ambient
	Work Site Prep
	Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/12/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Ave.	Stop				
		FB			0	100									FB AVE
		FB			0	100									0.0000
	14	IWA	601-Living Room	CL	12	100	12	15.3	10.00	10.00	10.00	1200.00	0.0041	0.0049	
	15	IWA	601-Bathroom	CL	11	100	11	14.0	10.00	10.00	1005	1200.00	0.0041	0.0045	
	16	IWA	602-Kitchen	CL	9	100	10	12.7	10.00	10.00	1230	1200.00	0.0041	< 0.0041	
	17	IWA	602-Bedroom	CL	9.5	100	10	12.7	10.00	10.00	1230	1200.00	0.0041	< 0.0041	
	18	IWA	602-Bathroom	CL	10	100	10	12.7	10.00	10.00	1230	1200.00	0.0041	< 0.0041	
	19	IWA	603-Kitchen	CL	10	100	10	12.7	10.00	10.00	1545	1200.00	0.0041	< 0.0041	
	20	IWA	603-Living Room	CL	9.5	100	10	12.7	10.00	10.00	1545	1200.00	0.0041	< 0.0041	
	21	IWA	603-Bathroom	CL	9.5	100	10	12.7	10.00	10.00	1545	1200.00	0.0041	< 0.0041	
Total Samples															
Blind Recount															

<<Enter Sample Number Here

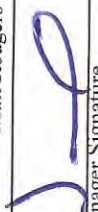
<table border="0"> <tr> <td style="width: 50%;">OSWA</td> <td style="width: 50%;">= Background</td> </tr> <tr> <td>IWA</td> <td>= Remedial</td> </tr> <tr> <td>P</td> <td>= Clearance</td> </tr> <tr> <td>STEL</td> <td>= Post Abatement</td> </tr> <tr> <td>HEPEX</td> <td>= Glovebag</td> </tr> <tr> <td>FB</td> <td>= Bag Out</td> </tr> <tr> <td>NA-PF</td> <td>= Ambient</td> </tr> <tr> <td>NA-OLF</td> <td>= Work Site Prep</td> </tr> <tr> <td>NA-WDF</td> <td>= Clean-Up</td> </tr> </table>	OSWA	= Background	IWA	= Remedial	P	= Clearance	STEL	= Post Abatement	HEPEX	= Glovebag	FB	= Bag Out	NA-PF	= Ambient	NA-OLF	= Work Site Prep	NA-WDF	= Clean-Up	<table border="0"> <tr> <td style="width: 50%;">BKGD</td> <td style="width: 50%;">= Background</td> </tr> <tr> <td>REM</td> <td>= Remedial</td> </tr> <tr> <td>CL</td> <td>= Clearance</td> </tr> <tr> <td>PA</td> <td>= Post Abatement</td> </tr> <tr> <td>GB</td> <td>= Glovebag</td> </tr> <tr> <td>B/O</td> <td>= Bag Out</td> </tr> <tr> <td>AMB</td> <td>= Ambient</td> </tr> <tr> <td>PREP</td> <td>= Work Site Prep</td> </tr> <tr> <td>CU</td> <td>= Clean-Up</td> </tr> </table>	BKGD	= Background	REM	= Remedial	CL	= Clearance	PA	= Post Abatement	GB	= Glovebag	B/O	= Bag Out	AMB	= Ambient	PREP	= Work Site Prep	CU	= Clean-Up
OSWA	= Background																																				
IWA	= Remedial																																				
P	= Clearance																																				
STEL	= Post Abatement																																				
HEPEX	= Glovebag																																				
FB	= Bag Out																																				
NA-PF	= Ambient																																				
NA-OLF	= Work Site Prep																																				
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BKGD	= Background																																				
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CL	= Clearance																																				
PA	= Post Abatement																																				
GB	= Glovebag																																				
B/O	= Bag Out																																				
AMB	= Ambient																																				
PREP	= Work Site Prep																																				
CU	= Clean-Up																																				
PCM Analyst: Matt Rodgers <div style="text-align: right; margin-top: 10px;"> Matt Rodgers Project Manager Signature </div>																																					

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/13/2015												
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers												
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME												
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc					
								Start	Stop	Ave.								
	1	FB			0	100												
	2	FB			0	100										FB AVE 0.0000		
	3	STEL	Anthony Conley	REM	1	100	10	2.00	2.00	2.00	0740	0810	30	0.0817	0.0817	< 0.0817		
	4	P	Anthony Conley	REM	4	100	10	2.00	2.00	2.00	0810	1140	210	0.0117	0.0117	< 0.0117		
	5	P	Anthony Conley	REM	4	100	10	2.00	2.00	2.00	1230	1520	170	0.0144	0.0144	< 0.0144		
	6	OSWA	6th Floor-North Wall	REM	8	100	10	10.00	10.00	10.00	0731	1540	489	0.0010	0.0010	< 0.0010		
	7	OSWA	6th Floor-South Hall	REM	8	100	10	10.00	10.00	10.00	0731	1540	489	0.0010	0.0010	< 0.0010		
	8	IWA	513-Kitchen	CL	9.5	100	10	10.00	10.00	10.00	0740	0940	120	0.0041	0.0041	< 0.0041		
	9	IWA	513-Bathroom	CL	10	100	10	10.00	10.00	10.00	0740	0940	120	0.0041	0.0041	< 0.0041		
	10	IWA	513-Living Room	CL	12	100	12	10.00	10.00	10.00	0740	0940	120	0.0041	0.0041	0.0049		
	11	IWA	514-Kitchen	CL	10	100	10	10.00	10.00	10.00	1000	1200	120	0.0041	0.0041	< 0.0041		
	12	IWA	514-Bathroom	CL	10	100	10	10.00	10.00	10.00	1000	1200	120	0.0041	0.0041	< 0.0041		
	13	IWA	514-Bedroom	CL	12	100	12	10.00	10.00	10.00	1000	1200	120	0.0041	0.0041	0.0049		
Total Samples		Blind																
19														10.00	120	1200.00	0.0041	< 0.0041

<<Enter Sample Number Here

OSWA	Sample Types	Activity	BKGD
=	Outside Work Area	=	Background
=	Inside Work Area	=	Removal
=	Personal	=	Clearance
=	Short Term Exposure Limit	=	Post Abatement
=	HEPA Exhaust	=	Glovebag
=	Field Blank	=	Bag Out
=	Not Analyzed / Pump Failure	=	Ambient
=	NA-OLF	=	Work Site Prep
=	NA-WDF	=	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: Miller Manor		Project Number: 1478-15007		Sample Date: 2/13/2015			
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers			
Filter ECA: 385 mm2		Project Contact: Andy Foerg						Contractor: EME	
Microscope Field Area: 0.00785 mm ²		Location		Fibers per mm ²		Vol. (L)		Fibers/cc	
Lab Sample #	Field Sample #	Type	Activity	Fibers	Adjusted Fiber Count	Flow Rate (L/min)	Time (24 Hour Clock)	LOQ (f/cc)	Fibers/cc
		FB		0	100				FB AVE
		FB		0	100				0.0000
	14	IWA	604-Kitchen	11	100	10.00	1210	1200.00	0.0041
	15	IWA	604-Bedroom	9	100	10.00	1410	1200.00	< 0.0041
	16	IWA	604-Bathroom	9.5	100	10.00	1410	1200.00	< 0.0041
	17	IWA	605-Kitchen	10	100	10.00	1630	1200.00	< 0.0041
	18	IWA	605-Living Room	11	100	10.00	1630	1200.00	0.0045
	19	IWA	605-Bathroom	10	100	10.00	1630	1200.00	< 0.0041
Total Samples									
Blind Recount									
19									

<<Enter Sample Number Here

<table border="0"> <tr><td>OSWA</td><td>=</td><td>Outside Work Area</td></tr> <tr><td>IWA</td><td>=</td><td>Inside Work Area</td></tr> <tr><td>P</td><td>=</td><td>Personal</td></tr> <tr><td>STEL</td><td>=</td><td>Short Term Exposure Limit</td></tr> <tr><td>HEPEX</td><td>=</td><td>HEPA Exhaust</td></tr> <tr><td>FB</td><td>=</td><td>Field Blank</td></tr> <tr><td>NA-PF</td><td>=</td><td>Not Analyzed / Pump Failure</td></tr> <tr><td>NA-OLF</td><td>=</td><td>Not Analyzed / Overloaded Filter</td></tr> <tr><td>NA-WDF</td><td>=</td><td>Not Analyzed / Water Damaged Filter</td></tr> </table>	OSWA	=	Outside Work Area	IWA	=	Inside Work Area	P	=	Personal	STEL	=	Short Term Exposure Limit	HEPEX	=	HEPA Exhaust	FB	=	Field Blank	NA-PF	=	Not Analyzed / Pump Failure	NA-OLF	=	Not Analyzed / Overloaded Filter	NA-WDF	=	Not Analyzed / Water Damaged Filter	<table border="0"> <tr><td>BKGD</td><td>=</td><td>Background</td></tr> <tr><td>REM</td><td>=</td><td>Removal</td></tr> <tr><td>CL</td><td>=</td><td>Clearance</td></tr> <tr><td>PA</td><td>=</td><td>Post Abatement</td></tr> <tr><td>GB</td><td>=</td><td>Glovebag</td></tr> <tr><td>B/O</td><td>=</td><td>Bag Out</td></tr> <tr><td>AMB</td><td>=</td><td>Ambient</td></tr> <tr><td>PREP</td><td>=</td><td>Work Site Prep</td></tr> <tr><td>CU</td><td>=</td><td>Clean Up</td></tr> </table>	BKGD	=	Background	REM	=	Removal	CL	=	Clearance	PA	=	Post Abatement	GB	=	Glovebag	B/O	=	Bag Out	AMB	=	Ambient	PREP	=	Work Site Prep	CU	=	Clean Up
OSWA	=	Outside Work Area																																																					
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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: Miller Manor		Project Number: 1478-15007		Sample Date: 2/16/2015						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers						
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME						
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
								Start	Stop	Total		
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	STEL	Chris Treglown	REM	1	100	12.7	2.00	0725	0755	30	0.0817
	4	P	Chris Treglown	REM	3	100	12.7	2.00	0755	1140	225	0.0109
	5	P	Chris Treglown	REM	3	100	12.7	2.00	1250	1500	130	0.0188
	6	OSWA	6th Floor-North Hall	REM	11	100	14.0	10.00	0730	1530	480	0.0011
	7	OSWA	6th Floor-South Hall	REM	7	100	12.7	10.00	0730	1530	480	0.0010
	8	IWA	607-Kitchen	CL	9	100	12.7	10.00	0900	1100	120	0.0041
	9	IWA	607-Bathroom	CL	8	100	12.7	10.00	0900	1100	120	0.0041
	10	IWA	607-Living Room	CL	9.5	100	12.7	10.00	0900	1100	120	0.0041
	11	IWA	609-Kitchen	CL	10	100	12.7	10.00	1030	1230	120	0.0041
	12	IWA	609-Bathroom	CL	9	100	12.7	10.00	1030	1230	120	0.0041
	13	IWA	609-Bedroom	CL	11	100	14.0	10.00	1030	1230	120	0.0041
Total Samples	Blind											
19	6											

Total Samples	19	Blind	6
<<Enter Sample Number Here			
10.00	12.7	10	9
480	4800.00	0.0010	0.0010

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
NALF = Not Analyzed / Pump Failure	AMB = Ambient
NAOLF = Not Analyzed / Overloaded Filter	PREP = Work Site Prep
NAAVDF = 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: Miller Manor		Project Number: 1478-15007		Sample Date: 2/16/2015										
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers										
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm ²		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)			Vol. (L)	LOQ (f/cc)	Fibers/cc		
									Start	Stop	Ave.				Start	Stop
		FB			0	100									FB AVE	
		PB			0	100									0.0000	
	14	IWA	610-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1240	1440	120	0.0041	< 0.0041
	15	IWA	610-Bathroom	CL	8	100	10	12.7	10.00	10.00	10.00	1240	1440	120	0.0041	< 0.0041
	16	IWA	610-Bedroom	CL	8.5	100	10	12.7	10.00	10.00	10.00	1240	1440	120	0.0041	< 0.0041
	17	IWA	611-Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1130	1330	120	0.0041	< 0.0041
	18	IWA	611-Bathroom	CL	10	100	10	12.7	10.00	10.00	10.00	1130	1330	120	0.0041	< 0.0041
	19	IWA	611-Bedroom	CL	9	100	10	12.7	10.00	10.00	10.00	1130	1330	120	0.0041	< 0.0041
Total Samples	Blind															
19	Recount															

<<Enter Sample Number Here

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Sample Types</th> <th colspan="2">Activity</th> </tr> <tr> <td>OSWA</td> <td>=</td> <td>BKGD</td> <td>=</td> </tr> <tr> <td>IWA</td> <td>=</td> <td>REM</td> <td>=</td> </tr> <tr> <td>P</td> <td>=</td> <td>CL</td> <td>=</td> </tr> <tr> <td>STEL</td> <td>=</td> <td>PA</td> <td>=</td> </tr> <tr> <td>HEPEX</td> <td>=</td> <td>GB</td> <td>=</td> </tr> <tr> <td>HEPA Exhaust</td> <td>=</td> <td>B/O</td> <td>=</td> </tr> <tr> <td>Field Blank</td> <td>=</td> <td>AMB</td> <td>=</td> </tr> <tr> <td>NA-LPF</td> <td>=</td> <td>PREP</td> <td>=</td> </tr> <tr> <td>NA-OLF</td> <td>=</td> <td>CU</td> <td>=</td> </tr> <tr> <td>NA-WDF</td> <td>=</td> <td></td> <td>=</td> </tr> </table>	Sample Types		Activity		OSWA	=	BKGD	=	IWA	=	REM	=	P	=	CL	=	STEL	=	PA	=	HEPEX	=	GB	=	HEPA Exhaust	=	B/O	=	Field Blank	=	AMB	=	NA-LPF	=	PREP	=	NA-OLF	=	CU	=	NA-WDF	=		=	<p style="text-align: center;">PCM Analyst: Matt Rodgers</p> <p style="text-align: center;">Project Manager Signature: </p>
Sample Types		Activity																																											
OSWA	=	BKGD	=																																										
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NA-WDF	=		=																																										

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/17/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc		
									Start	Ave.	Stop	Total			
	1	FB			0	100							FB AVE		
	2	FB			0	100							0.0000		
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	0730	0800	30	0.0817	< 0.0817
	4	P	Chris Treglown	REM	3	100	10	12.7	2.00	2.00	0800	1115	195	0.0126	< 0.0126
	5	P	Chris Treglown	REM	3	100	10	12.7	2.00	2.00	1235	1500	145	0.0169	< 0.0169
	6	OSWA	6th Floor-North Hall	REM	9	100	10	12.7	10.00	10.00	0740	1520	460	0.0011	< 0.0011
	7	OSWA	6th Floor-South Hall	REM	11	100	11	14.0	10.00	10.00	0740	1520	460	0.0011	0.0012
	8	IWA	612-Kitchen	CL	12	100	12	15.3	10.00	10.00	0830	1030	120	0.0041	0.0049
	9	IWA	612-Bedroom	CL	12	100	12	15.3	10.00	10.00	0830	1030	120	0.0041	0.0049
	10	IWA	612-Living Room	CL	10	100	10	12.7	10.00	10.00	0830	1030	120	0.0041	< 0.0041
	11	IWA	613-Kitchen	CL	11	100	11	14.0	10.00	10.00	0945	1145	120	0.0041	0.0045
	12	IWA	613-Bedroom	CL	9.5	100	10	12.7	10.00	10.00	0945	1145	120	0.0041	< 0.0041
	13	IWA	613-Bathroom	CL	10	100	10	12.7	10.00	10.00	0945	1145	120	0.0041	< 0.0041
Total Samples	19				12	100	12	15.3	10.00	10.00	120	1200.00	0.0041	0.0049	

10.00
 15.3
 120
 1200.00
 0.0041
 0.0049

Sample Types

OSWA = Outside Work Area IWA = Inside Work Area P = Personal STEL = Short Term Exposure Limit IHEX = HEPA Exhaust IWB = Field Blank NA-PE = Not Analyzed / Pump Failure NA-OLF = Not Analyzed / Overloaded Filter NA-WDF = Not Analyzed / Water Damaged Filter	BKGD = Background REM = Removal CL = Clearance PA = Post Abatement GB = Glovebag BAE = Bag Out AWB = Air Wash PRFP = Pre-Filter Prep CU = Clean Up
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PCM Analyst: Matt Rodgers
 Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/17/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
		FB			0	100							FB AVE
		FB			0	100							0.0000
	14	IWA	614-Kitchen	CL	9	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041
	15	IWA	614-Bedroom	CL	9.5	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041
	16	IWA	614-Bathroom	CL	9	100	10	12.7	10.00	1200	1200.00	0.0041	< 0.0041
	17	IWA	615-Kitchen	CL	10	100	10	12.7	10.00	1305	1200.00	0.0041	< 0.0041
	18	IWA	615-Living Room	CL	9.5	100	10	12.7	10.00	1305	1200.00	0.0041	< 0.0041
	19	IWA	615-Bathroom	CL	9	100	10	12.7	10.00	1305	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount												
19													

<<Enter Sample Number Here

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

PCM Analyst:  Matt Rodgers

Protect Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 2/18/2015											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers											
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc			
									Start	Stop	Ave.				Start	Stop	Total
	1	FB			0	100									FB AVE		
	2	FB			0	100									0.0000		
	3	STEL	Chris Treglown	REM	1	100	10	12.7	2.00	2.00	2.00	0745	0815	30	0.0817	< 0.0817	
	4	P	Chris Treglown	REM	4	100	10	12.7	2.00	2.00	2.00	0815	1135	200	0.0123	< 0.0123	
	5	P	Chris Treglown	REM	2	100	10	12.7	2.00	2.00	2.00	1242	1350	68	0.0360	< 0.0360	
	6	OSWA	6th Floor-North Hall	REM	7	100	10	12.7	10.00	10.00	10.00	0740	1450	430	0.0011	< 0.0011	
	7	OSWA	6th Floor-South Hall	REM	9	100	10	12.7	10.00	10.00	10.00	0740	1450	430	0.0011	< 0.0011	
	8	IWA	616-Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	0900	1100	120	0.0041	< 0.0041	
	9	IWA	616-Bathroom	CL	12	100	12	15.3	10.00	10.00	10.00	0900	1100	120	0.0041	0.0049	
	10	IWA	616-Bedroom	CL	11	100	11	14.0	10.00	10.00	10.00	0900	1100	120	0.0041	0.0045	
	11	IWA	617-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1125	1325	120	0.0041	< 0.0041	
	12	IWA	617-Bathroom	CL	11	100	11	14.0	10.00	10.00	10.00	1125	1325	120	0.0041	0.0045	
	13	IWA	617-Living Room	CL	9.5	100	10	12.7	10.00	10.00	10.00	1125	1325	120	0.0041	< 0.0041	
Total Samples																	
	Blind																
	Recount																
	13				9	100	10	12.7						120	1200.00	0.0041	< 0.0041

10.00 12.7 10.00 120 1200.00 0.0041 < 0.0041

<<Enter Sample Number Here

<p>Sample Lines</p> <ul style="list-style-type: none"> = Outside Work Area = Inside Work Area = Personal = Short Term Exposure Limit = HEPA Exhaust = Field Blank = NA-PF = NA-OLF = NA-WDF 	<p>Activity</p> <ul style="list-style-type: none"> = Background = Removal = Clean = Post Abatement = Glovebag = Bias Out = Ambient = Work Site Prep = Clean Up
<ul style="list-style-type: none"> BKGD REM CL PA GB B/O AMB PREP CU 	<p style="text-align: center;">PCM Analyst: Matt Rodgers</p> <p style="text-align: right;">Protect Manager Signature </p>

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/16/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Joe Michaels	PREP	0	100	10	12.7	2.00	0740	60.00	0.0817	< 0.0817
	4	P	Joe Michaels	PREP	1	100	10	12.7	2.00	0810	400.00	0.0123	< 0.0123
	5	P	Joe Michaels	PREP	1	100	10	12.7	2.00	1345	240.00	0.0204	< 0.0204
	6	OSWA	4th Floor-North Wall	PREP	3	100	10	12.7	10.00	0738	4920.00	0.0010	< 0.0010
	7	OSWA	4th Floor-South Wall	PREP	5.5	100	10	12.7	10.00	0738	4920.00	0.0010	< 0.0010
	8	OSWA	4th Floor-Elevator Lobby	PREP	4	100	10	12.7	10.00	0740	4900.00	0.0010	< 0.0010
Total Samples	8												
Blind Recount	7												

	5	100	10	12.7	10.00	492	4920.00	0.0010	< 0.0010
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<<Enter Sample Number Here

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

PCM Analyst:

Matt Rodgers

Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/17/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Kevin Maddox	REM	2	100	10	12.7	2.00	0740	0810	0.0817	< 0.0817
	4	P	Kevin Maddox	REM	3	100	10	12.7	2.00	0810	1130	0.0123	< 0.0123
	5	P	Kevin Maddox	REM	3.5	100	10	12.7	2.00	1230	1530	0.0136	< 0.0136
	6	OSWA	4th Floor-North Wall	REM	6	100	10	12.7	10.00	0735	1530	0.0010	< 0.0010
	7	OSWA	4th Floor-South Wall	REM	7	100	10	12.7	10.00	0735	1530	0.0010	< 0.0010
	8	IWA	Unit 414-Kitchen	CL	11	100	11	14.0	10.00	1307	1507	0.0041	0.0045
	9	IWA	Unit 414-Living Room	CL	13	100	13	16.6	10.00	1307	1507	0.0041	0.0053
	10	IWA	Unit 414-Bathroom	CL	13	100	13	16.6	10.00	1307	1507	0.0041	0.0053
Total Samples													
	10				7	100	10	12.7	10.00		120	0.0041	< 0.0041

<<Enter Sample Number Here

<p>Sample Types</p> <ul style="list-style-type: none"> OSWA = Outside Work Area IWA = Inside Work Area P = Personal STEL = Short Term Exposure Limit HEPEX = HEPA Exhaust FB = Field Blank NA-PF = Not Analyzed / Pump Failure NA-OLF = Not Analyzed / Overloaded Filter NA-WDF = Not Analyzed / Water Damaged Filter 	<p>Activity</p> <ul style="list-style-type: none"> BKGD = Background REM = Removal CL = Clearance PA = Post Abatement RG = Glovebag Baz Out = Baz Out AMB = Ambient PREP = Pre-Work Site Prep CU = Clean Up
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PCM Analyst: Matt Rodgers
 Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/18/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Joe Michaels	REM	1	100	10	12.7	2.00	0730	8010	4360	< 0.0006
	4	OSWA	Joe Michaels	REM	4	100	10	12.7	2.00	0800	1135	215	< 0.0114
	5	OSWA	4th Floor-North Hall	REM	9	100	10	12.7	10.00	0743	1545	482	< 0.0010
	6	IWA	4th Floor-South Hall	REM	8	100	10	12.7	10.00	0743	1545	482	< 0.0010
	7	IWA	Unit #412-Bathroom	CL	13	100	13	16.6	10.00	0800	1000	120	0.0041
	8	IWA	Unit #412-Kitchen	CL	13	100	13	16.6	10.00	0800	1000	120	0.0041
	9	IWA	Unit #412-Living Room	CL	11	100	11	14.0	10.00	0800	1000	120	0.0041
	10	IWA	Unit #413-Bathroom	CL	12	100	12	15.3	10.00	0146	1546	840	0.0007
	11	IWA	Unit #413-Kitchen	CL	14	100	14	17.8	10.00	1346	1546	120	0.0057
	12	IWA	Unit #413- Living Room	CL	11	100	11	14.0	10.00	1346	1546	120	0.0045
	13	P	Joe Michaels	REM	3	100	10	12.7	2.00	1240	1540	180	< 0.0136
Total Samples	Blind Recount												
13	11				14	100	14	17.8	10.00			120	0.0041

10.00
 17.8
 120
 0.0041
 0.0057

<<Enter Sample Number Here

<p>Sample Issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> OSWA <input type="checkbox"/> IWA <input type="checkbox"/> P <input type="checkbox"/> STEL <input type="checkbox"/> HEPEX <input type="checkbox"/> FB <input type="checkbox"/> NA-PF <input type="checkbox"/> NA-OLF <input type="checkbox"/> NA-WDF 	<p>Activity</p> <ul style="list-style-type: none"> <input type="checkbox"/> BKGD <input type="checkbox"/> REM <input type="checkbox"/> CU <input type="checkbox"/> PA <input type="checkbox"/> GB <input type="checkbox"/> B/O <input type="checkbox"/> AMB <input type="checkbox"/> PREP <input type="checkbox"/> CU
<p>Background Removal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outside Work Area <input type="checkbox"/> Inside Work Area <input type="checkbox"/> Personal <input type="checkbox"/> Short Term Exposure Limit <input type="checkbox"/> HEPA Exhaust <input type="checkbox"/> Field Blank <input type="checkbox"/> Not Analyzed / Pump Failure <input type="checkbox"/> Not Analyzed / Overloaded Filter <input type="checkbox"/> Not Analyzed / Water Damaged Filter 	<p>PCM Analyst: Matt Rodgers</p> <p style="text-align: right;">Protect Manpower Services</p>

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/19/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Kevin Maddox	REM	1	100	10	12.7	2.00	0750	30	0.0817	< 0.0817
	4	P	Kevin Maddox	REM	4	100	10	12.7	2.00	0820	190	0.0129	< 0.0129
	5	P	Kevin Maddox	REM	6	100	10	12.7	2.00	1220	170	0.0144	< 0.0144
	6	OSWA	4th Floor-North	REM	3.5	100	10	12.7	10.00	0800	435	0.0011	< 0.0011
	7	OSWA	4th Floor-South	REM	3	100	10	12.7	10.00	0800	435	0.0011	< 0.0011
	8	IWA	415-Kitchen	CL	10	100	10	12.7	10.00	1100	120	0.0041	< 0.0041
	9	IWA	415-Bathroom	CL	12	100	12	15.3	10.00	1100	120	0.0041	0.0049
	10	IWA	415-Bedroom	CL	10	100	10	12.7	10.00	1100	120	0.0041	< 0.0041
	11	IWA	411-Kitchen	CL	10	100	10	12.7	10.00	1305	120	0.0041	< 0.0041
	12	IWA	411-Bathroom	CL	11	100	11	14.0	10.00	1305	120	0.0041	0.0045
	13	IWA	411-Bedroom	CL	12	100	12	15.3	10.00	1305	120	0.0041	0.0049
Total Samples	Blind Recount												
13	9												

	10.00	120	1200.00	0.0041	0.0049
<<Enter Sample Number Here					

Sample Issues	Activity
OSWA	BKGD
IWA	REM
P	CU
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background
	Removed
	Clearance
	Post Abatement
	Glovebag
	Bag Out
	Ambient
	Work Site Prep
	Clean Up

PCM Analyst: Matt Rodgers

Project Manager:

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

Client Name: Environmental Consulting Solutions Royal Oak, MI 48076	Project Name: Miller Manor 727 Miller Ave.	Project Number: 1478-15007	Sample Date: 3/20/2015	City / State / Zip: Ann Arbor, MI Collected By: Matt Rodgers											
Filter ECA: 385 mm2 Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc		
									Start Stop	Start Stop	Total				
	1	FB			0	100							FB AVE 0.0000		
	2	FB			0	100							0.0000		
	3	STEL	Joe Michaels	REM	1	100	10	12.7	2.00	0740	0810	30	0.0817		
	4	P	Joe Michaels	REM	5	100	10	12.7	2.00	0810	1130	200	0.0123		
	5	P	Joe Michaels	REM	5	100	10	12.7	2.00	1235	1500	145	0.0169		
	6	OSWA	4th Floor-North	REM	7	100	10	12.7	10.00	0735	1505	450	0.0011		
	7	OSWA	4th Floor-South	REM	9	100	10	12.7	10.00	0735	1505	450	0.0011		
	8	IWA	410-Kitchen	CL	15	100	15	19.1	10.00	1300	1500	120	0.0041		
	9	IWA	410-Bathroom	CL	15	100	15	19.1	10.00	1300	1500	120	0.0041		
	10	IWA	410-Living Room	CL	14	100	14	17.8	10.00	1300	1500	120	0.0041		
Total Samples		Blind Recount													
10	7		<<Enter Sample Number Here		9	100	10	12.7	10.00			450	4500.00	0.0011	< 0.0011

	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PP	AMB
NA-OLF	PREP
NA-WDF	CU

PCM Analyst: Matt Rodgers
 Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/23/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm2				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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Joe Michaels	REM	1	100	10	12.7	2.00	0736	60.00	0.0817	< 0.0817
	4	P	Joe Michaels	REM	4	100	10	12.7	2.00	0806	408.00	0.0120	< 0.0120
	5	P	Joe Michaels	REM	3.5	100	10	12.7	2.00	1240	280.00	0.0175	< 0.0175
	6	OSWA	4th Floor-North	REM	6	100	10	12.7	10.00	0735	4500.00	0.0011	< 0.0011
	7	OSWA	4th Floor-South	REM	7	100	10	12.7	10.00	0735	4500.00	0.0011	< 0.0011
	8	IWA	417-Bathroom	CL	13	100	13	16.6	10.00	1300	1200.00	0.0041	0.0053
	9	IWA	417-Kitchen	CL	11	100	11	14.0	10.00	1300	1200.00	0.0041	0.0045
	10	IWA	417-Bedroom	CL	13.5	100	13.5	17.2	10.00	1300	1200.00	0.0041	0.0055
Total Samples	Blind												
10	6												

<<Enter Sample Number Here

6	100	10	12.7	10.00	450	4500.00	0.0011	< 0.0011
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PCM Analyst: Matt Rodgers

Project Manager Signature:

Sample Types	Sample Count	Activity
OSWA		BKGD
IWA		REM
STEL		CU
HEPEX		PA
FB		GB
NA-PF		B/O
NA-OLF		AMB
NA-WDF		PREP
		CU

Background Removal Clean Glovebag Post Abatement Bag Out Ambient Work Site Prep Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/24/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm2				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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	0830	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	11	100	11	14.0	2.00	0900	420	0.0058	0.0064
	5	OSWA	Hall New 407	REM	10	100	10	12.7	10.00	0830	180	0.0027	< 0.0027
	6	IWA	403 Kitchen	CL	10	100	10	12.7	10.00	1105	120	0.0041	< 0.0041
	7	IWA	403 Bathroom	CL	8	100	10	12.7	10.00	1105	120	0.0041	< 0.0041
	8	OSWA	Hall Outside 407	REM	6	100	10	12.7	10.00	1130	150	0.0033	< 0.0033
	9	IWA	406 Kitchen	CL	8	100	10	12.7	12.00	1430	100	0.0041	< 0.0041
	10	IWA	406 Bathroom	CL	10	100	10	12.7	12.00	1430	100	0.0041	< 0.0041
	11	OSWA	Hall Outside 407	REM	7	100	10	12.7	10.00	1400	120	0.0041	< 0.0041
Total Samples	Blind												
11	6												

	10.00	12.7	10
120	1200.00	0.0041	< 0.0041

Sample Types	Activity	PCM Analyst:
OSWA	BKGD	Lance Hassell Project Manager / Signature
IWA	REM	
STEL	CU	
HEPHX	PA	
FB	GB	
NA-PF	B/O	
NA-OLF	AMB	
NA-WDF	PREP	
	Work Site Prep	
	Ambient	
	Clean Up	

	10	100	10
120	1200.00	0.0041	< 0.0041

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/25/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	0800	0830	0.0817	< 0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	0800	1500	0.0058	< 0.0058
	5	OSWA	Hall Outside 407	REM	10	100	10	12.7	8.00	0800	1200	0.0026	< 0.0026
	6	IWA	405 Kitchen	CL	11	100	11	14.0	10.00	1130	1330	0.0041	0.0045
	7	IWA	405 Bathroom	CL	9	100	10	12.7	10.00	1130	1330	0.0041	< 0.0041
	8	OSWA	Hall Outside 407	REM	9	100	10	12.7	8.00	1200	1500	0.0034	< 0.0034
Total Samples	8												
Blind Recount	8												

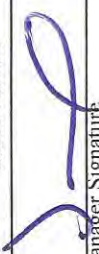
8.00 180 1440.00 0.0034 < 0.0034

9 100 10 12.7

<<Enter Sample Number Here

Sample Types	Activity
OSWA	BKGD
IWA	REM
STEL	CL
HEPEX	PA
FB	GB
NA-DF	BIO
NA-OLF	AMB
NA-WDF	PREP
	CU

PCM Analyst: Lance Hassell

Project Manager Signature: 

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 3/26/2015								
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell								
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm ²		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	Ave.	Stop	Total		
	1	FB			0	100								FB AVE
	2	FB			0	100								0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	2.00	0008	0830	502	0.0049
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	0830	1530	420	0.0058
	5	OSWA	Hall Outside 407	REM	10	100	10	12.7	8.00	8.00	0008	0012	4	0.1531
	6	IWA	404 Kitchen	CL	10	100	10	12.7	10.00	10.00	0009	0011	2	0.2450
	7	IWA	404 Bathroom	CL	9	100	10	12.7	10.00	10.00	0009	0011	2	0.2450
	8	IWA	401 Kitchen	CL	10	100	10	12.7	10.00	10.00	1105	1305	120	0.0041
	9	IWA	401 Bathroom	CL	11	100	11	14.0	10.00	10.00	1106	1306	120	0.0041
	10	OSWA	Hall Outside 407	REM	12	100	12	15.3	8.00	8.00	1200	1530	210	0.0029
Total Samples	Blind Recount													
10	8				10	100	10	12.7	10.00				120	0.0041

PCM Analyst: Lance Hassell

Project Manager: Siomafine

Sample Types	Activity
OSWA	Background Removal
IWA	Clearance
P	Post-Abatement
STEL	Glovebag
HEPEX	Bag Out
FB	Ambient
NA-PF	Work Site Prep
NA-OLF	Clean-Up
NA-WDF	

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

Client Name: Environmental Consulting Solutions	Project Name: Miller Manor	Project Number: 1478-15007	Sample Date: 3/27/2015
City / State / Zip: Royal Oak, MI 48076	Project Location: 727 Miller Ave.	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			
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	2.00	0830	0900	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	9	100	10	12.7	2.00	2.00	0900	1500	720.00	0.0068	< 0.0068
	5	OSWA	Hall Outside 407	REM	10	100	10	12.7	8.00	8.00	0830	1230	1920.00	0.0026	< 0.0026
	6	IWA	409 Kitchen	CL	10	100	10	12.7	10.00	10.00	0009	1100	6510.00	0.0008	< 0.0008
	7	IWA	409 Bathroom	CL	9	100	10	12.7	10.00	10.00	0901	1101	1200.00	0.0041	< 0.0041
	8	OSWA	Hall Outside 407	REM	9	100	10	12.7	8.00	8.00	1230	1530	1440.00	0.0034	< 0.0034
	9	IWA	408 Kitchen	CL	9	100	10	12.7	10.00	10.00	1300	1500	1200.00	0.0041	< 0.0041
	10	IWA	408 Bathroom	CL	10	100	10	12.7	10.00	10.00	1300	1500	1200.00	0.0041	< 0.0041

Total Samples	10	Blind	10	Recount	10	<<Enter Sample Number Here	10.00	12.7	10	100	10	12.7	10	100	10	10.00	1200.00	0.0041	0.0041	< 0.0041
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PCM Analyst: Lance Hassell

Project Manager: [Signature]

Sample Types	Count	Activity
OSWA	1	BKGD
IWA	2	REM
P	1	CL
STEL	1	PA
HEPEX	1	GB
FB	2	B/O
NA-PF	1	AMB
NA-OLF	1	PREP
NA-WDF	1	CU
		Background
		Removal
		Clearance
		Post Abatement
		Glovebag
		Bar Out
		Ambient
		Work Site Prep
		Clean Up

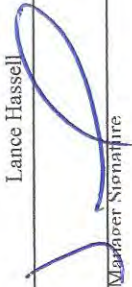
AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions Royal Oak, MI 48076			Project Name: Miller Manor 727 Miller Ave.			Project Number: 1478-15007 City / State / Zip: Ann Arbor, MI			Sample Date: 4/2/2015 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	Total		
1		FB			0	100							FB AVE
2		FB			0	100							0.0000
3		IWA	414 Bathroom	CL	8	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
4		IWA	414 Bathroom	CL	10	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
Total													
Samples												4	
Blind												4	

9 100 10 12.7 10.00 120 0.0041 < 0.0041

<<Enter Sample Number Here

Sample Types	Activity
OSWA =	BKGD = Background
IWA = Outside 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	Work Site Prep
NA-WDF = Not Analyzed / Water Damaged Filter	Clean Up

PCM Analyst:  Lance Hassell
Protect Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/9/2015													
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc						
								Start	Stop	Ave.				Start	Stop	Total			
	1	FB			0	100												FB AVE	
	2	FB			0	100												0.0000	
	3	P	Tim Highland	REM	12	100	12	15.3	2.00	2.00	2.00	8000	1500	420	840.00	0.0058	0.0070		
	4	OSWA	By Elevators	REM	9	100	10	12.7	10.00	10.00	10.00	8000	1500	420	4200.00	0.0012	< 0.0012		
	5	OSWA	West End of Hall	REM	10	100	10	12.7	10.00	10.00	10.00	801	1501	420	4200.00	0.0012	< 0.0012		
	6	IWA	213 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1330	1530	120	1200.00	0.0041	< 0.0041		
	7	IWA	213 Bathroom	CL	8	100	10	12.7	10.00	10.00	10.00	1330	1530	120	1200.00	0.0041	< 0.0041		
	8	IWA	310 Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1315	1515	120	1200.00	0.0041	< 0.0041		
	9	IWA	310 Bathroom	CL	9	100	10	12.7	10.00	10.00	10.00	1315	1515	120	1200.00	0.0041	< 0.0041		
Total Samples		Blind Recount		9		8													

120	1200.00	0.0041	0.0041	< 0.0041

10.00

9	100	10	12.7	

<<Enter Sample Number Here

Sample Issues		Activity	
OSWA	=	BKGD	= Background
IWA	=	REM	= Removal
P	=	CU	= Clean Up
STEL	=	PA	= Post Abatement
HEPEX	=	GB	= Glovebag
FB	=	B/O	= Bag Out
NA-PF	=	AMB	= Ambient
NA-OLF	=	PREP	= Work Site Prep
NA-WDF	=	CU	= Clean Up

PCM Analyst: _____ Lance Hassell

Project Manager: Lance Hassell

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/10/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Dan Waterski	REM	1	100	10	12.7	2.00	2.00	0805	60.00	0.0817
	4	P	Dan Waterski	REM	4	100	10	12.7	2.00	2.00	1200	470.00	< 0.0104
	5	OSWA	3rd Floor-North	REM	9	100	10	12.7	10.00	10.00	1540	4830.00	< 0.0010
	6	OSWA	3rd Floor-South	REM	7.5	100	10	12.7	10.00	10.00	1540	4830.00	< 0.0010
	7	IWA	316-Kitchen	CL	14	100	14	17.8	10.00	10.00	1105	1200.00	0.0057
	8	IWA	316-Living Room	CL	12	100	12	15.3	10.00	10.00	1105	1200.00	0.0049
	9	IWA	316-Bathroom	CL	14	100	14	17.8	10.00	10.00	1105	1200.00	0.0057
	10	IWA	317-Kitchen	CL	12	100	12	15.3	10.00	10.00	1531	1200.00	0.0049
	11	IWA	317-Living Room	CL	12	100	12	15.3	10.00	10.00	1531	1200.00	0.0049
	12	IWA	317-Bathroom	CL	11	100	11	14.0	10.00	10.00	1531	1200.00	0.0045
	13	P	Dan Waterski	REM	3	100	10	12.7	2.00	2.00	1545	330.00	< 0.0148
Total Samples	Blind Recount												
13	6				7	100	10	12.7	10.00		483	4830.00	0.0010

10.00

7 100 10 12.7

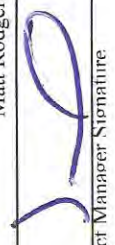
<<Enter Sample Number Here

483 4830.00 0.0010 < 0.0010

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU

PCM Analyst:

Matt Rodgers



Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/13/2015								
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers								
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME								
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc	
	1	FB			0	100							FB AVE	
	2	FB			0	100							0.0000	
	3	STEL	Joe Michaels	REM	1	100	10	12.7	2.00	0740	60.00	0.0817	< 0.0817	
	4	P	Joe Michaels	REM	6	100	10	12.7	2.00	0810	410.00	0.0120	< 0.0120	
	5	P	Joe Michaels	REM	4	100	10	12.7	2.00	1240	160.00	0.0306	< 0.0306	
	6	OSWA	3rd Floor-North	REM	10	100	10	12.7	10.00	0740	4400.00	0.0011	< 0.0011	
	7	OSWA	3rd Floor-South	REM	10.5	100	10.5	13.4	10.00	0741	4390.00	0.0011	0.0012	
	8	IWA	315-Living Room	CL	12	100	12	15.3	10.00	1305	1200.00	0.0041	0.0049	
	9	IWA	315-Kitchen	CL	14	100	14	17.8	10.00	1305	1200.00	0.0041	0.0057	
	10	IWA	315-Bathroom	CL	14	100	14	17.8	10.00	1305	1200.00	0.0041	0.0057	
Total Samples	Blind Recount													
10	8	<<Enter Sample Number Here												
					12	100	12	15.3	10.00		120	1200.00	0.0041	0.0049

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CU
STEL	PA
HEPEX	GB
FB	B/O
NA-PE	AMB
NA-OLF	PREP
NA-WDF	CU
	Background
	Removal
	Control
	Post Abatement
	Glovebag
	Base Out
	Ambient
	Work Site Prep
	Clean Up

PCM Analyst: Matt Rodgers
Project Manager Signature

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/14/2015						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers						
Filter ECA: 385 mm2				Project Contact: Andy Foerg				Contractor: EME				
Microscope Field Area: 0.00785 mm ²												
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	P	Tim Highland	REM	10.5	100	10.5	2.00	0800	900.00	0.0054	0.0057
	4	OSWA	By Elevators	REM	10	100	10	10.00	0800	4500.00	0.0011	< 0.0011
	5	OSWA	West End of Hall 3rd Floor	REM	15.5	100	15.5	10.00	0800	4500.00	0.0011	0.0017
	6	IWA	312 Kitchen	CL	8	100	10	10.00	0815	1200.00	0.0041	< 0.0041
	7	IWA	312 Bathroom	CL	10	100	10	10.00	0815	1200.00	0.0041	< 0.0041
	8	IWA	315 Kitchen	CL	8	100	10	10.00	1020	1200.00	0.0041	< 0.0041
	9	IWA	315 Bathroom	CL	9	100	10	10.00	1020	1200.00	0.0041	< 0.0041
	10	IWA	313 Kitchen	CL	8	100	10	10.00	1225	1200.00	0.0041	< 0.0041
	11	IWA	313 Kitchen	CL	8	100	10	10.00	1225	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount											
11	10	<<<Enter Sample Number Here										

	10.00	120	1200.00	0.0041	< 0.0041
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Sample / Type	Activity
OSWA	BKGD
IWA	REM
P	PA
STEL	GB
HPEL	B/O
HPEL	AMB
NA-PF	PREP
NA-OLF	CU
NA-WDF	

PCM Analyst: _____
 Matt Rodgers
 Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/15/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	2.00	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	10	100	10	12.7	2.00	2.00	450	0.0054	< 0.0054
	5	OSWA	By Elevators	REM	6.5	100	10	12.7	10.00	10.00	240	0.0020	< 0.0020
	6	OSWA	West End of Hall	REM	8	100	10	12.7	10.00	10.00	240	0.0020	< 0.0020
	7	OSWA	By Elevators	REM	6	100	10	12.7	10.00	10.00	240	0.0020	< 0.0020
	8	OSWA	West End of Hall	REM	8.5	100	10	12.7	10.00	10.00	240	0.0020	< 0.0020
	9	IWA	314 Kitchen	CL	7	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
	10	IWA	314 Bathroom	CL	9.5	100	10	12.7	10.00	10.00	120	0.0041	< 0.0041
Total Samples													
Blind Recount													
10													

	10.00	120	1200.00	0.0041	0.0041	< 0.0041
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<<<Enter Sample Number Here

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

PCM Analyst: Lance Hassell
Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/16/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell							
Filter ECA: 385 mm2				Project Contact: Andy Foerg				Contractor: EME					
Microscope Field Area: 0.00785 mm2													
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	10	100	10	12.7	2.00	0800	1530	0.0054	< 0.0054
	4	OSWA	East End of Hall	REM	12	100	12	15.3	8.00	0830	1530	0.0015	0.0018
	5	OSWA	West End of Hall	REM	11	100	11	14.0	8.00	0830	1530	0.0015	0.0016
	6	IWA	108 Hall	CL	8	100	10	12.7	10.00	1008	1208	0.0041	< 0.0041
	7	IWA	108 Bedroom	CL	9	100	10	12.7	10.00	1008	1208	0.0041	< 0.0041
	8	IWA	309 Kitchen	CL	8.5	100	10	12.7	10.00	1210	1410	0.0041	< 0.0041
	9	IWA	309 Bathroom	CL	10	100	10	12.7	10.00	1211	1411	0.0041	< 0.0041
	10	IWA	308 Kitchen	CL	8	100	10	12.7	12.00	1415	1511	0.0073	< 0.0073
	11	IWA	308 Bathroom	CL	9.5	100	10	12.7	12.00	1415	1511	0.0073	< 0.0073
Total Samples	Blind												
11	7												

	10.00	120	1200.00	0.0041	< 0.0041
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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	BO = 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
 Protect Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/17/2015											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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)			Vol. (L)	LOQ (f/cc)	Fibers /cc			
									Start	Stop	Ave.						
	1	FB			0	100									FB AVE		
	2	FB			0	100									0.0000		
	3	P	Tim Highland	REM	11	100	11	14.0	2.00	2.00	2.00	815	1515	420	0.0058	0.0064	
	4	OSWA	East End of Hall	REM	6	100	10	12.7	10.00	10.00	10.00	750	1150	240	0.0020	< 0.0020	
	5	OSWA	West End of Hall	REM	6.5	100	10	12.7	10.00	10.00	10.00	750	1150	240	0.0020	< 0.0020	
	6	IWA	302 Kitchen	CL	6	100	10	12.7	10.00	10.00	10.00	900	1100	120	0.0041	< 0.0041	
	7	IWA	302 Bathroom	CL	5	100	10	12.7	10.00	10.00	10.00	900	1100	120	0.0041	< 0.0041	
	8	IWA	405 Living Room	REM/CL	4.5	100	10	12.7	12.00	12.00	12.00	950	1110	80	0.0051	< 0.0051	
	9	IWA	303 Kitchen	CL	4.5	100	10	12.7	10.00	10.00	10.00	1103	1303	120	0.0041	< 0.0041	
	10	IWA	303 Bathroom	CL	6.5	100	10	12.7	10.00	10.00	10.00	1103	1303	120	0.0041	< 0.0041	
	11	IWA	509 Kitchen	CL	4	100	10	12.7	12.00	12.00	12.00	1200	1340	100	0.0041	< 0.0041	
	12	IWA	509 Kitchen	CL	6	100	10	12.7	12.00	12.00	12.00	1200	1340	100	0.0041	< 0.0041	
	13	IWA	409 Kitchen	CL	5	100	10	12.7	12.00	12.00	12.00	1345	1525	100	0.0041	< 0.0041	
Total Samples		Blind Recount															
16		12															

12.00 12.7 100 10 6.5 100 10 12.7 100 1200.00 0.0041 < 0.0041

<<Enter Sample Number Here

<p>Sample Types</p> <ul style="list-style-type: none"> = OSWA = IWA = P = STEL = HEPEX = FB = NA-PF = NA-OLF = NA-WDF 	<p>Activity</p> <ul style="list-style-type: none"> = Background = Removal = Clearance = Post Abatement = Geyebag = Bag Out = Ambient = Work Site Prep = Clean Up
<p>Sample Types</p> <ul style="list-style-type: none"> = BKGD = REM = CL = PA = GB = B/O = AMB = PREP = CU 	<p>Activity</p> <ul style="list-style-type: none"> = Background = Removal = Clearance = Post Abatement = Geyebag = Bag Out = Ambient = Work Site Prep = Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature

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


Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/17/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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
	14	FB			0	100							FB AVE
	15	FB			0	100							0.0000
	16	IWA	409 Kitchen	CL	7	100	10	12.7	12.00	1345	1525	1200.00	0.0041
Total Samples													
Blind Recount													

<<Enter Sample Number Here

Sample Type	Activity
OSWA	Background
IWA	Removal
P	Cleanse
STEL	100% Attainment
HEPEX	Closest
	Base Out
NA-DPE	Ambient
NA-OLE	Work Site Prep
NA-WDF	Clean Up

PCM Analyst: _____

Lance Hassell


 Project Manager - Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/20/2015						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell						
Filter ECA: 385 mm2				Project Contact: Andy Foerg								
Microscope Field Area: 0.00785 mm2				Contractor: EME								
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²		Vol. (L)	LOQ (f/cc)	Fibers /cc
								Start	Stop			
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	P	Tim Highland	REM	8	100	10	12.7	2.00	2.00	940.00	< 0.0052
	4	OSWA	East End of Hall-3rd Floor	REM	6	100	10	12.7	3.00	3.00	1410.00	< 0.0035
	5	OSWA	West End of Hall-3rd Floor	REM	5	100	10	12.7	3.00	3.00	1410.00	< 0.0035
	6	IWA	304 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	1200.00	< 0.0041
	7	IWA	304 Bathroom	CL	10	100	10	12.7	10.00	10.00	1200.00	< 0.0041
	8	IWA	305 Kitchen	CL	8	100	10	12.7	10.00	10.00	1200.00	< 0.0041
	9	IWA	305 Bathroom	CL	9	100	10	12.7	10.00	10.00	1200.00	< 0.0041
	10	IWA	306 Kitchen	CL	7	100	10	12.7	10.00	10.00	1200.00	< 0.0041
	11	IWA	306 Bathroom	CL	9.5	100	10	12.7	10.00	10.00	1200.00	< 0.0041
	12	IWA	405 Living Room	REM/CL	5	100	10	12.7	12.00	12.00	720.00	< 0.0068
Total Samples	Blind Recount											
12	12											

	12.00	60	720.00	0.0068	< 0.0068
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Sample Types		Activity	
OSWA	=	BKGD	=
IWA	=	REM	=
STEL	=	CL	=
HEPEX	=	PA	=
FB	=	Clearance	=
NA-PE	=	Field Blank	=
NA-OLF	=	Not Analyzed / Pump Failure	=
NA-WDF	=	Not Analyzed / Overloaded Filter	=
	=	Not Analyzed / Water Damaged Filter	=
	=	CU	=

PCM Analyst: Lance Hassell
 Project Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/21/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Ave.	Stop	Start	Stop	Total			
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	1	100	10	12.7	2.00	0800	0830	30	0.0817
	4	P	Tim Highland	REM	10	100	10	12.7	2.00	0830	1500	390	0.0063
	5	OSWA	East End of Hall	REM	6	100	10	12.7	3.00	0830	1330	300	0.0054
	6	OSWA	West End of Hall	REM	5	100	10	12.7	3.00	0830	1330	300	0.0054
	7	IWA	307 Kitchen	CL	7	100	10	12.7	10.00	0832	1032	120	0.0041
	8	IWA	307 Bathroom	CL	9	100	10	12.7	10.00	0830	1032	122	0.0040
	9	IWA	301 Kitchen	CL	8	100	10	12.7	10.00	1034	1234	120	0.0041
	10	IWA	301 Bathroom	CL	10	100	10	12.7	10.00	1034	1234	120	0.0041
	11	IWA	313 Kitchen	CL	8.5	100	10	12.7	10.00	1315	1515	120	0.0041
	12	IWA	313 Bathroom	CL	9	100	10	12.7	10.00	1315	1515	120	0.0041
Total Samples	Blind Recount												
12	12												

	10.00	12.7	100	10	8.5
	120	1200.00	0.0041	0.0041	0.0041

Sample Types

OSWA IWA STEL HEPEX FB NA-PF NA-OLF NA-WDF	BKGD REM CL PL PPE BIO AMB PREP CU
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Activity

= Background Removal = Clearance = PPE Statement = Glove Change = Bio Out = Ambient = Work Site Prep = Clean Up	= = = = = = = =
--	--------------------------------------

PCM Analyst: _____

Project Manager Signature: _____

Lance Hassell

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/22/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm2				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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	10	100	10	12.7	2.00	0800	1530	0.0054	< 0.0054
	4	OSWA	By Elevators	REM	8	100	10	12.7	3.00	0800	1530	0.0036	< 0.0036
	5	OSWA	West End of Hall	REM	6	100	10	12.7	3.00	0800	1530	0.0036	< 0.0036
	6	IWA	209 Kitchen	CL	8	100	10	12.7	10.00	0940	1140	0.0041	< 0.0041
	7	IWA	209 Bathroom	CL	10	100	10	12.7	10.00	0040	1140	0.0007	< 0.0007
	8	IWA	210 Kitchen	CL	8	100	10	12.7	10.00	1310	1510	0.0041	< 0.0041
	9	IWA	210 Bathroom	CL	9	100	10	12.7	10.00	1310	1510	0.0041	< 0.0041
Total Samples	9												
Blind Recount													

10.00 12.7 8 100 10 12.7 10.00 1200.00 0.0041 < 0.0041

PCM Analyst: Lance Hassell

Project Manager Signature

Sample / Types	Activity
OSWA	BKGD
IWA	REM
STER	PA
HRPEX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background
	Renovel
	Clean
	Post Abatement
	Glovebag
	Bag Out
	Ambient
	Work Site Prep
	Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/23/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	5	100	10	12.7	2.00	2.00	8830	60.00	0.0817
	4	P	Tim Highland	REM	11	100	11	14.0	2.00	2.00	1530	840.00	0.0058
	5	OSWA	By Elevators-2nd Floor	REM	6	100	10	12.7	3.00	3.00	1530	1350.00	0.0036
	6	OSWA	West End of Hall-2nd Floor	REM	7	100	10	12.7	3.00	3.00	1530	1350.00	0.0036
	7	IWA	211 Kitchen	CL	7	100	10	12.7	10.00	10.00	1015	1200.00	0.0041
	8	IWA	211 Bathroom	CL	9	100	10	12.7	10.00	10.00	1015	1200.00	0.0041
	9	IWA	305 Entry	CL	6	100	10	12.7	12.00	12.00	1110	2640.00	0.0019
	10	IWA	216 Kitchen	CL	8	100	10	12.7	10.00	10.00	1510	1200.00	0.0041
	11	IWA	216 Bthroom	CL	10	100	10	12.7	10.00	10.00	1510	1200.00	0.0041
	12	IWA	112 Bedroom	CL	7	100	10	12.7	12.00	12.00	1455	1200.00	0.0041
	13	IWA	112 Bathroom	CL	9	100	10	12.7	12.00	12.00	1455	1200.00	0.0041
Total Samples	Blind Recount												
13	12				7	100	10	12.7				12.00	100
													1200.00
													0.0041
													< 0.0041

PCM Analyst: Lance Hassell
 Project Manager: [Signature]

Sample / Uses	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PL
HDPX	GB
FB	B/O
NA-PF	AMB
NA-OLF	PREP
NA-WDF	CU
	Background
	Removal
	Clearance
	Personal Protection
	Glovebag
	Bag Out
	Ambient
	Work Site Prep
	Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/24/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	11	100	11	14.0	2.00	0800	1500	0.0058	0.0064
	4	OSWA	By Elevators-2nd Floor	REM	9	100	10	12.7	3.00	0800	1500	0.0039	< 0.0039
	5	OSWA	West End of Hall-2nd Floor	REM	7	100	10	12.7	3.00	0800	1500	0.0039	< 0.0039
	6	IWA	214 Kitchen	CL	9	100	10	12.7	10.00	0830	1030	0.0041	< 0.0041
	7	IWA	214 Bathroom	CL	10	100	10	12.7	10.00	0830	1030	0.0041	< 0.0041
	8	IWA	213 Kitchen	CL	8	100	10	12.7	10.00	1130	1330	0.0041	< 0.0041
	9	IWA	213 Bathroom	CL	10	100	10	12.7	10.00	1130	1330	0.0041	< 0.0041
Total Samples	9												
Blind Recount	9												

10.00

12.7

120 1200.00 0.0041 < 0.0041

Sample Types	Activity
OSWA	BKGD
IWA	REM
STEL	CU
HEPEX	PA
FB	GB
NA-PF	B/O
NA-OLF	AMB
NA-WDF	PREP
	CU

PCM Analyst: Lance Hassell
Project Manager / Stomach Air

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/27/2015						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers /cc
								Start Stop Ave.	Start Stop	Total		
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	P	Tim Highland	REM	8	100	12.7	2.00 2.00	0800 1500	420	0.0058	< 0.0058
	4	OSWA	By Elevators-2nd Floor	REM	8	100	12.7	3.00 3.00	0800 1500	420	0.0039	< 0.0039
	5	OSWA	West End of Hall-2nd Floor	REM	7	100	12.7	3.00 3.00	0800 1500	420	0.0039	< 0.0039
	6	IWA	208 Kitchen	CL	9	100	12.7	10.00 10.00	1040 1240	120	0.0041	< 0.0041
	7	IWA	208 Bathroom	CL	8	100	12.7	10.00 10.00	1040 1240	120	0.0041	< 0.0041
	8	IWA	207 Kitchen	CL	8.5	100	12.7	10.00 10.00	1300 1500	120	0.0041	< 0.0041
	9	IWA	207 Bathroom	CL	9	100	12.7	10.00 10.00	1300 1500	120	0.0041	< 0.0041
Total Samples	9											
Blind Recount	9											

	10.00	12.7	120
9	100	10	1200.00
9	100	10	0.0041
9	100	10	0.0041

<<<Enter Sample Number Here

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Sample Types</th> <th style="text-align: left;">Activity</th> </tr> <tr> <td>OSWA = Outside Work Area</td> <td>BKGD = Background</td> </tr> <tr> <td>IWA = Inside Work Area</td> <td>REM = Removal</td> </tr> <tr> <td>P = Personal</td> <td>CL = Clearance</td> </tr> <tr> <td>STEL = Short Term Exposure Limit</td> <td>PA = Post Abatement</td> </tr> <tr> <td>HEPEX = HEPA Exhaust</td> <td>GB = Glovebag</td> </tr> <tr> <td>FB = Field Blank</td> <td>B/O = Bag Out</td> </tr> <tr> <td>NA-PF = Not Analyzed / Pump Failure</td> <td>AMB = Ambient</td> </tr> <tr> <td>NA-OLF = Not Analyzed / Overloaded Filter</td> <td>PREP = Work Site Prep</td> </tr> <tr> <td>NA-WDF = Not Analyzed / Water Damaged Filter</td> <td>CU = Clean Up</td> </tr> </table>	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	<p style="text-align: center;">PCM Analyst: </p> <p style="text-align: center;">Project Manager: </p>
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																				

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 4/28/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell							
Filter ECA: 385 mm2				Project Contact: Andy Foerg				Contractor: EME					
Microscope Field Area: 0.00785 mm2													
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	5	100	10	12.7	2.00	0800	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	9	100	10	12.7	2.00	0830	390	0.0063	< 0.0063
	5	OSWA	By Elevator-2nd Floor	REM	8	100	10	12.7	3.00	0800	420	0.0039	< 0.0039
	6	OSWA	East End of Hall-2nd Floor	REM	9	100	10	12.7	3.00	0800	420	0.0039	< 0.0039
	7	IWA	206 Kitchen	CL	9	100	10	12.7	10.00	0930	120	0.0041	< 0.0041
	8	IWA	206 Bathroom	CL	10	100	10	12.7	10.00	0930	120	0.0041	< 0.0041
	9	IWA	203 Kitchen	CL	8	100	10	12.7	10.00	1300	120	0.0041	< 0.0041
	10	IWA	203 Bathroom	CL	10	100	10	12.7	10.00	1300	120	0.0041	< 0.0041
Total Samples	10												

	10.00	120	1200.00	0.0041	< 0.0041
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<<Enter Sample Number Here

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

PCM Analyst: Lance Hassell
Project Manager:

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

Client Name: Environmental Consulting Solutions Royal Oak, MI 48076			Project Name: Miller Manor 727 Miller Ave.			Project Number: 1478-15007 Ann Arbor, MI			Sample Date: 4/29/2015 Lance Hassell									
City / State / Zip: 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	Start	Stop	Start	Stop				Total	
	1	FB			0	100										FB AVE		
	2	FB			0	100										0.0000		
	3	P	Joe Michaels	REM	4	100	10	12.7	2.00	2.00	0800	1100	180	360.00	0.0136	< 0.0136		
	4	OSWA	By Elevators-2nd Floor	REM	4.5	100	10	12.7	3.00	3.00	0800	1300	300	900.00	0.0054	< 0.0054		
	5	OSWA	East End of Hall-2nd Floor	REM	6	100	10	12.7	3.00	3.00	0800	1300	300	900.00	0.0054	< 0.0054		
	6	IWA	202 Kitchen	CL	9	100	10	12.7	10.00	10.00	0900	1100	120	1200.00	0.0041	< 0.0041		
	7	IWA	202 Bathroom	CL	10	100	10	12.7	10.00	10.00	0900	1100	120	1200.00	0.0041	< 0.0041		
	8	IWA	201 Kitchen	CL	8	100	10	12.7	10.00	10.00	1103	1303	120	1200.00	0.0041	< 0.0041		
	9	IWA	201 Bathroom	CL	8.5	100	10	12.7	10.00	10.00	1103	1303	120	1200.00	0.0041	< 0.0041		
Total Samples	9																	
		Blind Recount																
	8				8	100	10	12.7						10.00	120	1200.00	0.0041	< 0.0041

<<<Enter Sample Number Here

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

PCM Analyst: Lance Hassell

Project Manager: Signature _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/8/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	IWA	301 Bathroom	CL	8	100	10	12.7	10.00	0755	120	0.0041	< 0.0041
	4	IWA	301 Bathroom	CL	8	100	10	12.7	10.00	0755	120	0.0041	< 0.0041
Total Samples	4												
		Blind Recount											
		4											

	10.00	120	1200.00
8	100	10	12.7
<<<Enter Sample Number Here			
120	1200.00	0.0041	< 0.0041

<p>Sample Issues</p> <p>OSWA = Outside Work Area</p> <p>IWA = Inside Work Area</p> <p>P = Personal</p> <p>STEL = Short Term Exposure Limit</p> <p>HEPEX = HEPA Exhaust</p> <p>FB = Field Blank</p> <p>NA-PF = Not Analyzed / Pump Failure</p> <p>NA-OLF = Not Analyzed / Overloaded Filter</p> <p>NA-WDF = Not Analyzed / Water Damaged Filter</p>	<p>Activity</p> <p>BKGD = Background</p> <p>REM = Removal</p> <p>CU = Clearance</p> <p>PA = Post Abatement</p> <p>GB = Glovebag</p> <p>B/O = Bag Out</p> <p>AMB = Ambient</p> <p>PREP = Work Site Prep</p> <p>CU = Clean Up</p>
<p>PCM Analyst: <u>Lance Hassell</u></p> <p>Project Manager: <u>Stonahire</u></p>	

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/19/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	5	100	10	12.7	2.00	0900	30	0.0817	< 0.0817
	4	P	Tim Highland	REM	8	100	10	12.7	2.00	0930	340	0.0072	< 0.0072
	5	OSWA	West End of Hall	REM	5	100	10	12.7	3.00	0900	370	0.0044	< 0.0044
	6	OSWA	Outside 115	REM	6	100	10	12.7	3.00	0900	370	0.0044	< 0.0044
Total Samples													6
Blind Recount													6

370	1110.00	0.0044	< 0.0044
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Sample Types</th> <th>Activity</th> </tr> <tr> <td>OSWA</td> <td>BKGD</td> </tr> <tr> <td>TWA</td> <td>REM</td> </tr> <tr> <td>STEL</td> <td>CU</td> </tr> <tr> <td>HEPEX</td> <td>PA</td> </tr> <tr> <td>FB</td> <td>GB</td> </tr> <tr> <td>NA-PF</td> <td>B/O</td> </tr> <tr> <td>NA-OLF</td> <td>AMB</td> </tr> <tr> <td>NA-WDF</td> <td>PREP</td> </tr> <tr> <td></td> <td>CU</td> </tr> </table>	Sample Types	Activity	OSWA	BKGD	TWA	REM	STEL	CU	HEPEX	PA	FB	GB	NA-PF	B/O	NA-OLF	AMB	NA-WDF	PREP		CU	<p>PCM Analyst: Lance Hassell</p> <p style="text-align: right;">Project Manager Signature</p>
Sample Types	Activity																				
OSWA	BKGD																				
TWA	REM																				
STEL	CU																				
HEPEX	PA																				
FB	GB																				
NA-PF	B/O																				
NA-OLF	AMB																				
NA-WDF	PREP																				
	CU																				

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/20/2015						
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100						FB AVE
	2	FB			0	100						0.0000
	3	IWA	114 Kitchen	CL	8	100	10	10.00	0830	1030	1200.00	0.0041
	4	IWA	114 Bathroom	CL	9	100	10	10.00	0831	1031	1200.00	0.0041
	5	P	Tim Highland	REM	8	100	10	2.00	1015	1505	580.00	0.0084
	6	OSWA	West End of Hall-2nd Floor	REM	11	100	11	10.00	1020	1505	2850.00	0.0017
	7	OSWA	By Elevators-2nd Floor	REM	10	100	10	10.00	1020	1505	2850.00	0.0017
	8	IWA	215 Kitchen	CL	8.5	100	10	10.00	1245	1445	1200.00	0.0041
	9	IWA	215 Bathroom	CL	9	100	10	10.00	1245	1445	1200.00	0.0041
Total Samples	9											
Blind Recount	9											

	10.00	120	1200.00
8.5	100	10	12.7

<<<Enter Sample Number Here

Sample Types	Activity
OSWA	BKGD
IWA	REM
STEL	CU
HEPEX	PA
FB	GB
NA-PF	B/O
NA-OLF	AMB
NA-WDF	PREP
	CU
	Background
	Removal
	Clearance
	Post Abatement
	Glovebag
	Baz Out
	Ambient
	Work Site Prep
	Clean Up

PCM Analyst: Lance Hassell
 Project Manager: Monafirre

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/22/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	10	100	10	12.7	2.00	0800	1500	840.00	< 0.0058
	4	IWA	212 Kitchen	CL	8	100	10	12.7	10.00	0800	1000	1200.00	< 0.0041
	5	IWA	212 Bathroom	CL	8.5	100	10	12.7	10.00	0800	1000	1200.00	< 0.0041
	8	IWA	204 Kitchen	CL	8.5	100	10	12.7	10.00	0804	1004	1200.00	< 0.0041
	9	IWA	204 Bathroom	CL	9	100	10	12.7	10.00	0804	1004	1200.00	< 0.0041
	6	OSWA	East End of 2nd Floor	REM/PA	7.5	100	10	12.7	3.00	0800	1500	1260.00	< 0.0039
	10	IWA	205 Kitchen	CL	7	100	10	12.7	10.00	1005	1205	1200.00	< 0.0041
	11	IWA	205 Bathroom	CL	9	100	10	12.7	10.00	1005	1205	1200.00	< 0.0041
	7	OSWA	West End of 1st Floor	REM	6	100	10	12.7	3.00	0802	1502	1260.00	< 0.0039
Total Samples	Blind Recount												
11	11				6.5	100	10	12.7	10.00		120	1200.00	< 0.0041

10.00

12.7

120 1200.00 0.0041 < 0.0041

Sample Types	Activity
OSWA	Background
IWA	Removal
P	Clearance
STEEL	Site Remediation
HEPEX	Glovebag
FB	Boo Out
NA-PF	Ambient
NA-OLF	Work Site Prep
NA-WDF	Clean Up

PCM Analyst: Lance Hassell

Project Manager Signature:

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/26/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Jef Fox							
Filter ECA: 385 mm2				Project Contact: Andy Foerg				Contractor: EME					
Microscope Field Area: 0.00785 mm2													
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	IWA	Room 116-East Side at Closet	CL	8.5	100	10	12.7	10.00	0905	1105	0.0041	< 0.0041
	4	IWA	Room 116- West Side Center	CL	6	100	10	12.7	10.00	0907	1107	0.0041	< 0.0041
	5	P	Chris Treglown	REM	18	100	18	22.9	2.00	0911	1445	0.0073	0.0132
	6	P	Tim Highland	REM	3	100	10	12.7	2.00	1030	1100	0.0817	< 0.0817
	7	IWA	Unit 201-Bathroom	CL	9	100	10	12.7	10.00	1117	1317	0.0041	< 0.0041
	8	IWA	Unit 201-Bathroom	CL	4	100	10	12.7	10.00	1120	1320	0.0041	< 0.0041
Total Samples	8												
Blind Recount	8												

10.00

12.7

5 100 10

120 1200.00 0.0041 < 0.0041

<<Enter Sample Number Here

Sample / Vials	Activity
OSWA	= Background
IWA	= Removal
P	= Clearance
STEL	= Post Abatement
HEPEX	= Glovebag
FB	= Bag Out
NA-PF	= Ambient
NA-OLF	= Work Site Prep
NA-WDF	= Clean Up

PCM Analyst:

Jef Fox

Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/27/2015											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Jody Henson											
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	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	Northeast Corner in Room 115	REM	14	100	17.8	2.00	0900	1530	780.00	0.0088					
	4	OSWA	Outside Room 115 in Hallway	REM	5	100	12.7	2.00	0900	1530	780.00	< 0.0063					
	5	STEL	Andrew Ptak	REM	1	100	12.7	2.00	0900	0930	60.00	< 0.0817					
	6	P	Andrew Ptak	REM	17	100	21.7	2.00	0930	1530	720.00	0.0116					
Total Samples	Blind Recount																
6	6	<<Enter Sample Number Here															
								2.00		420		840.00		0.0058		0.0088	

Sample Types	Activity
OSWA	= Background Removal
IWA	= Clearance
P	= Post-Abatement
STEL	= Grovobag
HPEX	= Bag Out
FB	= AVE
NA-OF	= Not Analyzed / Pump Failure
NA-OLF	= Not Analyzed / Overloaded Filter
NA-WDF	= Not Analyzed / Water Damaged Filter
BKGD	= Background
REM	= Removal
CL	= Clearance
PA	= Post-Abatement
GB	= Grovobag
AVB	= AVE
PREP	= Work Site Prep
CU	= Clean Up

PCM Analyst:

Jody Henson



Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/28/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Jody Henson							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm2				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
	7	FB			0	100							FB AVE
	8	FB			0	100							0.0000
	9	IWA	Northeast in Room 115	REM	22	100	22	28.0	2.00	0830	1630	0.0051	0.0112
	10	IWA	Southwest in Room 116	REM	26	100	26	33.1	2.00	0830	1630	0.0051	0.0133
	11	OSWA	Hall Outside 116	REM	7	100	10	12.7	2.00	0830	1630	0.0051	< 0.0051
	12	STEL	Andrew Ptak	REM	3	100	10	12.7	2.00	0830	0900	0.0817	< 0.0817
	13	P	Andrew Ptak	REM	29	100	29	36.9	2.00	0900	1630	0.0054	0.0158
Total Samples	7												
Blind Recount	13												

	2.00	900.00	0.0054	0.0147
27	100	27	34.4	450

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

PCMA Analyst: Jody Henson
Protect Member Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 5/29/2015										
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Jody Henson										
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	Total					
	14	FB			0	100							FB AVE			
	15	FB			0	100							0.0000			
	16	IWA	Room 115-East Wall-Wall Open Between Rooms	CL	11	100	11	14.0	15.00	15.00	1000	1350.00	0.0036			
	17	IWA	Room 116-West Wall-Wall Open Between Rooms	CL	6	100	10	12.7	15.00	15.00	1000	1350.00	0.0036			
	18	IWA	Room 112-Hallway-East Side	CL	12	100	12	15.3	15.00	15.00	1140	1350.00	0.0036			
	19	IWA	Room 112-Hallway-West Side	CL	9	100	10	12.7	15.00	15.00	1140	1350.00	0.0036			
	20	IWA	2nd Floor Laundry-Inside Door	CL	5	100	10	12.7	15.00	15.00	1315	1350.00	0.0036			
	21	IWA	2nd Floor Laundry-Next to Window	CL	15	100	15	19.1	15.00	15.00	1315	1350.00	0.0036			
	22	OSWA	Outside Room 116	REM	4	100	10	12.7	2.00	2.00	1400	720.00	0.0068			
	23	STEL	Tom Ptak	REM	2	100	10	12.7	2.00	2.00	830	60.00	0.0817			
	24	P	Tom Ptak	REM	9	100	10	12.7	2.00	2.00	1400	660.00	0.0074			
Total Samples																
	11				7	100	10	12.7				2.00	210	420.00	0.0117	< 0.0117

<<<Enter Sample Number Here

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

PCM Analyst: Jody Henson
Project Manager: [Signature]

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 6/15/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Hassell							
Filter ECA: 385 mm2				Project Contact: Andy Foerg				Contractor: EME					
Microscope Field Area: 0.00785 mm2													
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Tim Highland	REM	1.5	100	10	12.7	2.00	1230	1400	90	0.0272
	4	OSWA	Elevator Lobby-1st Floor	REM	2	100	10	12.7	10.00	1230	1400	90	0.0054
	5	OSWA	Elevator Lobby-1st Floor	REM	3	100	10	12.7	10.00	1230	1400	90	0.0054
	6	IWA	Elevator	CL	7	100	10	12.7	10.00	1400	1600	120	0.0041
	7	IWA	Elevator	CL	8	100	10	12.7	10.00	1400	1600	120	0.0041
Total Samples	7												
Blind Recount	6												

	10.00	12.7	120	1200.00	0.0041	0.0041	< 0.0041
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<p>Sample Types</p> <ul style="list-style-type: none"> = OSWA = IWA = P = STEL = HEPEX = FB = NA-CDF = NA-WDF 	<p>Activity</p> <ul style="list-style-type: none"> = Background = Removal = Clearance = Post Abatement = Glovebag = Bat Out = Initial = Work Site Prep = Clean Up
<p>BKGD REM CL PA GB AVB PREP CU</p>	<p>BKGD REM CL PA GB AVB PREP CU</p>

PCM Analyst: Lance Hassell

Project Manager Signature:

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 6/16/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Flow Rate (L/min)			Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers / cc
								Start	Stop	Ave.	Start	Stop			
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	P	Tim Highland	REM	10	100	10	2.00	2.00	2.00	0800	1530	450	900.00	< 0.0054
	4	OSWA	Elevator Lobby-1st Floor	REM	4	100	10	3.00	3.00	3.00	0800	1530	450	1350.00	< 0.0036
	5	OSWA	Hall by 115	REM	5	100	10	3.00	3.00	3.00	0800	1530	450	1350.00	< 0.0036
Total Samples	5														
Blind Recount	5														

3.00 450 1350.00 0.0036 < 0.0036

3.00

12.7

5 100 10

5 100 10

5 100 10

5 100 10

5 100 10

5 100 10

5 100 10

5 100 10

5 100 10

5 100 10

<<<Enter Sample Number Here

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

PCM Analyst: L Lance Hassell
 Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 6/17/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2				Project Contact: Andy Foerg				Contractor: EME					
Microscope Field Area: 0.00785 mm2													
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	P	Joe Michaels	REM	7	100	10	12.7	2.00	0735	1530	475	< 0.0052
	4	STEL	Joe Michaels	REM	4	100	10	12.7	2.00	0805	1530	445	< 0.0055
	5	P	Joe Michaels	REM	4	100	10	12.7	2.00	1230	1505	155	< 0.0158
	6	P	110-Living	REM	8	100	10	12.7	10.00	0730	1510	460	< 0.0011
	7	OSWA	110-Bedroom	REM	10	100	10	12.7	10.00	0730	1510	460	< 0.0011
	8	OSWA	112-Kitchen	CL	11	100	11	14.0	10.00	1000	1200	120	0.0041
	9	IWA	112-Bathroom	CL	9	100	10	12.7	10.00	1000	1200	120	< 0.0041
	10	IWA	112-Living Room	CL	9	100	10	12.7	10.00	1000	1200	120	< 0.0041
	11	IWA	1st Floor-North	REM	3	100	10	12.7	10.00	0731	1510	459	< 0.0011
Total Samples	Blind Recount												
11	6												

	10.00	12.7	460	4600.00	0.0011	0.0011	< 0.0011
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Sample Types

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	GC	=	Gauze Cloth
NA-DF	=	Not Analyzed / Pump Failure	AWB	=	Work Area
NA-SF	=	Not Analyzed / Overloaded Filter	PREP	=	Work Site Prep
NA-VDF	=	Not Analyzed / Water Damaged Filter	CU	=	Clean Up

Activity

BKGD	=	Background
REM	=	Removal
CL	=	Clearance
PA	=	Post Abatement
GB	=	Glovebag
GC	=	Gauze Cloth
AWB	=	Work Area
PREP	=	Work Site Prep
CU	=	Clean Up

PCM Analyst: _____ Project Manager Signature:

Matt Rodgers

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 6/18/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Ave.	Stop	Total	
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	10	100	10	12.7	2.00	2.00	0810	30	0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	1140	210	0.0117
	5	P	1st Floor-Hall-North	REM	3	100	10	12.7	10.00	10.00	0730	270	0.0018
	6	OSWA	1st Floor-Hall-South	REM	3	100	10	12.7	10.00	10.00	0730	270	0.0018
	7	OSWA	110- Living Room	CL	10	100	10	12.7	10.00	10.00	1430	120	0.0041
	8	IWA	110-Kitchen	CL	10	100	10	12.7	10.00	10.00	1430	120	0.0041
	9	IWA	110-Bedroom	CL	10	100	10	12.7	10.00	10.00	1430	120	0.0041
Total Samples	Blind Recount												
9	7												

10.00

12.7

10

100

10

120

1200.00

0.0041

0.0041

0.0041

0.0041

0.0041

<p>PCM Analyst: Matt Rodgers</p> <p>Project Manager Signature: </p>	<p>Background Removal =</p> <p>Clearance =</p> <p>Post-Abatement =</p> <p>Glovebag =</p> <p>Bac Out =</p> <p>Ambient =</p> <p>Work Site Prep =</p> <p>Clean Up =</p>
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AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 7/1/2015	
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers	
Filter ECA: 385 mm2				Microscope Field Area: 0.00785 mm2			
Lab Sample #		Type		Location		Activity	
Field Sample #		Fibers per mm²		Adjusted Fiber Count		Fibers /cc	
1		FB				FB AVE	
2		FB				0.0000	
3		STEL		Chris Treglown		0.1062	
4		P		Chris Treglown		0.0136	
5		P		Chris Treglown		0.0377	
6		OSWA		108-Living Room		0.0015	
7		OSWA		1st Floor-North		0.0015	
8		OSWA		1st Floor-Elevator Lobby		0.0015	
9		IWA		108-Hall		0.0041	
10		IWA		108-Bath		0.0041	
11		IWA		108-Kitchen		0.0049	
Total Samples		Blind		Recount			
10		8					

	10.00	260	2600.00	0.0019	< 0.0019
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">OSWA</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>IWA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STEL</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEPEX</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FB</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA-PE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA-OLF</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NA-VDF</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	OSWA						IWA						P						STEL						HEPEX						FB						NA-PE						NA-OLF						NA-VDF						<p style="text-align: center;">PCM Analyst: Matt Rodgers</p> <p style="text-align: center;">Project Manager Signature: </p>
OSWA																																																							
IWA																																																							
P																																																							
STEL																																																							
HEPEX																																																							
FB																																																							
NA-PE																																																							
NA-OLF																																																							
NA-VDF																																																							

<<Enter Sample Number Here

Sample Types	Activity
= Outside Work Area	= Background
= Inside Work Area	= Removal
= Personal	= Clearance
= Short Term Exposure Limit	= Post Abatement
= HEPA Exhaust	= Glovebag
= Field Blank	= Bag Out
= Not Analyzed / Pump Failure	= Analyze
= Not Analyzed / Overloaded Filter	= Work Site Prep
= Not Analyzed / Water Damaged Filter	= Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 7/2/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers									
Filter ECA: 385 mm2				Microscope Field Area: 0.00785 mm2											
Project Contact: Andy Foerg		Contractor: EME													
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers/cc	
									Start	Stop	Ave.				
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	Chris Treglown	REM	10	100	10	12.7	2.00	2.00	2.00	0805	30	0.0817	< 0.0817
	4	P	Chris Treglown	REM	12	100	12	15.3	2.00	2.00	2.00	1145	220	0.0111	0.0134
	5	P	Chris Treglown	REM	5	100	10	12.7	2.00	2.00	2.00	1400	60	0.0408	< 0.0408
	6	OSWA	1st Floor-North	REM	6	100	10	12.7	10.00	10.00	10.00	1355	375	0.0013	< 0.0013
	7	OSWA	1st Floor-South	REM	4	100	10	12.7	10.00	10.00	10.00	1355	375	0.0013	< 0.0013
	8	IWA	110-Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1100	120	0.0041	0.0049
	9	IWA	110-Bath	CL	12	100	12	15.3	10.00	10.00	10.00	1100	120	0.0041	0.0049
	10	IWA	110-Hall	CL	10	100	10	12.7	10.00	10.00	10.00	1100	120	0.0041	< 0.0041
	11	IWA	112-Kitchen	CL	13	100	13	16.6	10.00	10.00	10.00	1600	120	0.0041	0.0053
	12	IWA	112-Bath	CL	10	100	10	12.7	10.00	10.00	10.00	1600	120	0.0041	< 0.0041
	13	IWA	112-Hall	CL	11	100	11	14.0	10.00	10.00	10.00	1600	120	0.0041	0.0045
Total Samples	Blind Recount														
13	7	<<Enter Sample Number Here													

	10.00	375	3750.00	0.0013	< 0.0013
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Sample Types	Activity
OSWA =	BKGD = Background
IWA = Outside Work Area	REM = Removal
P = Inside Work Area	CL = Clearance
STEL = Personal	PA = Pest Abatement
HEPEX = Short Term Exposure Limit	GB = Glovebag
FB = HEPA Exhaust	B/O = Bag Out
NA-PF = Field Blank	AMB = Ambient
NA-OLF = Not Analyzed / Pump Failure	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: Miller Manor		Project Number: 1478-15007		Sample Date: 7/13/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm2				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	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	7	100	10	12.7	2.00	2.00	0810	60.00	< 0.0817
	4	P	Tim Highland	REM	11	100	11	14.0	2.00	2.00	1210	480.00	0.0112
	5	P	1st Floor-North	REM	3	100	10	12.7	10.00	10.00	1215	2650.00	< 0.0018
	6	OSWA	1st Floor-South	REM	4	100	10	12.7	10.00	10.00	1215	2850.00	< 0.0017
	7	IWA	113-Bathroom	CL	12	100	12	15.3	10.00	10.00	1440	1200.00	0.0049
	8	IWA	113-Kitchen	CL	14	100	14	17.8	10.00	10.00	1440	1200.00	0.0057
	9	IWA	113-Living Room	CL	14	100	14	17.8	10.00	10.00	1440	1200.00	0.0057
Total Samples	Blind Recount												
9	5				3	100	10	12.7	10.00		285	2850.00	< 0.0017

10.00

3 100 10 12.7

<<<Enter Sample Number Here

Sample Types	Activity
OSWA	=
IWA	=
P	=
STEL	=
HEPEX	=
FB	=
NA-PP	=
NA-OLF	=
NA-WDF	=
Outside Work Area	BKGD
Inside Work Area	REM
Personal	CL
Short Term Exposure Limit	PA
HEPA Exhaust	GB
Field Blank	B/O
Not Analyzed / Pump Failure	AMB
Not Analyzed / Overloaded Filter	PREP
Not Analyzed / Water Damaged Filter	CU

PCM Analyst:

Matt Rodgers



Project Manager Signature

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

Client Name:	Environmental Consulting Solutions	Project Name:	Miller Manor	Project Number:	1478-15007	Sample Date:	7/16/2015										
City / State / Zip:	Royal Oak, MI 48076	Project Location:	727 Miller Ave.	City / State / Zip:	Ann Arbor, MI	Collected By:	Matt Rodgers										
Filter ECA:	385 mm2	Microscope Field Area:	0.00785 mm2	Project Contact:	Andy Foerg	Contractor:	EME										
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)			Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc		
									Start	Stop	Ave.						
	1	FB			0	100										FB AVE	
	2	FB			0	100										0.0000	
	3	STEL	Chris Treglown	REM	9	100	10	12.7	2.00	2.00	2.00	0735	0805	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	12	100	12	15.3	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	0.0143
	5	P	Chris Treglown	REM	10	100	10	12.7	2.00	2.00	2.00	1240	1430	110	220.00	0.0223	< 0.0223
	6	OSWA	1st Floor-North	REM	4	100	10	12.7	10.00	10.00	10.00	0730	1430	420	4200.00	0.0012	< 0.0012
	7	OSWA	1st Floor-South	REM	4	100	10	12.7	10.00	10.00	10.00	0730	1430	420	4200.00	0.0012	< 0.0012
	8	IWA	Bedroom-112	CL	10	100	10	12.7	10.00	10.00	10.00	1130	1330	120	1200.00	0.0041	< 0.0041
	9	IWA	Kitchen-112	CL	12	100	12	15.3	10.00	10.00	10.00	1130	1330	120	1200.00	0.0041	0.0049
	10	IWA	Bathroom-112	CL	12	100	12	15.3	10.00	10.00	10.00	1130	1330	120	1200.00	0.0041	0.0049
	11	IWA	Bedroom-110	CL	9	100	10	12.7	10.00	10.00	10.00	1430	1630	120	1200.00	0.0041	< 0.0041
	12	IWA	Kitchen-110	CL	10	100	10	12.7	10.00	10.00	10.00	1430	1630	120	1200.00	0.0041	< 0.0041
	13	IWA	Bathroom-110	CL	8	100	10	12.7	10.00	10.00	10.00	1430	1630	120	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount																
13	5	<<<Enter Sample Number Here															
												2.00	110	220.00	0.0223	< 0.0223	

PCM Analyst: _____

Matt Rodgers

Project Manager Signature: _____

OSWA	IWA	P	STEL	HEPEX	FB	NA-PF	NA-OLF	NA-WDF	BKGD	REM	CL	PA	GB	B/O	AMB	PREP	CU
=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=

Sample Types

Outside Work Area

Inside Work Area

Personal

Short Term Exposure Limit

HEPA Exhaust

Field Blank

Not Analyzed / Pump Failure

Not Analyzed / Overloaded Filter

Not Analyzed / Water Damaged Filter

Activity

Background

Removal

Clearance

Post-Abatement

Glovebag

Bag Out

Ambient

Work Site Prep

Clean Up

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 7/30/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	4	100	10	12.7	2.00	0745	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	0815	450.00	0.0109	< 0.0109
	5	P	Tim Highland	REM	5.5	100	10	12.7	2.00	1310	340.00	0.0144	< 0.0144
	6	OSWA	2nd Floor-Elevator Lobby	REM	3	100	10	12.7	10.00	0740	5000.00	0.0010	< 0.0010
	7	OSWA	2nd Floor-North End Hall	REM	1	100	10	12.7	10.00	0740	5000.00	0.0010	< 0.0010
	8	OSWA	2nd Floor-South End Hall	REM	1.5	100	10	12.7	10.00	0740	5000.00	0.0010	< 0.0010
Total Samples	8												
Blind Recount	5												

2.00

170 340.00 0.0144 < 0.0144

5.5 100 10 12.7

5.5 100 10 12.7

5.5 100 10 12.7

5.5 100 10 12.7

5.5 100 10 12.7

5.5 100 10 12.7

5.5 100 10 12.7

PCM Analyst:	Matt Rodgers
Project Manager:	Matt Rodgers

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

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 7/31/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Lance Rodgers									
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME									
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Flow Rate (L/min)			Vol. (L)	LOQ (f/cc)	Fibers /cc		
								Start	Stop	Ave.				Start	Stop
	1	FB			0	100							FB AVE		
	2	FB			0	100							0.0000		
	3	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	0800	1330	330	0.0074	< 0.0074
	4	OSWA	Elevator Lobby-2nd Floor	REM	3	100	10	12.7	3.00	3.00	0801	1331	330	0.0049	< 0.0049
	5	OSWA	West of Laundry Room Entry	REM	4	100	10	12.7	3.00	3.00	0802	1332	330	0.0049	< 0.0049
	6	IWA	West Side of Laundry Room	CL	8	100	10	12.7	10.00	10.00	1340	1540	120	0.0041	< 0.0041
	7	IWA	East Side of Laundry Room	CL	7	100	10	12.7	10.00	10.00	1340	1540	120	0.0041	< 0.0041
Total Samples		Blind Recount													
7		7				10.00		12.7		10.00		120		0.0041 < 0.0041	

PCM Analyst: _____
 Lance Rodgers
 Project Manager Signature

Sample Types	Activity
OSWA	BKGD
IWA	REM
STEL	CL
HEPEX	PL
FB	GR
NA-PE	AMB
NA-OLF	PREP
NA-WDF	CU
Outside Work Area	Background Removal
Inside Work Area	Clearance
Personal	Post Abatement
Setup / Term Exposure Limit	Pre Op
HEPA Exhaust	Bag Out
Field Blank	Ambient
Not Analyzed / Pump Failure	Work Site Prep
Not Analyzed / Overloaded Filter	Clean Up
Not Analyzed / Water Damaged Filter	

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 8/14/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Jason Highland	REM	4	100	10	12.7	2.00	0805	60.00	0.0817	< 0.0817
	4	P	Jason Highland	REM	4	100	10	12.7	2.00	0835	290.00	0.0169	< 0.0169
	5	OSWA	Garbage Room	REM	3.5	100	10	12.7	3.00	0800	540.00	0.0091	< 0.0091
	6	OSWA	Garbage Room/Hall Door	REM	3	100	10	12.7	10.00	0800	1800.00	0.0027	< 0.0027
	7	IWA	Garbage Room Middle	CL	3	100	10	12.7	10.00	1115	1200.00	0.0041	< 0.0041
	8	IWA	In Elevator	CL	5	100	10	12.7	10.00	1115	1200.00	0.0041	< 0.0041
	9	IWA	Elevator/Garbage Door	CL	5	100	10	12.7	10.00	1115	1200.00	0.0041	< 0.0041
Total Samples	9												
Blind													
Recount	5												

10.00 180 1800.00 0.0027 < 0.0027

3.5 100 10 12.7

<<Enter Sample Number Here

Sample Types	Activity
OSWA	BKGD
IWA	REM
STEL	CL
HEPEX	PA
FB	GB
NA-PF	B/O
NA-OLF	AMB
NA-WDF	PREP
	CU
	Background Removal
	Clearance
	Post Abatement
	Glovebag
	Bas Out
	Ambient
	Work Site Prep
	Clean Up

PCM Analyst:

Matt Rodgers

Project Manager Signature

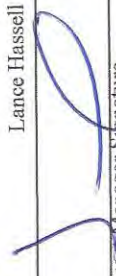
AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 8/27/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		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	Total		
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Tim Highland	REM	0	100	10	12.7	3.00	0915	0945	30	0.0544
	4	P	Tim Highland	REM	1	100	10	12.7	3.00	0945	1040	55	< 0.0297
	5	OSWA	Near Restrooms	REM	3	100	10	12.7	12.00	0916	1040	84	< 0.0049
	6	IWA	West End of Hall (Inside Work Area)	CL	4	100	10	12.7	12.00	1045	1225	100	< 0.0041
	7	IWA	West End of Hall (Inside Work Area)	CL	5	100	10	12.7	12.00	1045	1225	100	< 0.0041
Total Samples	7												
Blind Recount	7												

	10.00	12.7	5	100	10	100	1200.00	0.0041	< 0.0041
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<<Enter Sample Number Here

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

PCM Analyst:  Lance Hassell
Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 9/8/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2				Project Contact: Andy Foerg									
Microscope Field Area: 0.00785 mm2				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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	STEL	Chris Treglown	REM	10	100	10	12.7	2.00	0800	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	6	100	10	12.7	2.00	0830	480.00	0.0102	< 0.0102
	5	OSWA	113-Kitchen	REM	4	100	10	12.7	10.00	0800	1250.00	0.0039	< 0.0039
	6	OSWA	113-Living Room	REM	6	100	10	12.7	10.00	0800	1250.00	0.0039	< 0.0039
	7	OSWA	213-Kitchen	REM	5	100	10	12.7	10.00	1010	1200.00	0.0041	< 0.0041
	8	OSWA	213-Living Room	REM	7	100	10	12.7	10.00	1010	1200.00	0.0041	< 0.0041
	9	IWA	113-Kitchen	CL	9	100	10	12.7	10.00	1005	1200.00	0.0041	< 0.0041
	10	IWA	113-Living Room	CL	6	100	10	12.7	10.00	1005	1200.00	0.0041	< 0.0041
	11	IWA	113-Bedroom I	CL	4	100	10	12.7	10.00	1005	1200.00	0.0041	< 0.0041
	12	IWA	213-Kitchen	CL	6	100	10	12.7	10.00	1335	1200.00	0.0041	< 0.0041
	13	IWA	213-Living Room	CL	8	100	10	12.7	10.00	1335	1200.00	0.0041	< 0.0041
Total Samples	Blind												
14	9				9	100	10	12.7	10.00		120	0.0041	< 0.0041

Sample Types	Activity	PCM Analyst: Matt Rodgers
OSWA	BKGD	 Matt Rodgers Project Manager Signature
IWA	REM	
STEL	CL	
HEPEX	PA	
FB	GB	
NA-PF	B/O	
NA-OLF	AMB	
NA-WDF	PREP	
	CU	
	Background	
	Removal	
	Clearance	
	Post Abatement	
	Glovebag	
	Bag Out	
	Ambient	
	Work Site Prep	
	Clean Up	

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 9/8/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers							
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME							
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)	Time (24 Hour Clock)	Vol. (L)	LOQ (f/cc)	Fibers/cc
		FB			0	100							FB AVE
		FB			0	100							0.0000
	14	IWA	213-Bedroom 1	CL	6	100	10	12.7	10.00	1335	120	0.0041	< 0.0041
Total Samples													
	14												

<<Enter Sample Number Here

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

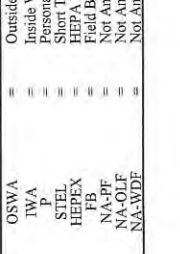
PCM Analyst: _____ **Matt Rodgers**

 Project Manager Signature

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 9/14/2015	
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers	
Filter ECA: 385 mm2				Microscope Field Area: 0.00785 mm2			
Lab Sample #	Type	Location	Activity	Fibers	Adjusted Fiber Count	Fibers per mm²	Contractor: EME
1	FB			0	100		
2	FB			0	100		
3	STEL	Tim Highland	REM	7	100	12.7	
4	P	Tim Highland	REM	4	100	12.7	
5	OSWA	1st Floor-Hall South	REM	3	100	12.7	
6	OSWA	1st Floor-Hall North	REM	3	100	12.7	
7	OSWA	Middle of 115	REM	6	100	12.7	
8	OSWA	Middle of 116	REM	8	100	12.7	
9	IWA	115 Middle	CL	6	100	12.7	
10	IWA	115 North	CL	7	100	12.7	
11	IWA	115 West	CL	6	100	12.7	
12	IWA	116 East	CL	5	100	12.7	
13	IWA	116 North	CL	8	100	12.7	
Total Samples							
14	Blind Recount						

Flow Rate (L/min)	Start	Stop	Ave.	Time (24 Hour Clock)	Start	Stop	Vol. (L)	LOQ (f/cc)	Fibers /cc
	2.00	2.00	2.00	0740	0810		60.00	0.0817	0.0084
	2.00	2.00	2.00	0810	1300		580.00	0.0084	< 0.0084
	10.00	10.00	10.00	0735	1300		3250.00	0.0015	< 0.0015
	10.00	10.00	10.00	0735	1300		3250.00	0.0015	< 0.0015
	2.00	2.00	2.00	0730	1300		660.00	0.0074	< 0.0074
	10.00	10.00	10.00	0730	1300		3300.00	0.0015	< 0.0015
	10.00	10.00	10.00	1300	1500		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1300	1500		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041
	10.00	10.00	10.00	1305	1505		1200.00	0.0041	< 0.0041

PCM Analyst: 

Protect Manager Signature: _____

OSWA	Background
IWA	Removal
P	Clearance
STEL	Post Abatement
HEPEX	Glovebag
FB	Bac Out
NA-PP	Ambient
NA-OLF	Work Site Prep
NA-WDF	Clean Up

<<Enter Sample Number Here

8	100	10	12.7	10.00	265	2650.00	0.0018	< 0.0018
---	-----	----	------	-------	-----	---------	--------	----------

Sample Types	Activity
OSWA	BKGD
IWA	REM
P	CL
STEL	PA
HEPEX	GB
FB	B/O
NA-PP	AMB
NA-OLF	PREP
NA-WDF	CU

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 9/22/2015											
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Matt Rodgers											
Filter ECA: 385 mm2		Microscope Field Area: 0.00785 mm2		Project Contact: Andy Foerg		Contractor: EME											
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²		Flow Rate (L/min)		Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc	
								Start	Stop	Start	Stop	Start	Stop				Total
	1	FB			0	100										FB AVE	
	2	FB			0	100										0.0000	
	3	P	Tim Highland	REM	4	100	10	12.7	2.00	10.00	1310	1516	126	252.00	0.0194	< 0.0194	
	4	IWA	108-Hall	REM	7	100	10	12.7	10.00	10.00	1310	1516	126	1260.00	0.0039	< 0.0039	
	5	IWA	108-Bathroom	REM	9	100	10	12.7	10.00	10.00	1310	1516	126	1260.00	0.0039	< 0.0039	
	6	IWA	108-Bedroom 1	REM	9	100	10	12.7	10.00	10.00	1310	1516	126	1260.00	0.0039	< 0.0039	
Total																	
Samples		Blind		Recount													
6		3															

2.00

12.7

4

100

10

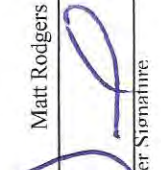
126

252.00

0.0194

< 0.0194

OSWA	Sample Types	Activity
=	Outside Work Area	= Background
=	Inside Work Area	= Removal
=	Personal	= Clearance
=	Short Term Exposure Limit	= Post Abatement
=	HEPA Exhaust	= Glovebag
=	Field Blank	= Box Out
=	Not Analyzed / Pump Failure	= Pumping
=	Not Analyzed / Overloaded Filter	= Wash Site Prep
=	Not Analyzed / Water Damaged Filter	= Clean Up

PCM Analyst:  Matt Rodgers

Protect Manager Signature

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

Client Name: Environmental Consulting Solutions Royal Oak, MI 48076		Project Name: Miller Manor 727 Miller Ave.		Project Number: 1478-15007		Sample Date: 11/10/2015							
City / State / Zip:		Project Location:		City / State / Zip: Ann Arbor, MI		Collected By: Ron Fraley							
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	3	IWA	Office-South Lobby	CL	1.5	100	10	12.7	10.00	1300	1500	0.0041	< 0.0041
	4	IWA	Lobby	CL	3	100	10	12.7	10.00	1300	1500	0.0041	< 0.0041
Total Samples	Blind Recount												
4	4												

	10.00	12.7	2.5	100	10	120	1200.00	0.0041	< 0.0041
--	-------	------	-----	-----	----	-----	---------	--------	----------

PCM Analyst: _____

Project Manager Signature: _____

Jef Fox

Sample Types		Activity	
OSWA	=	BKGD	=
IWA	=	REM	=
P	=	CL	=
STEL	=	PA	=
HEPEX	=	GB	=
FB	=	B/O	=
NA-PF	=	AMB	=
NA-OLF	=	PREP	=
NA-WDF	=	CU	=

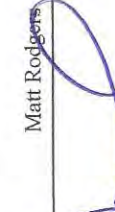
AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C. AIR SAMPLING LOG

Client Name: Environmental Consulting Solutions	Project Name: Miller Manor	Project Number: 1478-15007	Sample Date: 11/30/2015
City / State / Zip: Royal Oak, MI 48076	Project Location: 727 Miller Ave.	City / State / Zip: Ann Arbor, MI	Collected By: Matt Rodgers
Filter ECA: 385 mm2	Microscope Field Area: 0.00785 mm2	Project Contact: Andy Foerg	Contractor: EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm ²	Flow Rate (L/min)		Time (24 Hour Clock)		Vol. (L)	LOQ (f/cc)	Fibers/cc
									Start	Stop	Ave.	Start			
	1	FB			0	100									FB AVE
	2	FB			0	100									0.0000
	3	STEL	C. Treglown	REM	8	100	10	12.7	2.00	2.00	0805	0835	60.00	0.0817	< 0.0817
	4	P	C. Treglown	REM	6	100	10	12.7	2.00	2.00	0835	1330	590.00	0.0083	< 0.0083
	5	OSWA	Middle of Lobby	REM	3	100	10	12.7	10.00	10.00	0740	1330	3500.00	0.0014	< 0.0014
	6	OSWA	South Lobby	REM	3	100	10	12.7	10.00	10.00	0740	1330	3500.00	0.0014	< 0.0014
	7	IWA	Office Middle	CL	10	100	10	12.7	10.00	10.00	1335	1535	1200.00	0.0041	< 0.0041
	8	IWA	Office South	CL	8	100	10	12.7	10.00	10.00	1335	1535	1200.00	0.0041	< 0.0041
	9	IWA	Office North	CL	8	100	10	12.7	10.00	10.00	1335	1535	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	Flow Rate (L/min)	LOQ (f/cc)
9	5	10.00	0.0014
<<<Enter Sample Number Here		350	< 0.0014

Sample Types		Activity	
OSWA	=	BKGD	= Background
IWA	=	REM	= Removal
P	=	CL	= Clearance
STEL	=	PA	= Post Abatement
HEPEX	=	GB	= Glovebag
FB	=	B/O	= Bag Out
NA-PF	=	AMB	= Ambient
NA-OLF	=	PREP	= Work Site Prep
NA-WDF	=	CU	= Clean Up

PCM Analyst: 
 Matt Rodgers
Protect Manager Signature: _____

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 12/8/2015							
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Ron Fraley							
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
	1	FB			0	100							FB AVE
	2	FB			0	100							0.0000
	11	IWA	Miller Rd 606 Bathroom	CL	11.5	100	11.5	14.6	10.00	1420	1200.00	0.0041	0.0047
	12	P	Miller Rd 606 Chris Treglown	REM	12	100	12	15.3	2.00	1415	252.00	0.0194	0.0233
Total Samples	4												
Blind Recount	11												

	10.00	120	1200.00	0.0041	0.0055
<<<Enter Sample Number Here					
13.5	100	13.5	17.2	10.00	120

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

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

Client Name: Environmental Consulting Solutions		Project Name: Miller Manor		Project Number: 1478-15007		Sample Date: 12/9/2015									
City / State / Zip: Royal Oak, MI 48076		Project Location: 727 Miller Ave.		City / State / Zip: Ann Arbor, MI		Collected By: Ron Fraley									
Filter ECA: 385 mm2				Microscope Field Area: 0.00785 mm ²		Project Contact: Andy Foerg									
Project Contact: 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		
	1	FB			0	100							FB AVE		
	2	FB			0	100							0.0000		
	11	IWA	606 Bathroom	CL	4.5	100	10	12.7	10.00	1402	60	0.0082	< 0.0082		
	12	P	Chris Treglown 606	REM	22	100	22	28.0	2.00	1404	60	0.0408	0.0898		
	13	IWA	506 Bathroom	CL	11.5	100	11.5	14.6	15.00	1510	60	0.0054	0.0063		
	14	P	Chris Treglown 506	REM	18.5	100	18.5	23.6	2.00	1512	60	0.0408	0.0755		
	15	IWA	406 Bathroom	CL	10	100	10	12.7	15.00	1614	60	0.0054	< 0.0054		
	16	P	406 Chris Treglown	REM	24	100	24	30.6	2.00	1615	61	0.0402	0.0964		
Total Samples															
Blind Recount															
8															
2.00										60		0.0408		0.0735	
22.9										18		100		18	

<<<Enter Sample Number Here

PCM Analyst: Jef Fox
Project Manager: Stonafire

Sample Lines	Activity	BKGD
OSWA	Background	
IWA	Removal	
P	Clearance	
STEL	Post Abatement	
HEPEX	Glovebag	
FB	Bag Out	
NA-PF	Ambient	
NA-OLF	Work Site Prep	
NA-WDF	Clean Up	

Appendix B

Daily Paperwork

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

Date: 10/30/14 Start Time: 1100 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Am Arbor, ME

Work Areas (Be Specific): 7th Floor Hallways

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: N/A

Abatement/Remediation Contractor Foreman/Supervisor: N/A

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

Scope of work

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

Work area

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

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

Set up:

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Yes No N/A

Date: 10/30/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	9'x9' Floor tile	500 SF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 10/30/14

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

Handwritten scribble on the first set of lines.

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

Handwritten scribble on the second set of lines.

Clean up/close out activities

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

Waste handling and disposal

N/A

- 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:

N/A

Date: 6/30/14

Other personal protective equipment (check all that apply):

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

N/A

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

Baseline air samples

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

If yes, please explain: _____

- Set up samples
- Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

N/A

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

If no, please explain _____

Date: 10/30/14

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

N/A

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

If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

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

Abatement Personnel Roster

Name:

SSN or State Card Number:

Date: 10/30/14

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: Matt Rodgers
Printed Name

[Signature]
Signature

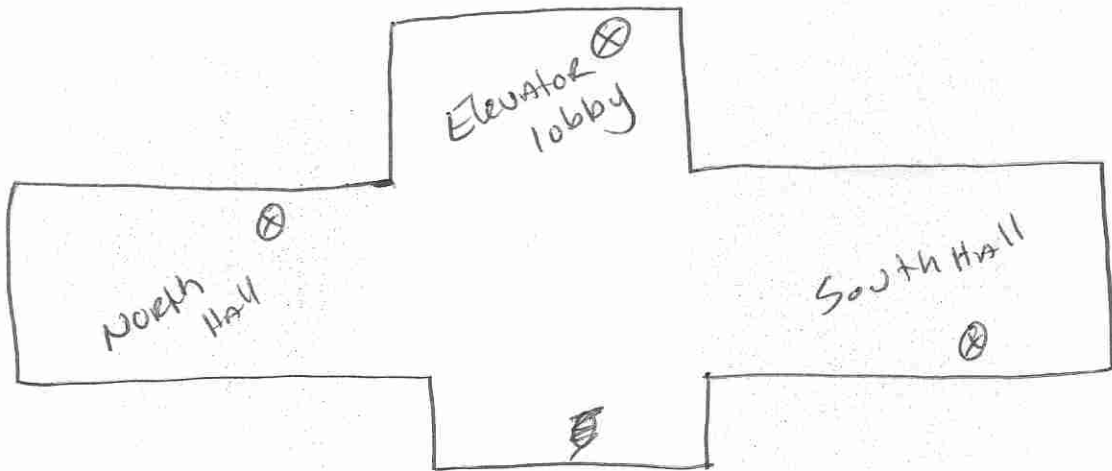
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Pawtucket, RI

Not to
scale

10/30/14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/3/14 Start Time: 0800 AEC Representative: M. RODGERS

Site Name: MILLER MANOR

Site's Full Address: 727 MILLER AVE, ANN ARBOR, MI

Work Areas (Be Specific): 7th FLOOR UNITS 703-704-705

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EIME

Abatement/Remediation Contractor Foreman/Supervisor: MATT KELLEY

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

Scope of work

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

Work area

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

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

Set up:

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

Yes No N/A

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

Date: 11/3/14

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

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

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

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

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>9"x9" Floor tile / MASTIC</u>	<u>800 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/3/14

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

MASTIC WAS Grinded off using a BLADE on
Grinder SAW

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/3/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/3/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Kelly
Mike Perez
Matt Cheney

A 32487

Date: 11/3/14

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: Matt Rodgers
Printed Name

[Signature]
Signature

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

Technical Review By: Jeff Fox
Printed Name

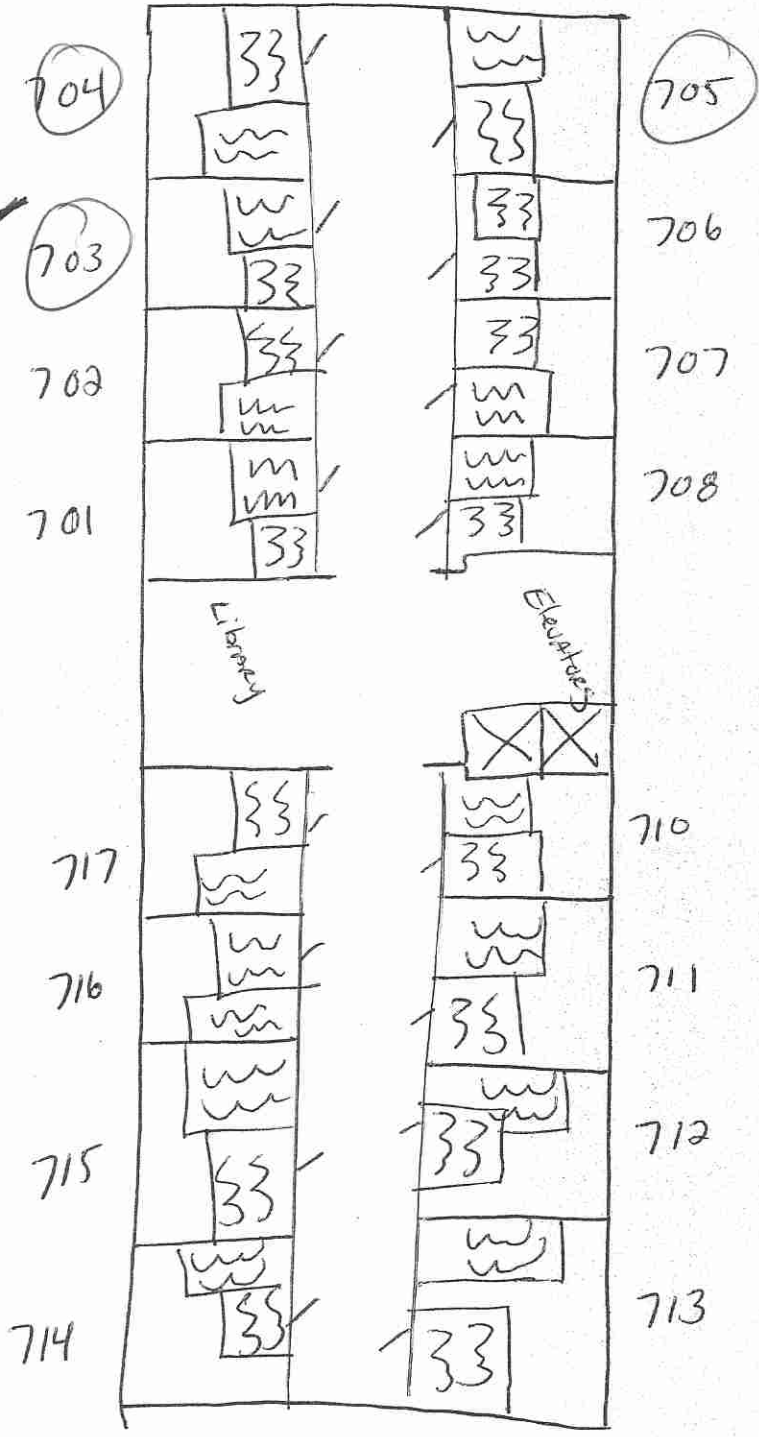
[Signature]
Signature

12/14/15
Date

AEC Site Map

W = AREA ABATED

All Similar units



A.P.H.C

727 Miller Ann Arbor, MI

NOT TO SCALE

M. Rodgers
11/3/14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/4/14 Start Time: 0800 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 7th Floor units 702-706-707

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Matt Kelly

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

Scope of work

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

Work area

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

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

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

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

Date: 11/4/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	9'x9' Floor tile/mastic	500 SF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/4/14

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

[Handwritten scribble]

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

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/4/14

Other personal protective equipment (check all that apply):

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

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

Baseline air samples

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

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

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

Personal sampling

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

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

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

If no, please explain: _____

Date: 11/24/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Kelly
Mike Perez
Matt Cheney

Date: 11/4/14

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: Matt Rodgers
Printed Name

[Signature]
Signature

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

Technical Review By: Jeff Fox
Printed Name

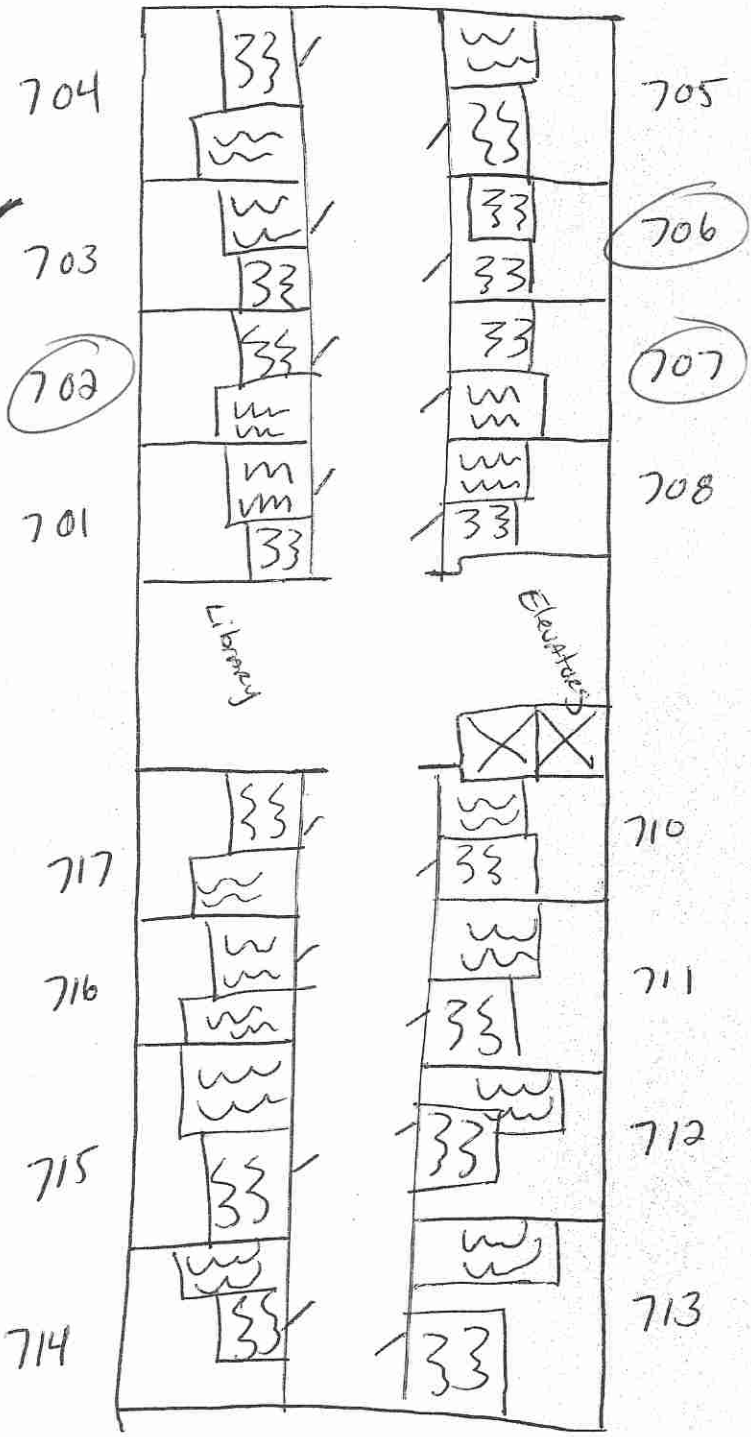
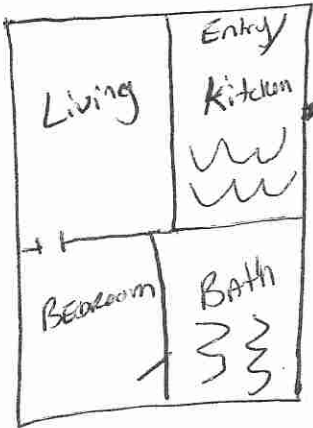
[Signature]
Signature

12/14/15
Date

AEC Site Map

W = AREA ABATED

All Similar units



A.P.H.C

727 Miller Ann Arbor, MI

not to scale

M. Rodgers

11/4/14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/5/14 Start Time: 0800 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ann Arbor MI

Work Areas (Be Specific): 7th Floor 701, 708, 717

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: MATT Kelly

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

Scope of work

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

Work area

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

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

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

Date: 11/5/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	9'x9" Floor tile / Mastic	600 SF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If no, please explain _____

Date: 11/5/14

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

USED A Grinder to remove MASTIC FROM concrete.

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

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/5/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Asbestos

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

Set up samples

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/5/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Kelly
Mike Perez
Matt Cheney

Date: 11/5/14

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: MATT RODGERS
Printed Name
[Signature]
Signature

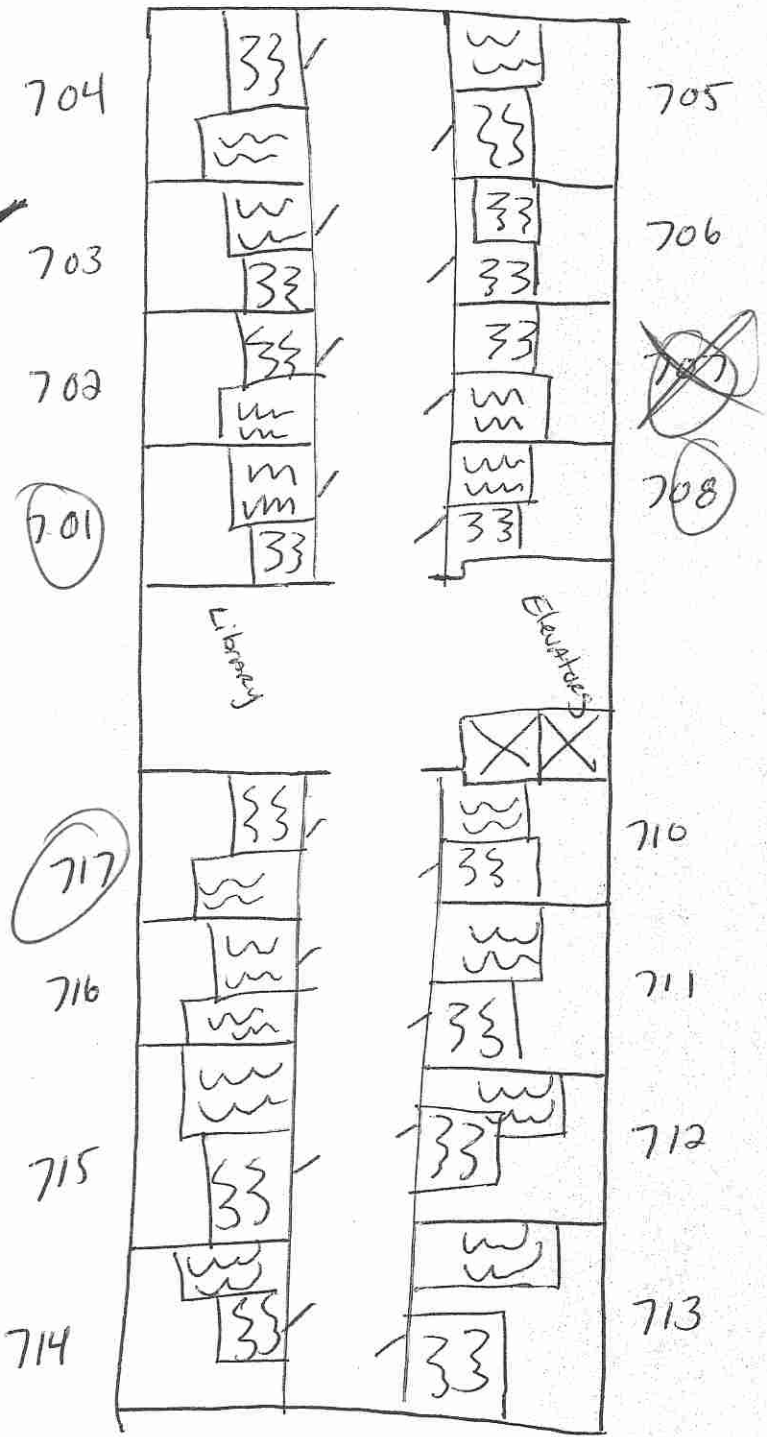
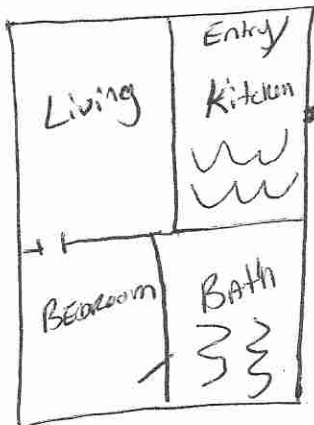
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name
[Signature]
Signature
12/14/15
Date

AEC Site Map

W = AREA ABATED

All Similar units



AAHC

727 Miller Ann Arbor, MI

NOT TO SCALE

M. Rodgers
11/5/14

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

Date: 11/6/14 Start Time: 0800 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 7th Floor 710, 711, 716

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: MATT Kelly

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 11/6/14

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

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

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

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

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

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>9" x 9" Floor tile / Mastic</u>	<u>600 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/6/14

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

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

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 11/6/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain: _____

Date: 11/16/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Kelly _____
 Mike Perez _____
 Matt Cheney _____

Date: 11/16/14

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: Matt Rodgers
Printed Name

[Signature]
Signature

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

Technical Review By: Jeff Pax
Printed Name

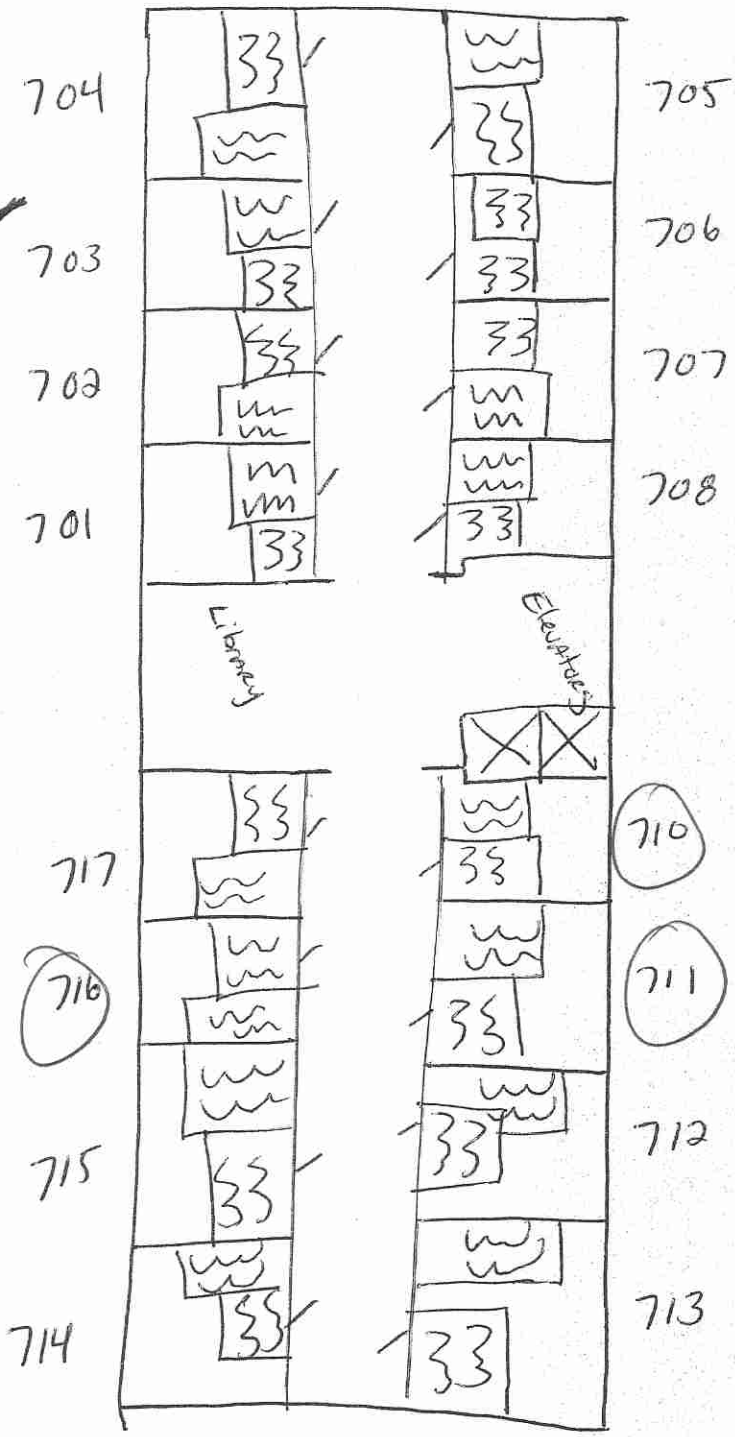
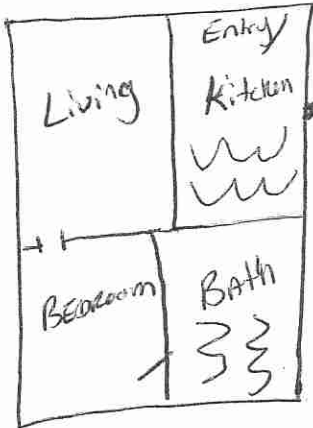
[Signature]
Signature

12/14/15
Date

AEC Site Map

W = AREA ABATED

All Similar units



A.P.H.C

727 Miller Ann Arbor, MI

NOT TO SCALE

M. Rodgers

11/6/14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/7/14 Start Time: 0800 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 7th Floor - 712, 714, 715

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Matt Kelley

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

Scope of work

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

Work area

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

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

Set up:

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

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

Yes No N/A

Date: 11/7/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	Floortile / mastic	600 SF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/7/14

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/7/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

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

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/7/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Kelly
Matt Cheney
Mike Perez

Date: 11/7/14

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: Math Rodgers
Printed Name

[Signature]
Signature

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

Technical Review By: JBF Fox
Printed Name

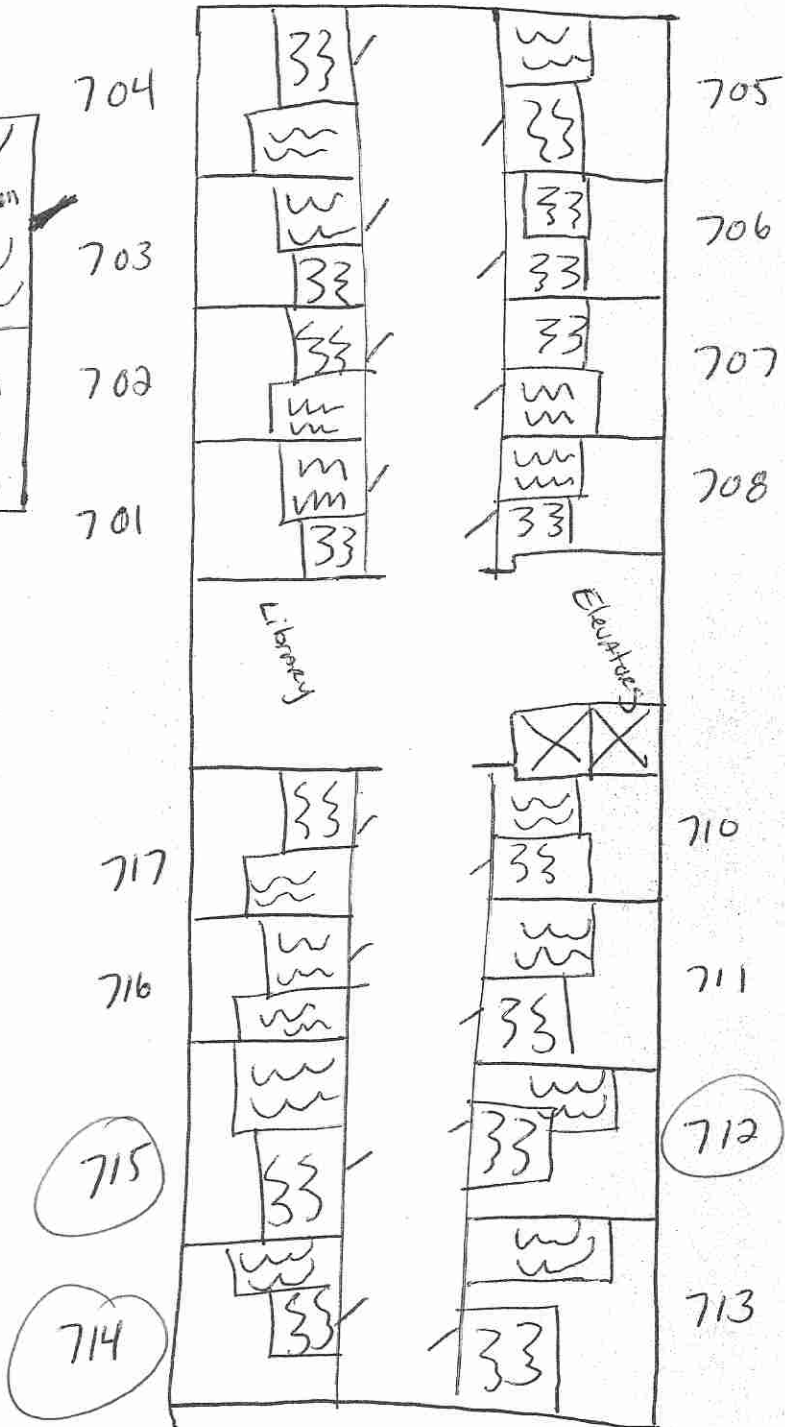
[Signature]
Signature

12/14/15
Date

AEC Site Map

W = AREA ABATED

All Similar units



A.P.H.C

727 Miller Ann Arbor, MI

NOT to SCALE

M. Rodgers

10/7/14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/10/14 Start Time: 8:00 AEC Representative: Lance Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor MI

Work Areas (Be Specific): 7th Floor & 6th 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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> N/A Moving in of equipment and supplies Set up of poly walls Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) Water available Containment sealed with no breaches Negative pressure established Set up of decontamination unit <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other: _____
---------	---	--

Date: 11/10/14

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

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

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

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

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>Floor tile</u>	<u>6th + 7th Floor</u>	_____
<u>Sink Glaze</u>	<u>On sinks @ 6th + 7th Floor</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/10/14

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

Handwritten scribble covering the response area.

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

Handwritten scribble covering the response area.

Clean up/close out activities

- Yes No N/A 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: 11/10/14

Other personal protective equipment (check all that apply):

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

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

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

Consultant activities

Contaminant(s): ACM Floor Tile + Sink Glaze

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/10/14

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garza
Chris Treglown

Date: 11/10/14

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

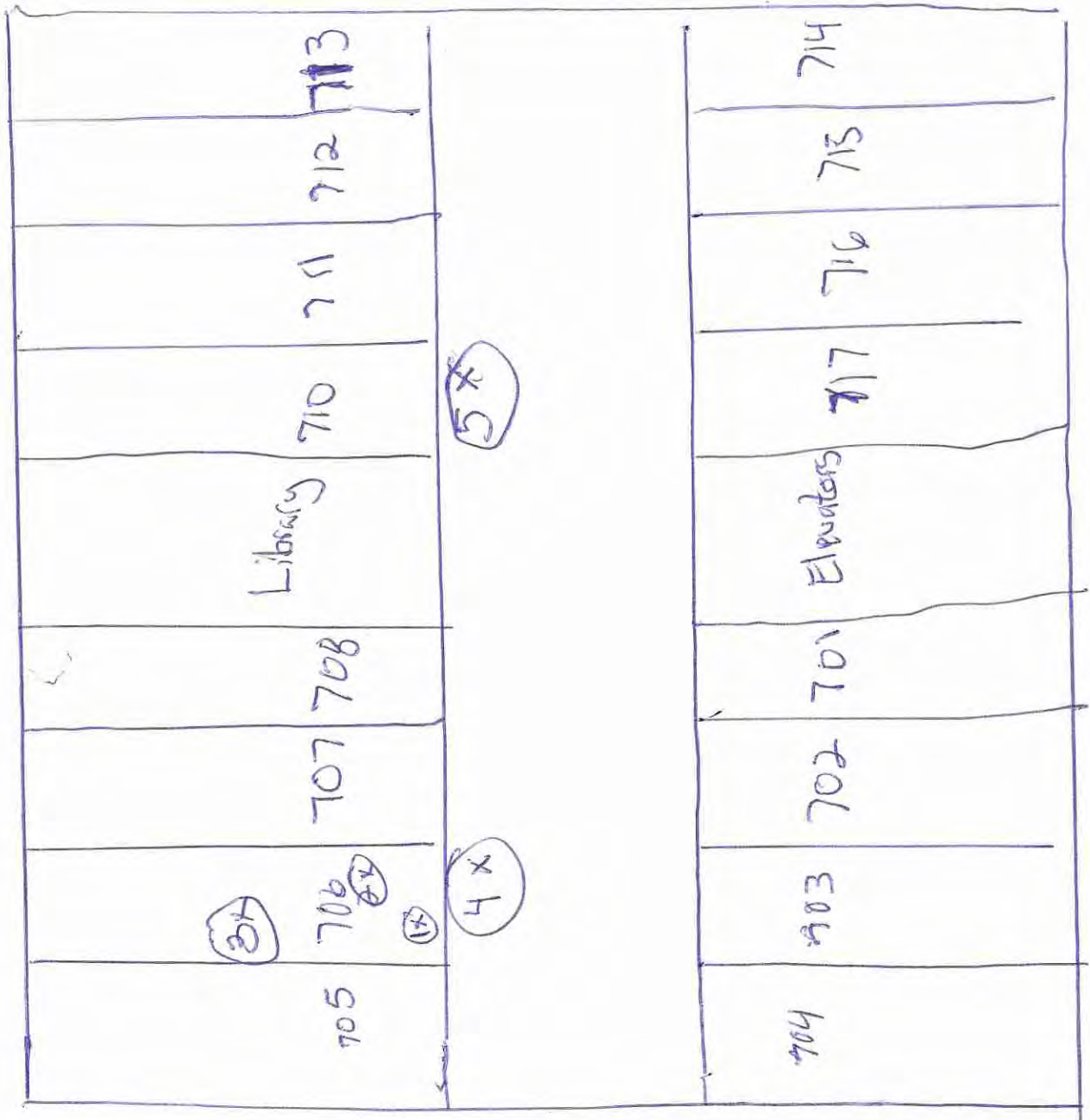
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map



Miller Manor 7th Floor

EME
AAHC

727 Miller Manor
Ann Arbor, MI

11/10/14
Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/11/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th 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:
- | | | | |
|---|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Setup of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 11/11/14

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

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

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

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

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

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
<u>Asbestos Floor Tile</u>	<u>Kitchens & Bathrooms</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.):

Handwritten scribble on a set of horizontal lines.

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

Handwritten scribble on a set of horizontal lines.

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Other: _____

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 1/11/14

Other personal protective equipment (check all that apply):

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

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

Baseline air samples

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

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain: _____

Date: 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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garza
Chris Treglown

Date: 11/11/14

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 Hassel
Printed Name

Lance Hassel
Signature

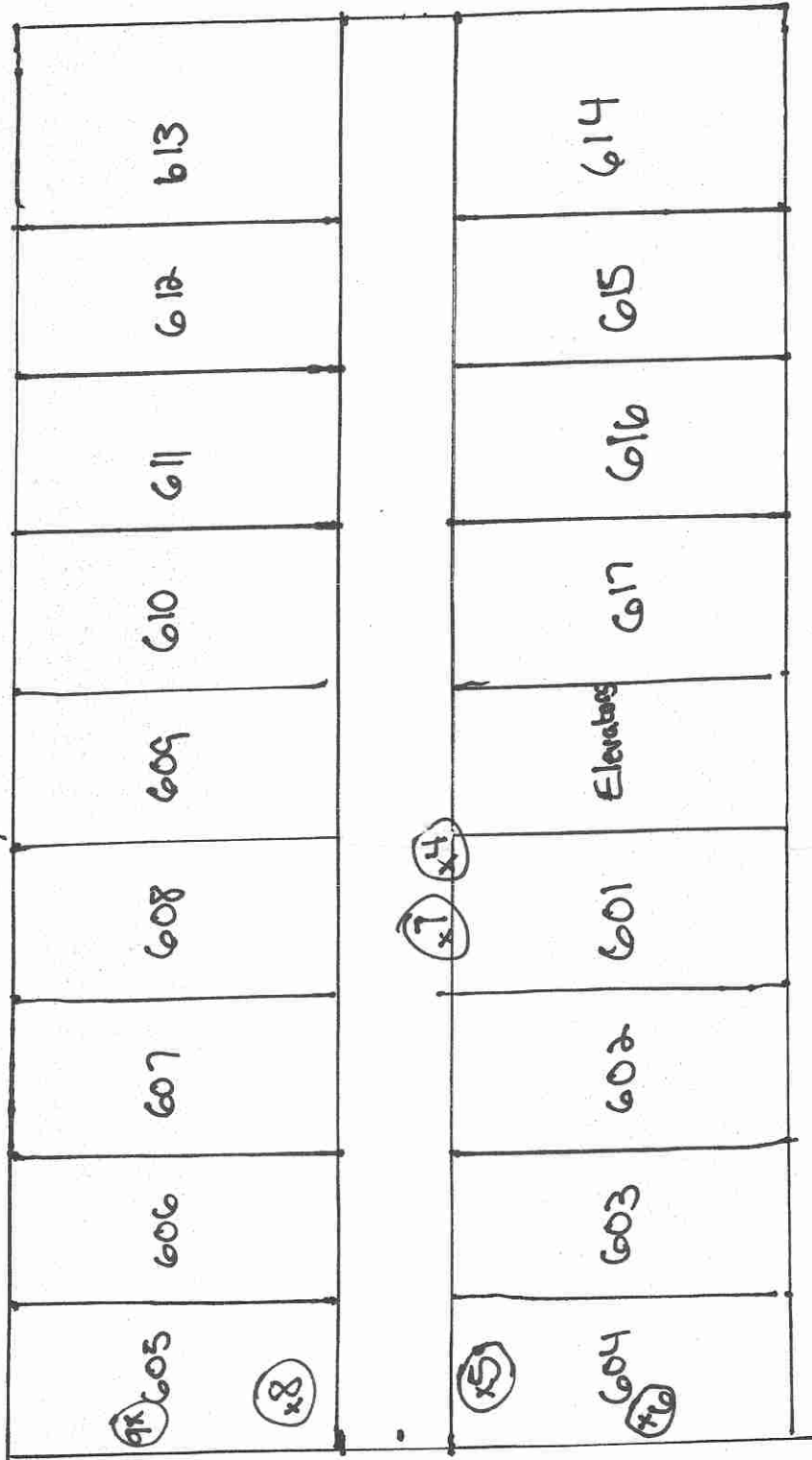
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map



Miller Manor

727 Miller Rd

Ann Arbor, MI

EME

AAHC

Not to Scale

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

Date: 11/12/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th 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:
- | | | | |
|---|-----------------------------|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| | | | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 11/12/14

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

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

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

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

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>ACM Floor Tile</u>	<u>Bathroom & Kitchen</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/12/14

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

Handwritten scribble covering the lines.

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

Handwritten scribble covering the lines.

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/12/11

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/12/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garza
Chris Treglow

Date: 11/12/14

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 Hassel
Printed Name

Lance Hassel
Signature

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

Technical Review By: JKF Fox
Printed Name

JKF Fox
Signature

12/14/15
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/13/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th Floor - 601, 612, 7th Fl.

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:

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

Yes No N/A

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

Date: 11/13/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/13/14

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

Handwritten scribble on the first set of lines.

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

Handwritten scribble on the second set of lines.

Clean up/close out activities

- Yes No N/A 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: 11/13/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/13/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney

Matt Kelly

Andrew Garza

Chris Treglow

Date: 1/13/14

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 Hassel

Printed Name

Lance Hassel

Signature

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

Technical Review By:

JKF FOX

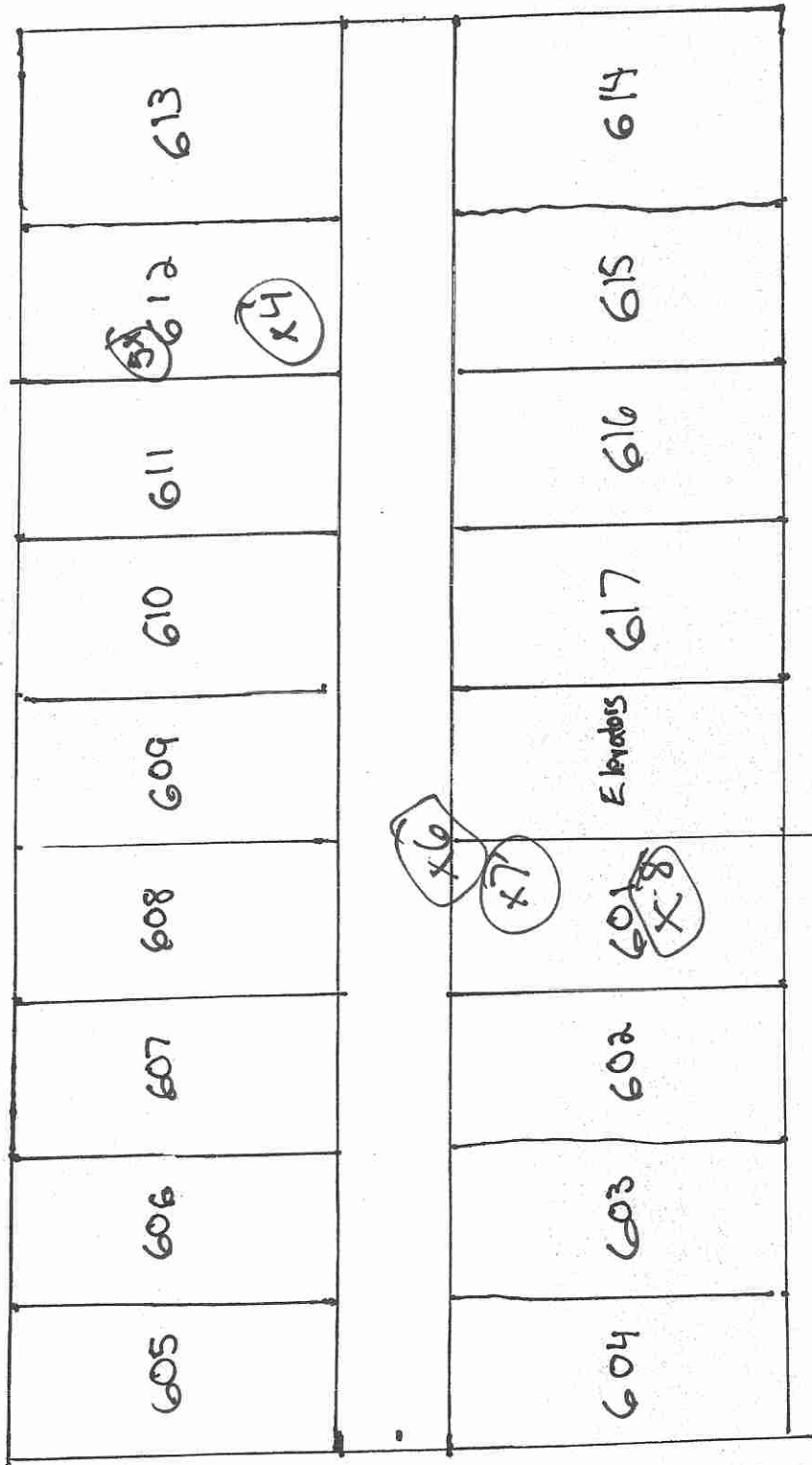
Printed Name

Signature

Date

12/14/15

AEC Site Map



Miller Manor

727 Miller Rd
Ann Arbor, MI

11/13/14
Not to Scale

EME

AAHC

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 11/14/14 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th 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:
- | | | | |
|---|-----------------------------|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| | | | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 11/14/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/14/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garza
Chris Treglow

Date: 11/14/14

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 Hassel

Printed Name

Lance Hassel

Signature

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

Technical Review By: Jeff Post

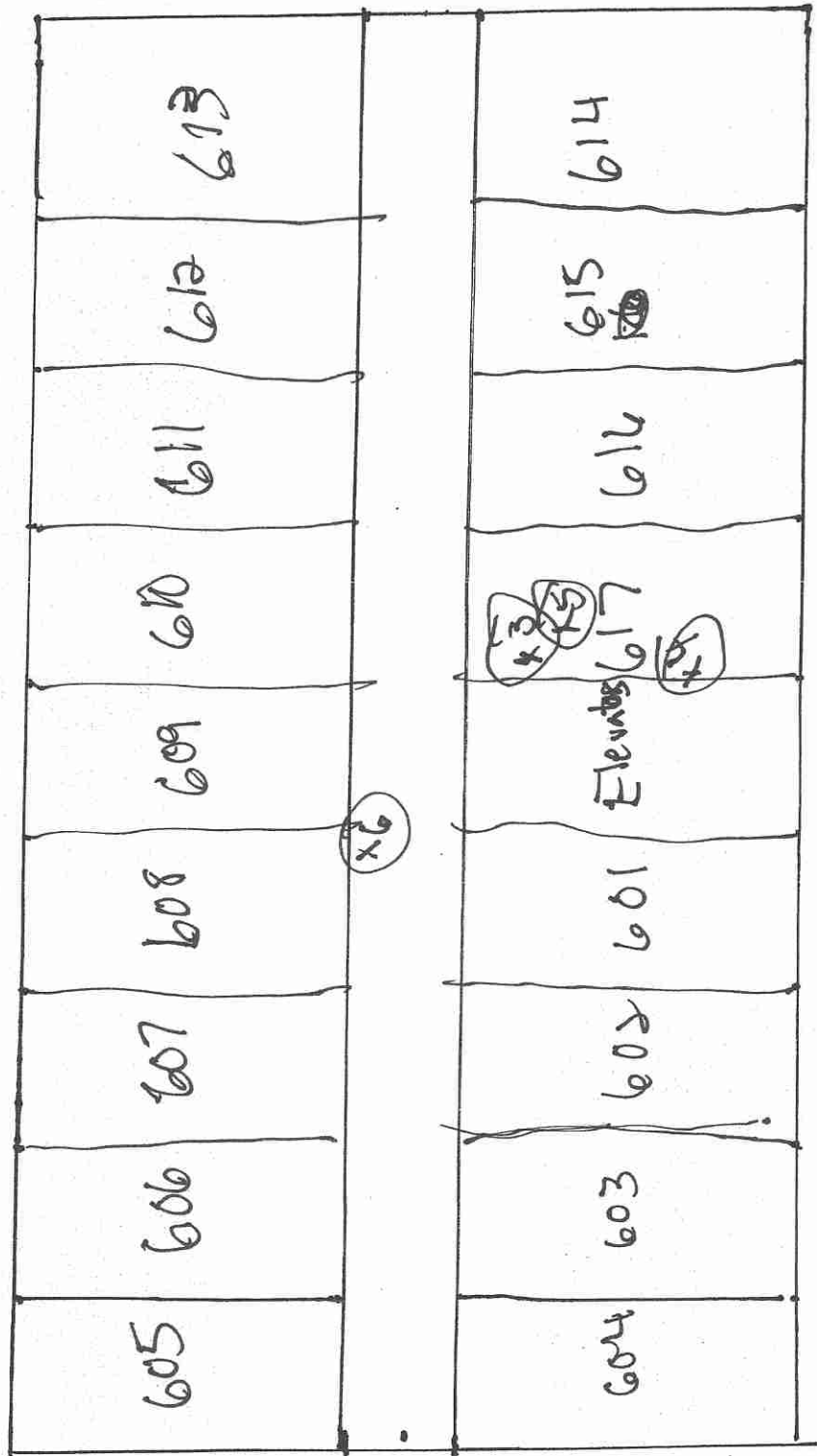
Printed Name

Signature

Date

12/14/15

AEC Site Map



Miller Manor

EME

727 Miller Rd

11/14/14

AAHC

Ann Arbor, MI

Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/20/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th Floor - 609

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
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Date: 11/20/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings

Sealed floor and drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

All points of potential fiber release sealed (doors, windows, etc.)

Water available in containment

Containment sealed with no breaches

Negative pressure established

Decontamination unit

Remote or Attached to containment

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

Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

Glovebags sealed with amended water and negative air

Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized

Wet methods utilized

Work area demarcated and isolated from general traffic

Other: _____

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If no, please explain _____

Date: 1/20/14

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

Handwritten scribble on a set of three horizontal lines.

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

Handwritten scribble on a set of three horizontal lines.

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 11/20/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

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

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

If no, please explain: _____

Date: 11/20/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garcia
Chris Treglow

Date: 11/20/14

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

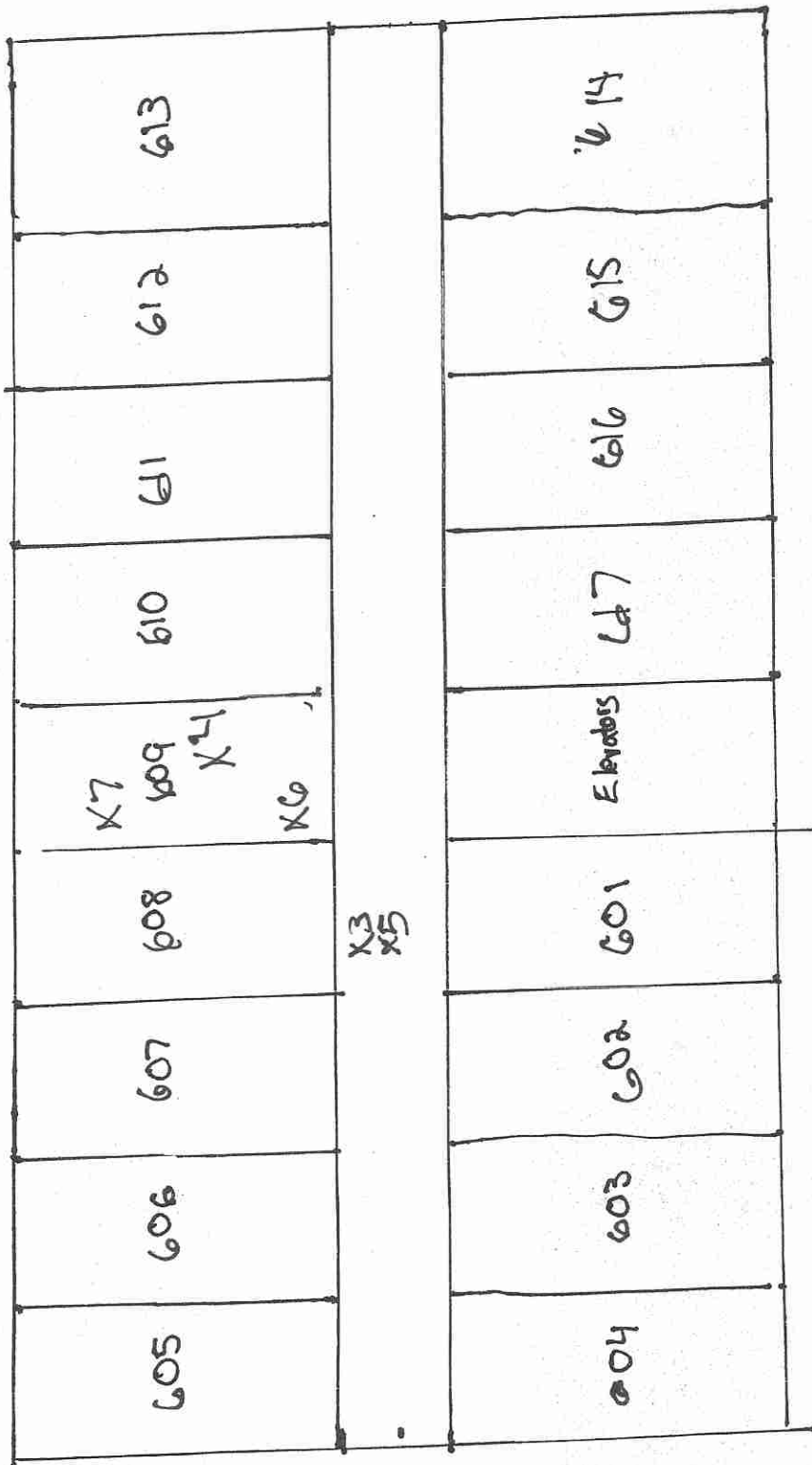
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map



Miller Manor

727 Miller Rd

Ann Arbor, MI

EME

AAHC

Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 11/21 Start Time: 8:30 AEC Representative: Roth

Site Name: Miller Apts

Site's Full Address: 701 Miller Ave Ann Arbor MI

Work Areas (Be Specific): 2 Room 6th Floor Kitchen & BATHROOM

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

Date: 11/21/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>Floor Tile</u>	<u>6TH FL</u>	_____
<u>DRYWALL</u>	<u>7TH FL</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/21/14

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

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/21/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Asbestos

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

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

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

If no, please explain _____

Date: 11/21/14

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak _____

Chris Treglown _____

Matt Cheney _____

A25587 _____

A36314 _____

A-22225 _____

Date: 11/21/14

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: Kesh Chandra

Printed Name

[Signature]

Signature

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

Technical Review By: JEFF FOX

Printed Name

[Signature]

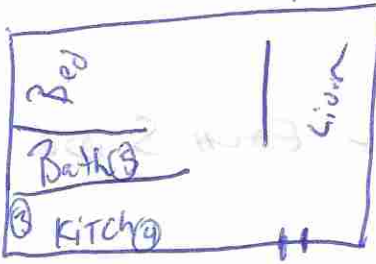
Signature

12/14/15

Date

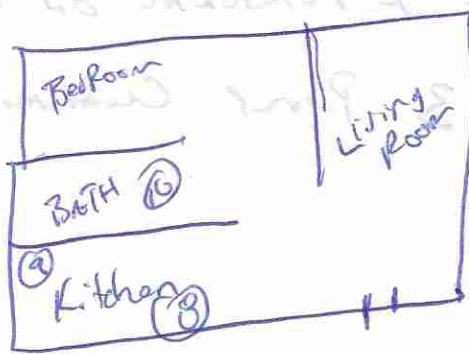
AEC Site Map

6TH Floor



Room 1

6TH Floor



Room 2

7TH Floor



727 MILLER
ANN ARBOR

11/21/14

KATH CHAMPLIN

EME / NOT TO SCALE

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

Date: 11/24 Start Time: 8 AEC Representative: Keith Champlin

Site Name: Miller Apts

Site's Full Address: 701 Miller Apts

Work Areas (Be Specific): 7th Floor & 6th floor Hallways

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

Date: 11/24/14

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

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

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

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

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

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

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/24/14

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

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/24/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Asbestos

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/24/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Chris Treglow
MATT Kelly
MATT CHENEY

A. 25587
A36314
A34636
A-22225

Date: 11/24/14

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: Kathy Champion

Printed Name

[Signature]

Signature

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

Technical Review By: JOE FOX

Printed Name

[Signature]

Signature

12/14/15

Date

AEC Site Map

6th Floor



7th Floor



727 Millen
Ann Arbor

12/24/14

EME

Keith
Champlin

Not
To Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 11/25/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th Floor - 601

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:

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

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

Date: 11/25/14

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

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

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

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

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

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

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 11/25/14

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 11/25/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain: _____

Date: 11/25/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garza
Chris Treglow

Date: 11/25/14

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 Hassel
Printed Name

Lance Hassel
Signature

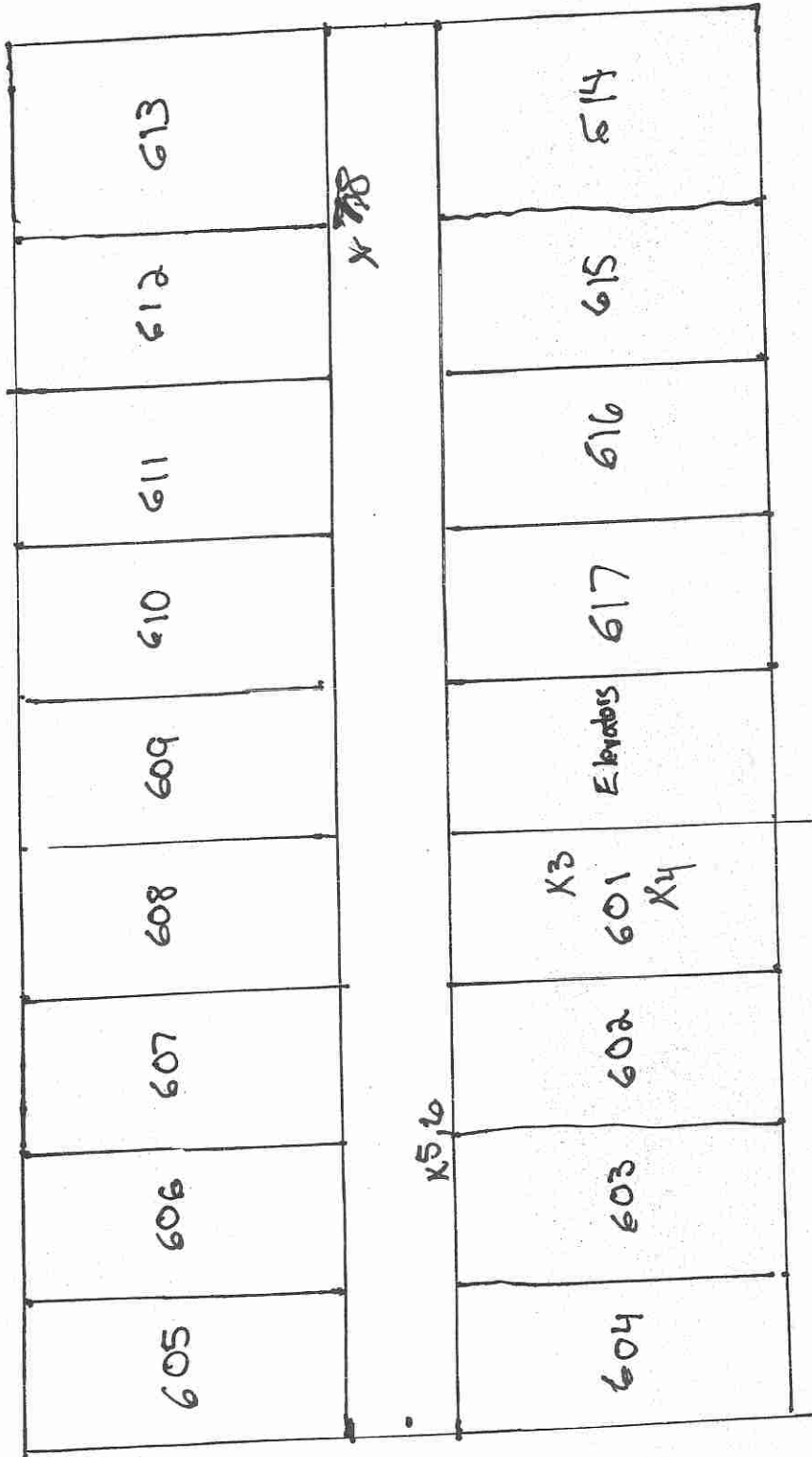
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor

727 Miller Rd

Ann Arbor, MI

11/25/14

Not to Scale

EME

AAHC

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 12/8/14 Start Time: 8 AM AEC Representative: Leith Champagne

Site Name: Miller Apartments

Site's Full Address: 701 Miller Ann Arbor Mi

Work Areas (Be Specific): 6th Floor BATHROOMS Apt 614, 613, 615

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

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 12/8

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

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

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12/18

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Asbestos

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 12/18

Clearance sampling

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

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

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

Did work area pass applicable clearance standards: Yes No

Applicable Standard

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

Abatement Personnel Roster

Name:

SSN or State Card Number:

ANDREW PIATK
MATT CITENY
CHRIS TREGLOWN

A25587
A2225
A36314

Date: 12/15

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: Kevin Champion
Printed Name

[Signature]
Signature

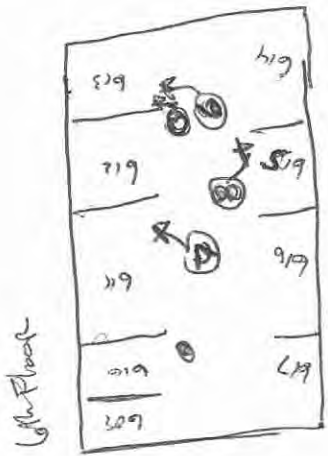
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JWF Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



727 Miller
Ann Arbor, MI

KATH
CHAMPLIN

EME

12-8-14

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 12/9 Start Time: 8am AEC Representative: K CHAMBERLAIN

Site Name: Myler Apartments

Site's Full Address: 701 Myler Ave Ann Arbor MI

Work Areas (Be Specific): Apt 602 Remove Floor Tile from FRONT ENTRY

& SPOT AROUND TOILET IN BATHROOM

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Matt Chamberlain

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

Scope of work

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

Work area

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

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

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

Date: 12/9/12

Containment:

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

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

Glovebags:

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

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

Clean up:

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>Fluorine</u>	<u>GTH</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 12/7/11

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

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

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 12/9/14

Other personal protective equipment (check all that apply):

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

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

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

Consultant activities

Contaminant(s): Asbestos

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 12/9/14

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

ANDREW PIATK
MATT CHASE
CHRIS TREBLOWN

A25587
A2225
A36314

Date: 1/2/19

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

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

Submitted By: Keith Champion
Printed Name

[Signature]
Signature

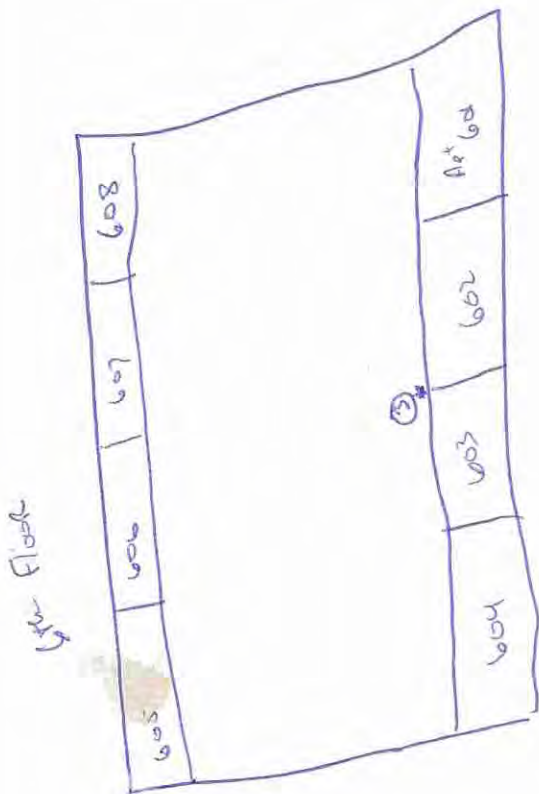
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



727 Miller
Ann Arbor, MI

KATH
CHAMPINE

EME

12-9-14

NOT TO
SCALE

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

Date: 12/10/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th Floor - 616

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:

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

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

- Yes No N/A

Date: 12/10/14

Containment:

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

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

Yes No N/A

Glovebags:

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

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

Clean up:

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

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 12/10/14

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

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

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 12/10/24

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

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

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

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

Date: 12/10/14

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Matt Kelly
Andrew Garza
Chris Treglown

Date: 12/10/14

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 Hassel
Printed Name

Lance Hassel
Signature

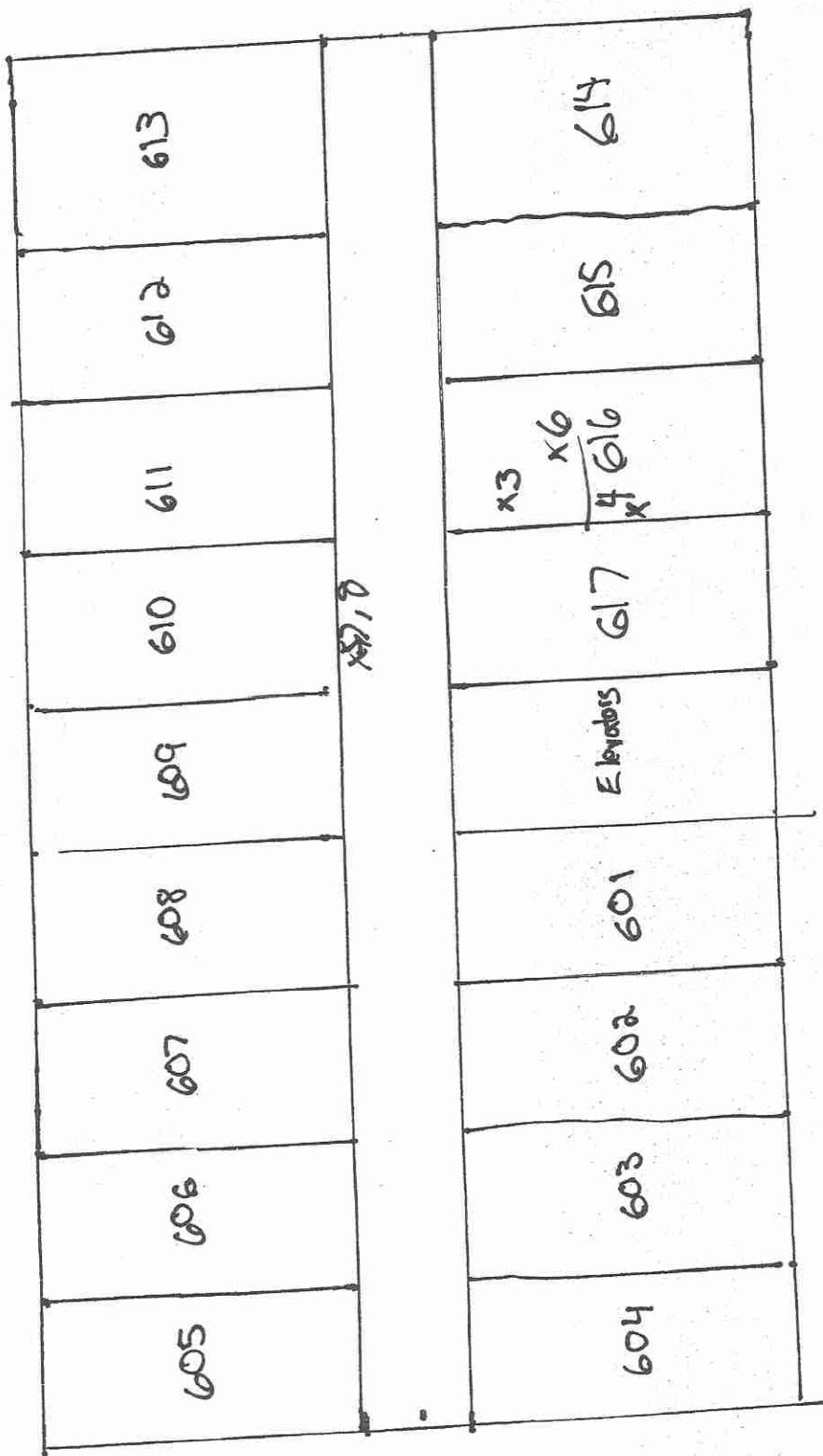
This section is reserved for any additional comments by the reviewer:

Technical Review By: JEFF FOX
Printed Name

JEFF FOX
Signature

12/14/15
Date

AEC Site Map



Miller Manor

727 Miller Rd

Ann Arbor, MI

12/10/14

Not to Scale

EME

AAHC

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

Date: 12/11/14 Start Time: 08:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Rd., Ann Arbor, MI

Work Areas (Be Specific): 6th Floor - 615, 613

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:

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

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

- Yes No N/A

Date: 12/11/14

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 12/11/14

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12/11/14

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): _____

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 12/10/14

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name: _____
Matt Cheney

Matt Kelly

Andrew Garza

Chris Treglow

SSN or State Card Number: _____

Date: 12/11/14

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 Hassel

Printed Name

Lance Hassel

Signature

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

Technical Review By: Jeff Pox

Printed Name

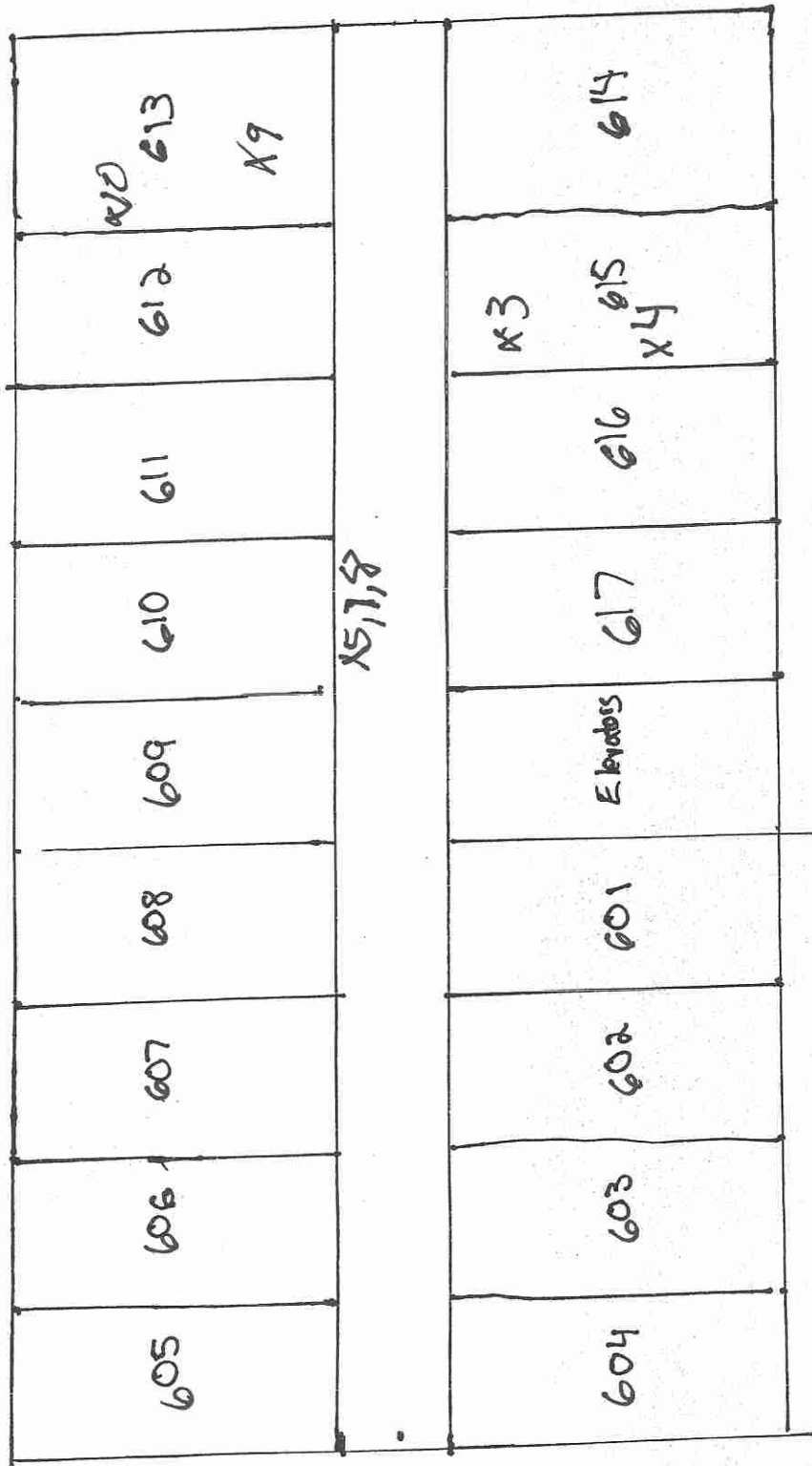
Jeff Pox

Signature

12/14/15

Date

AEC Site Map



Miller Manor

727 Miller Rd

Ann Arbor, MI

12/11/11

Not to Scale

EME

AAHC

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 1/29/15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: MILLER MANOR

Site's Full Address: 727 MILLER ANN ARBOR MI

Work Areas (Be Specific): 5th Floor # 501-502

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:

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

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

Date: 1/29/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	Mastic	350
ASBESTOS	Drywall	20
ASBESTOS	Sink Glaze	5

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

Date: 1/29/15

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

-
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 1/29/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 1/29/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

Matt Cheney
Chris Tregown
Andrew Ptak
Joe Michaels

SSN or State Card Number:

A-36314
A-25587

Date: 1/29/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

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

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

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

Technical Review By:

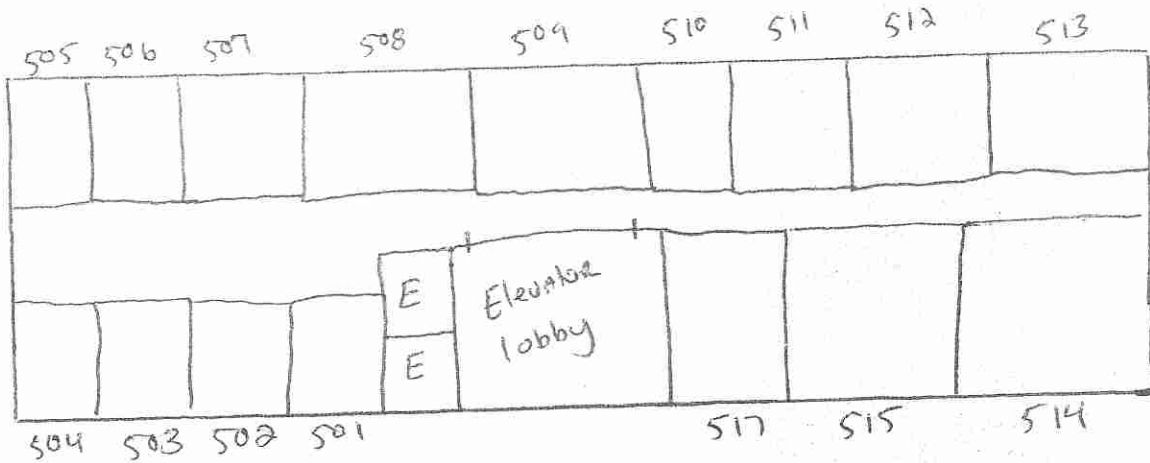
Jeff Fox
Printed Name

[Signature]
Signature

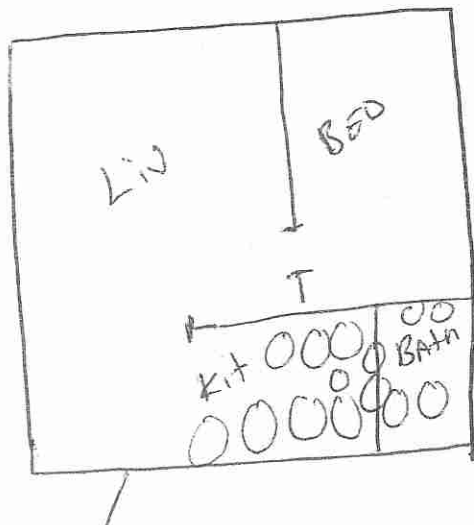
12/14/15
Date

AEC Site Map

5th FLOOR



OO = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

Not to
Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 1/30/15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apts

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th FL - 501 + 503 - cleaning 502

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

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

Date: 1/30/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	Mastic	300
ACM	Sink Glaze	5
ACM	Drywall mud	10

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

Date: 1/30/15

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

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 1/30/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 1/30/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Andrew platt
Chris treglown
Joe michaels

A 25587
A 36314

Date: 1/30/15

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: Matt Rodgers
Printed Name

[Signature]
Signature

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

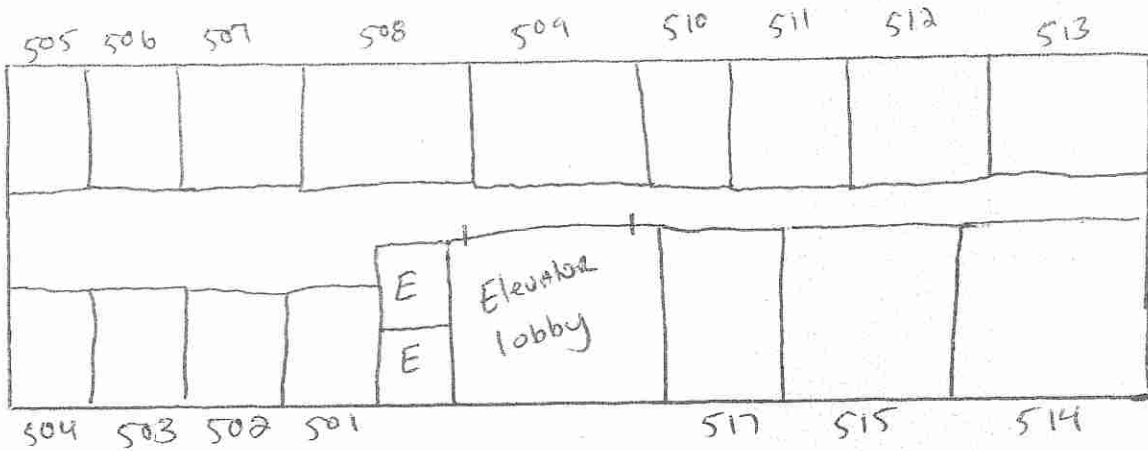
Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

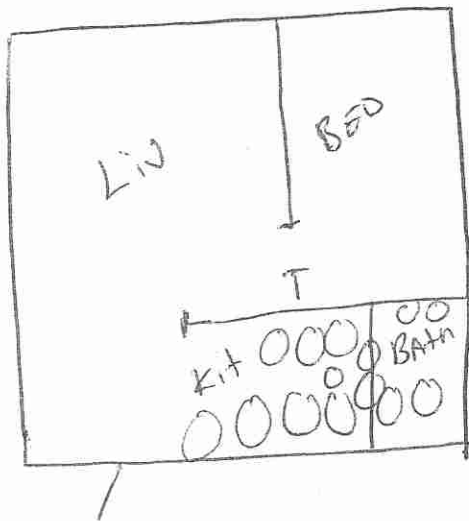
12/14/15
Date

AEC Site Map

5th FLOOR



○○ = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

NOT TO
SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 2/3/15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apts.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th Floor - 502-503

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

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

Date: 2/3/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

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

Contaminant:	Location:	Quantity:
<u>Asb</u>	<u>Mastic</u>	<u>300</u>
<u>Asb</u>	<u>Sink Glaze</u>	<u>5</u>
<u>Asb</u>	<u>Drywall mud</u>	<u>10</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date: 2/3/15

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

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

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 2/3/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

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

If yes, please explain: _____

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

If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 2/3/15

Clearance sampling

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

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

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

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

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

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Andrew Pratt
Chris Treglow
Joe Michaels

A 25587
A 36314

Date: 2/3/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

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

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

Submitted By: Matt Rodgers
Printed Name

[Signature]
Signature

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

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

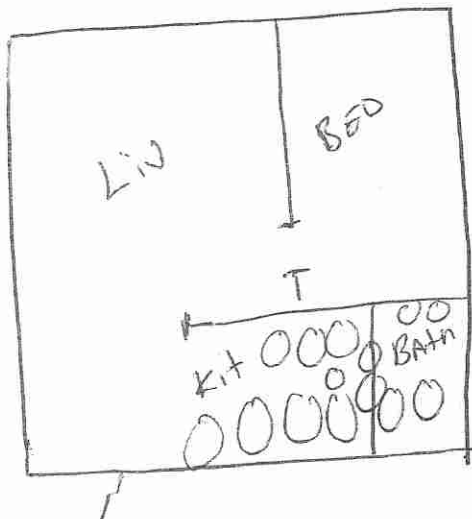
12/14/15
Date

AEC Site Map

5th FLOOR



OO = AREA ABATED



Miller Manor Apts.

727 Miller Ave

Ann Arbor MI.

Not to
Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 2-4-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th FL - 504 - 505

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

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

Date: 2/4/15

Containment:

N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Glovebags:

N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up:

N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	MASTIC	350
ACM	SINK GLAZZ	5
ACM	DRYWALL MUD	10

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

Date: 2/4/15

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 2/4/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 2/4/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Andrew Platt
Chris Isoglow
Joe Michaels

A-25587
A-36314

Date: 2/9/15

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:

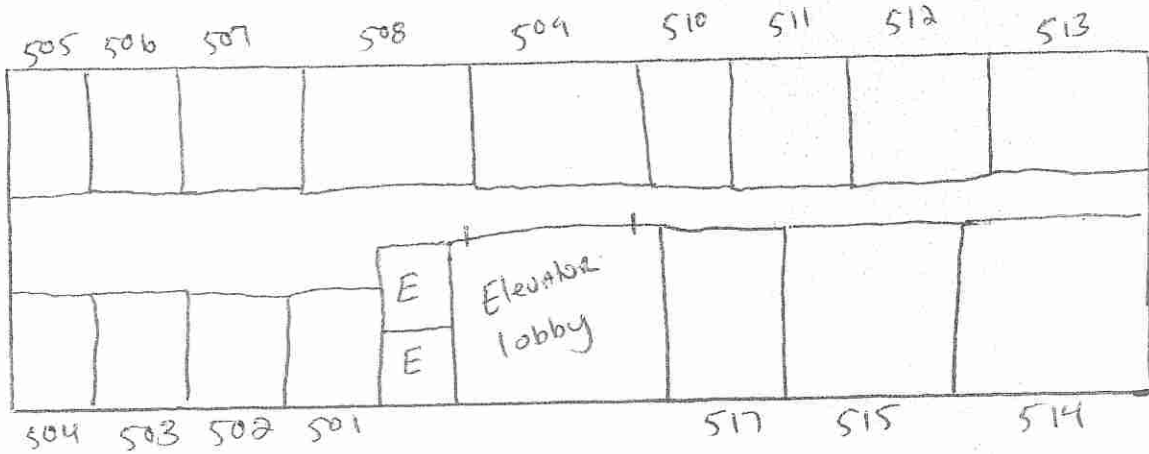
Submitted By: MAH Rodgers
Printed Name
[Signature]
Signature

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

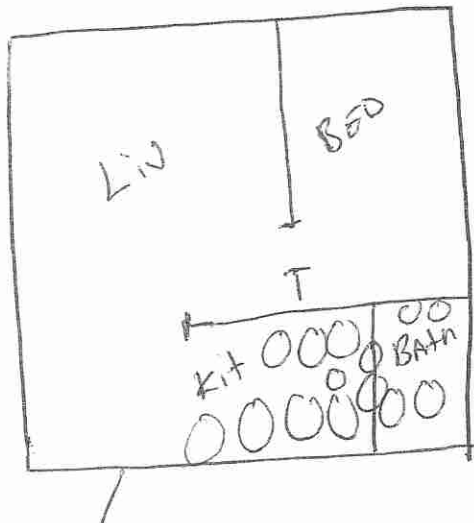
Technical Review By: Jeff Fox
Printed Name
[Signature]
Signature
12/14/15
Date

AEC Site Map

5th FLOOR



○○ = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

Not to
Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 2/5/15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Millex Manor Apt.

Site's Full Address: 727 Millex Ann Arbor, MI

Work Areas (Be Specific): 5th FL - 305-506

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

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

Date: 2/5/15

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

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

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

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

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

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

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

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	MASTIC	350
ACM	SINK GRACE	5
ACM	DRYWALL MUD	10

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

Date: 2/5/15

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

[Handwritten scribble]

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

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 2/5/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

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

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

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____

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

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

Personal sampling

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

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

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

Date: 2/5/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Matt Cheney
Andrew Ptak
Christ Reglorn
Joe Michaels

A-25587
A-36314

Date: 2/5/15

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: Matt Radgus
Printed Name

[Signature]
Signature

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

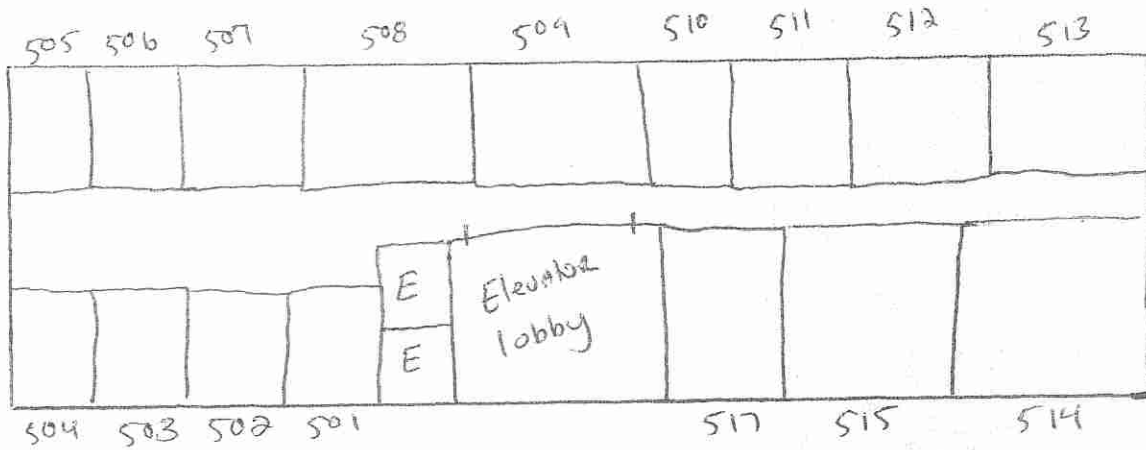
Technical Review By: JEFF FOX
Printed Name

[Signature]
Signature

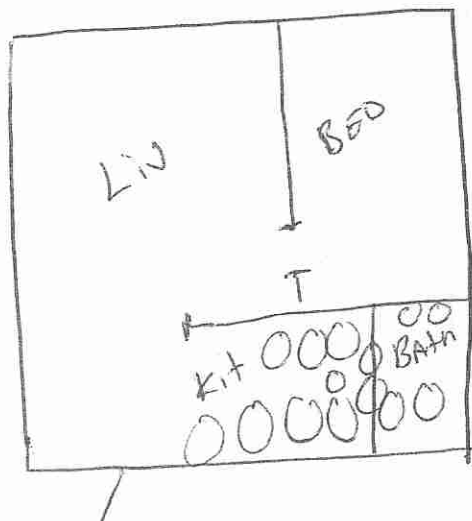
12/14/15
Date

AEC Site Map

5th FLOOR



○○ = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

NOT TO
SCALE

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

Date: 2/6/15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th FL - 506-507-508

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

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

Scope of work

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

Work area

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

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

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

Date: 2/6/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Yes No N/A

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

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

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	Mastic	350
ACM	Sink Glaze	5
ACM	Drywall System	10

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

Date: 2/6/15

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

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain _____

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

Date: 2/6/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

Baseline air samples
 Was any significant level of the contaminant identified in the sampling: Yes No
 If yes, please explain: _____

Set up samples
 Work area samples
 Were samples below allowable levels for applicable standards: Yes No
 If no, please explain: _____

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

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 2/6/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Chris Treglown
Joe Michaels

A-25587
A-36314

Date: 2/6/15

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: Matt Rogers
Printed Name

[Signature]
Signature

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

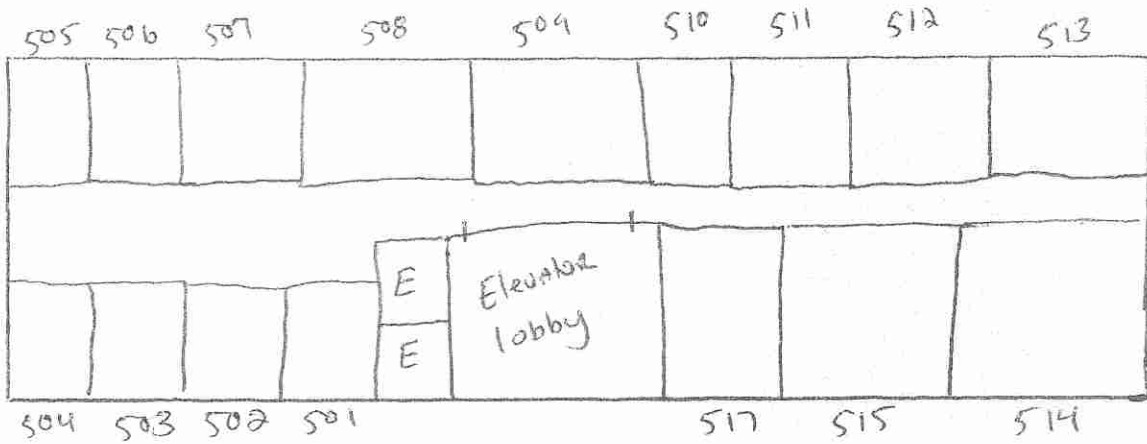
Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

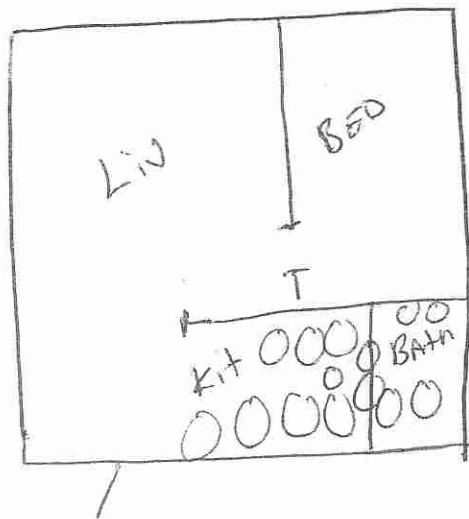
12/14/15
Date

AEC Site Map

5th FLOOR



OO = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

NOT TO
SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 2-9-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th 509-510

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

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

Scope of work

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

Work area

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

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

Set up:

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

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

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

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

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

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

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

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

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ABM</u>	<u>Mastic</u>	<u>350</u>
<u>ACM</u>	<u>Drywall Mud</u>	<u>10</u>
<u>ACM</u>	<u>Sink Glaze</u>	<u>5</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 2-9-15

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

- | | | | | |
|-------------------------------------|-----|-----------------------------|---------------------------------------|---|
| <input type="checkbox"/> | | | Abatement/remediation being conducted | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 2/9/15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input type="checkbox"/> Gloves |
| <input checked="" type="checkbox"/> Floods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 2/9/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Chris Treglow
Joe Michaels

A-25587
A-36314

Date: 2/6/15

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: Matt Rodger
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

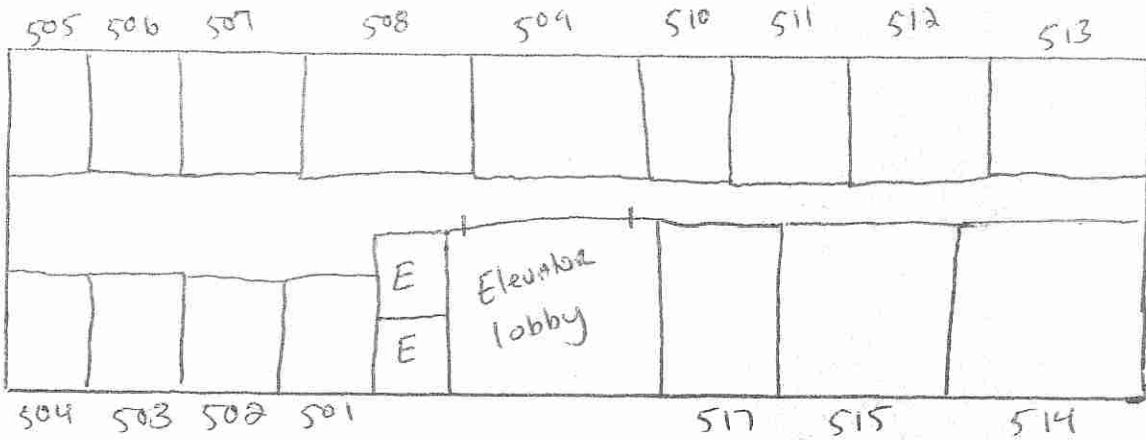
Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

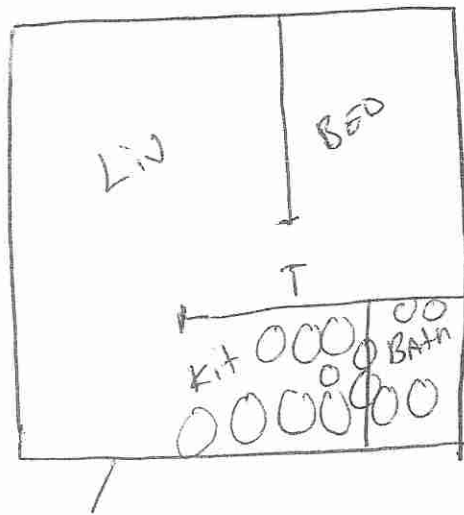
12/14/15
Date

AEC Site Map

5th FLOOR



OO = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

Not to
Scale

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 2/10/15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor Apts

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th FL - #510-#511

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:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Yes No N/A
- Moving in of equipment and supplies
 - Set up of poly walls
 - Set up of floor and drop cloths
 - Set up of signs and barrier tape labeled with appropriate contaminant
 - Isolation of HVAC system and shutdown
 - All points of potential fiber release sealed (doors, windows, etc.)
 - Water available
 - Containment sealed with no breaches
 - Negative pressure established
 - Set up of decontamination unit
 - Remote or Attached to containment
 - (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 - Other: _____

Date: 2/10/15

Containment: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM</u>	<u>Maskic</u>	<u>350</u>
<u>ACM</u>	<u>Sink Glaze</u>	<u>5</u>
<u>ACM</u>	<u>Drywall MUD</u>	<u>10</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 2/10/15

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

- | | | | |
|-------------------------------------|-----|--|---|
| <input type="checkbox"/> | | | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Final lockdown |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 2/10/15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input checked="" type="checkbox"/> Gloves |
| <input type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 2/10/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak

A-25587

Chris Treglow

A-36314

Joe Michaels

Date: 2/10/15

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:

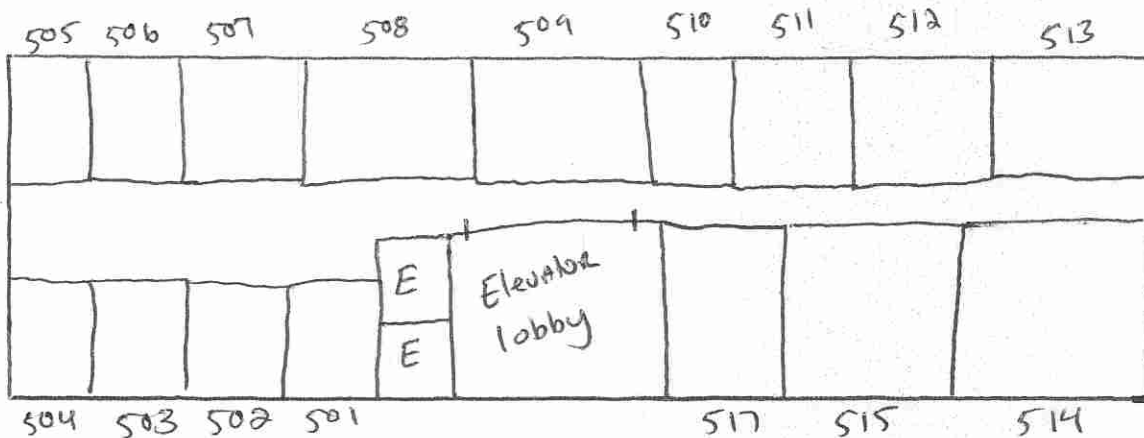
Submitted By: Matt Rodgers
Printed Name
[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

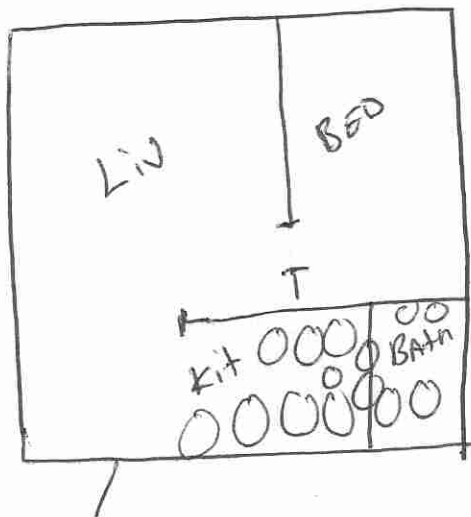
Technical Review By: Jeff Fox
Printed Name
[Signature]
Signature
12/14/15
Date

ABC Site Map

5th FLOOR



○○ = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

NOT TO
SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 2-11-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller, Ann Arbor MI

Work Areas (Be Specific): 5th Floor #511-512

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
 - (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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	MASTIC	300 SF
ACM	Drywall mud	10
ACM	SINK GLAZE	5

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- _____
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 2-11-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

Andrew Ptak
Chris Treglown
Anthony Conley
Joe Michaels

SSN or State Card Number:

A-25587
A-36314

Date: 2-11-15

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: MATT RADGERS
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

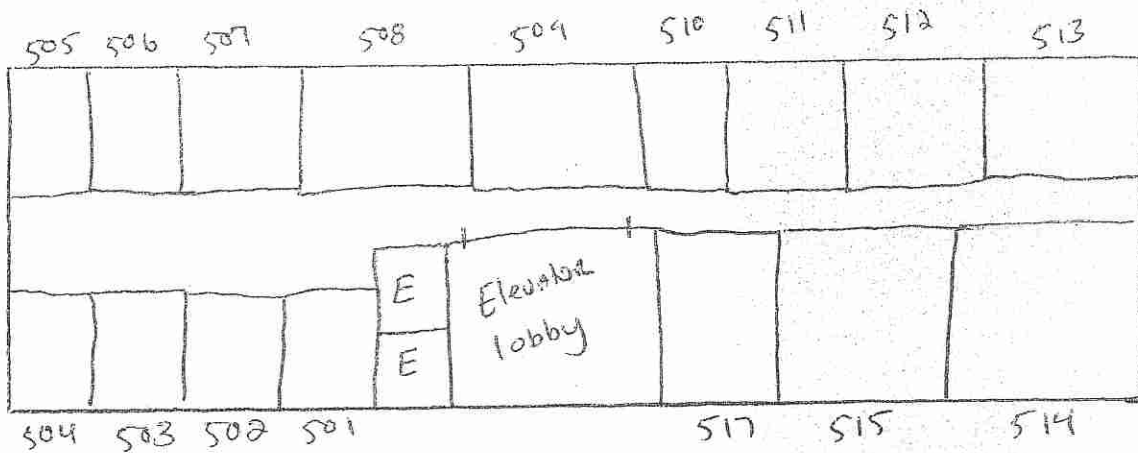
Technical Review By: JOE FOX
Printed Name

[Signature]
Signature

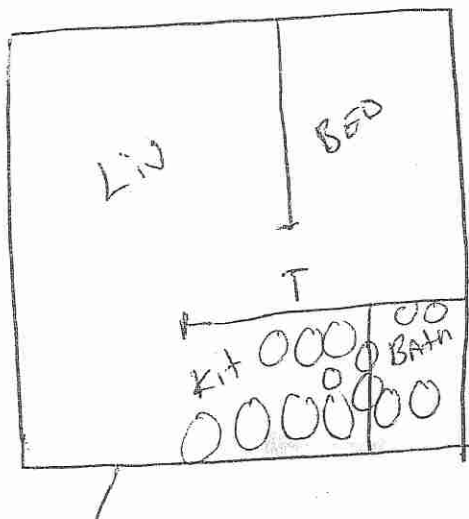
12/14/15
Date

AEC Site Map

5th FLOOR



OO = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI

Not to
Scale

2-11-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 2-12-15 Start Time: 0730 AEC Representative: M. RODGER S

Site Name: MILLER MANOR Apt.

Site's Full Address: 727 MILLER ANN ARBOR, MI

Work Areas (Be Specific): 5th Fl - (514-513-515) 6th Fl - (601-602-603)
(#608)

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:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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	MASTIC	350
ACM	DRYWALL MUD	40 mk 60
ACM	SINK GLAZE	5

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 2-12-15

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

- _____
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 2-12-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain: _____

Date 2-12-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew PFAK
Chris Troglow
JOE MICHAELS
Anthony Conkey

A-25587
A-36314

Date: 2-12-15

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: Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

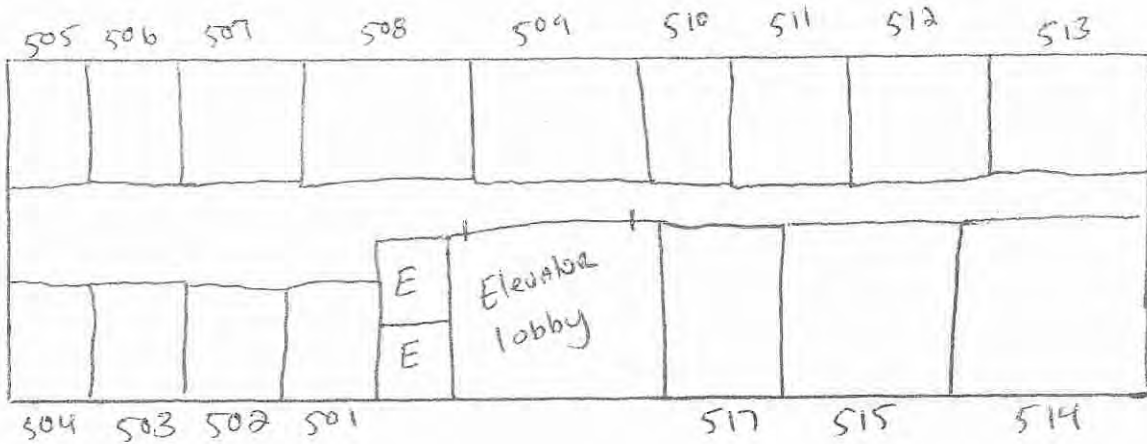
Technical Review By: JWF Fox
Printed Name

[Signature]
Signature

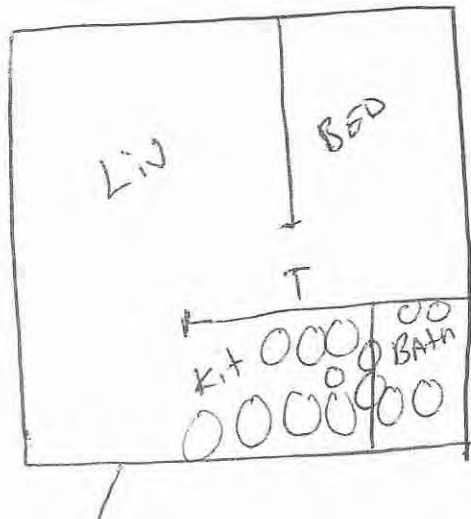
12/14/15
Date

AEC Site Map

5th FLOOR



OO = AREA ABATED



Miller Manor Apts.
727 Miller Ave
Ann Arbor MI.

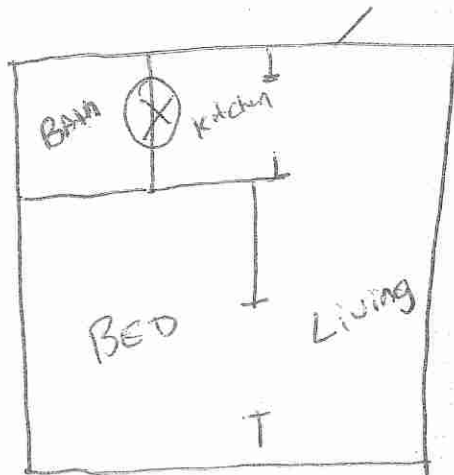
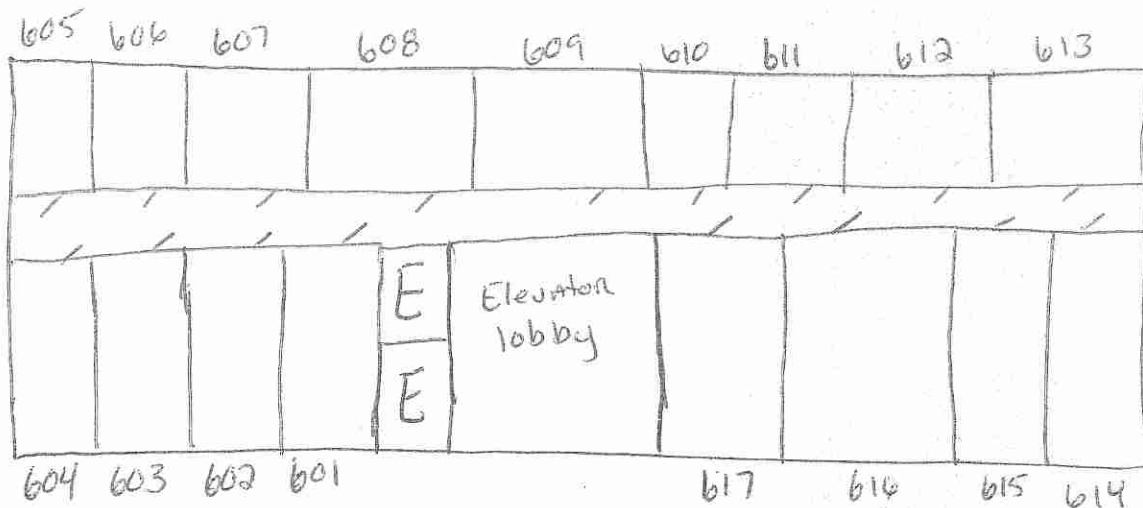
Not to
Scale

~~5-17-15~~
2-12-15

AEC Site Map

6th
Floor

(X) = AREA ABATED



Miller Manor Apt.
727 milee
Ann Arbor, MI

Not
to scale.

2-12-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 2-7-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 5th FL (513-514) 6th FL (604-605-606)

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:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
 - (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 - Other: _____

Containment:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM</u>	<u>MASTIC</u>	<u>300</u>
<u>ACM</u>	<u>Drywall mud</u>	<u>60</u>
<u>ACM</u>	<u>SINK GLAZE</u>	<u>5</u>
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.)

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 2-13-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site taken to laboratory or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
if yes, please explain: _____
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
if no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
if no, please explain _____

Date 2-3-15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No
If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TBM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Chris Treglow
Joe Michaels
Anthony Conley

A-25587
A-36314

Date: 2-13-15

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: MATT RODGERS
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name

[Signature]
Signature

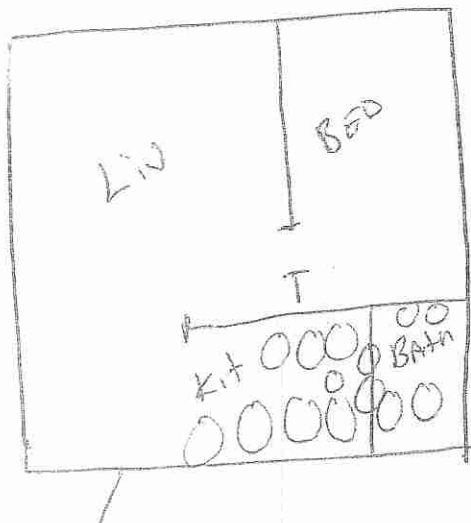
12/14/15
Date

ABC Site Map

5th Floor



OO = AREA ABATED



Miller Manor Apts.

727 Miller Ave

Ann Arbor MI

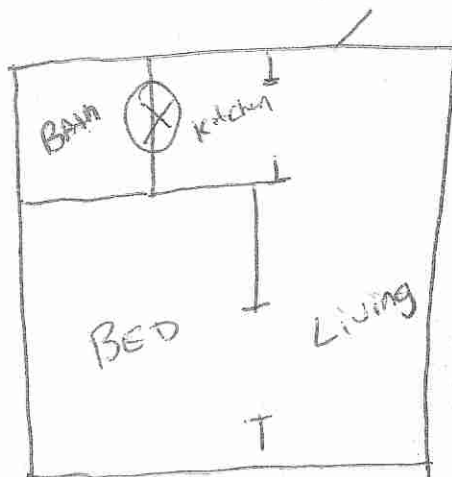
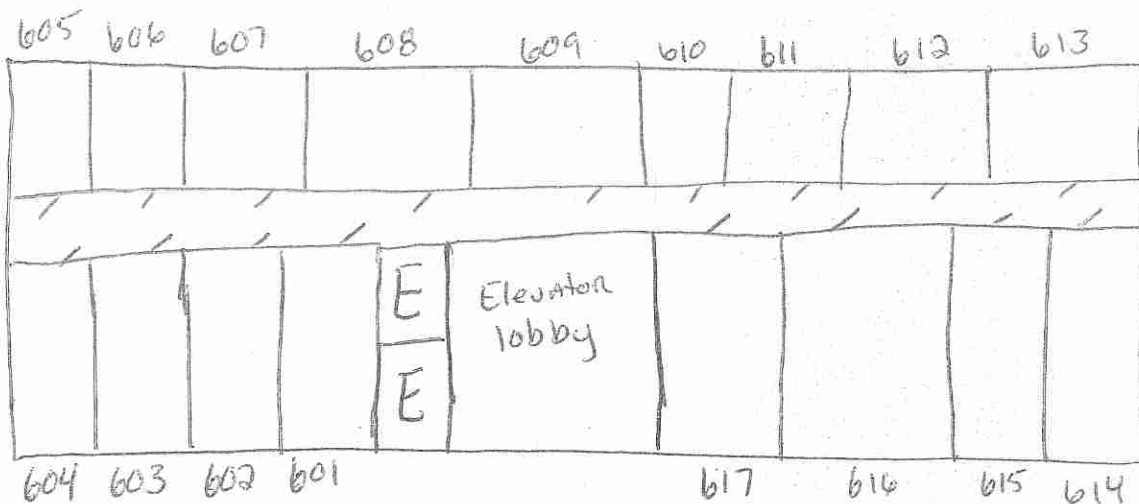
NOT TO
SCALE

2-13-15

AEC Site Map

6th
FLOOR

(X) = AREA
ABATED



Miller Manor Apt.
727 Miller
Ann Arbor, MI

Not
to Scale.

2-13-15

AMERICAN ENVIRONMENTAL CONSULTANTS, L.L.C.

DAILY PROJECT LOG

Date: 2-16-15 Start Time: 0730 AEC Representative: M. RIDGERS

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 6th FL - (607 - 609 - 610 - 611)

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | | |
|-----|---|--|------------------------------|
| MIR | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
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| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
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| | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Containment:

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags:

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

- Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM</u>	<u>DRYWALL MOULD</u>	<u>80</u>

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 2-16-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain _____

Date: 2-16-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

Andrew Plak
Chris Treglown

SSN or State Card Number:

A-25587
A-36314

Date: 2-16-15

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: MAH Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

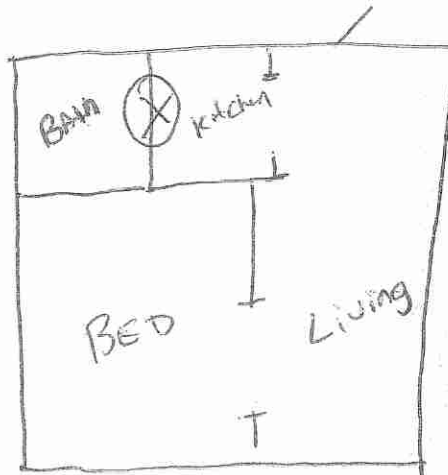
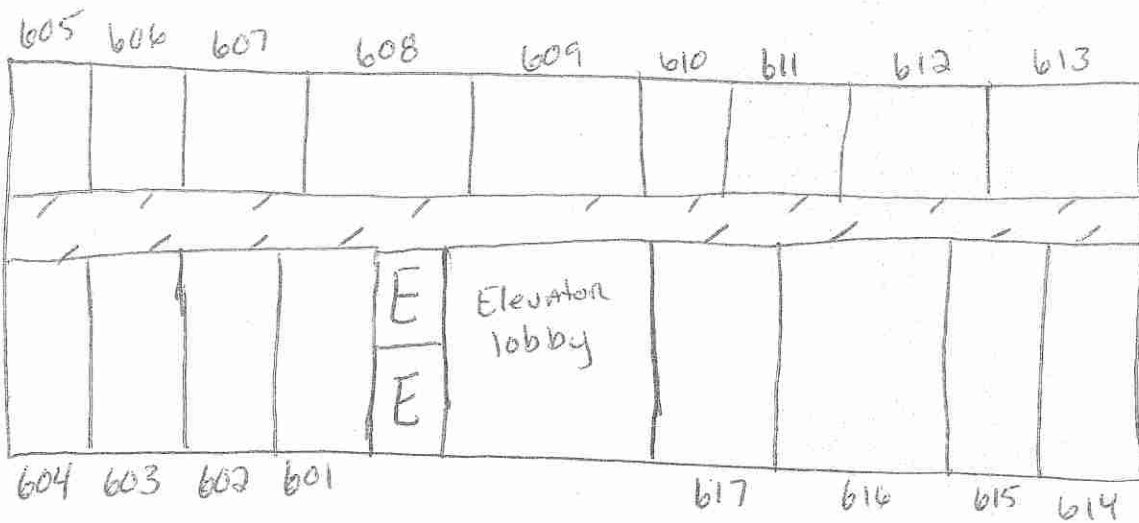
[Signature]
Signature

12/14/15
Date

ABC Site Map

6th
Floor

(X) = AREA ABATED



Miller Manor Apt.
727 Miller
Ann Arbor, MI

Not
to
Scale.

2/16/15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 2-17-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 6th FL - (612 - 613 - 614 - 615)
5th FL - (515)

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: | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
- Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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	Drywall mud	80

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

WRP

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: 2-17-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 2-17-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Chris Treglow

A-25587
A-36314

Date: 2-17-15

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: MATT RODGER S
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JULIE FOX
Printed Name

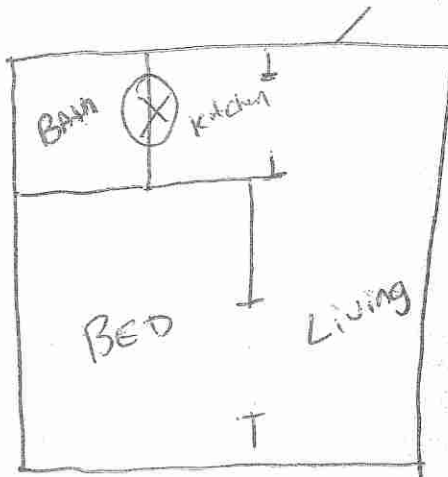
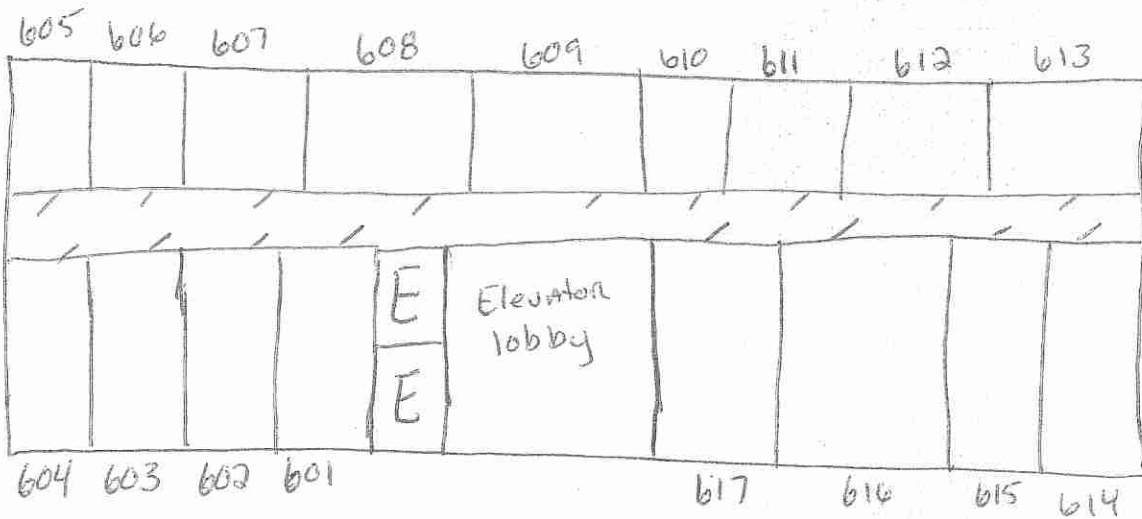
[Signature]
Signature

12/14/15
Date

AEC Site Map

6th
Floor

(X) = AREA ABATED



Miller Manor Apt.
727 Miller
Ann Arbor, MI

Not
to
Scale.

2-17-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 2-18-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 6th FL - (616-617) + 5th FL (501 & 517)

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:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
 Set up of poly walls
 Set up of floor and drop cloths
 Set up of signs and barrier tape labeled with appropriate contaminant
 Isolation of HVAC system and shutdown
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available
 Containment sealed with no breaches
 Negative pressure established
 Set up of decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Date: 2-18-15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM</u>	<u>DRYWALL</u>	<u>60</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- | | | | | |
|-------------------------------------|-----|-----------------------------|---------------------------------------|---|
| <input type="checkbox"/> | | | Abatement/remediation being conducted | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 2-18-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples

- Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples

- Clearance samples (see clearance sampling section below)

- Personal samples (see personal sampling section below)

- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 2-18-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Chris Heglown

A-25587
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]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Joe Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 3-16-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor Apts.

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 4th Floor

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:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

Date: 3-16-15

Containment:

- N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Glovebags:

- N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: _____

Clean up:

- WR*
- N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

- WR* Abatement/remediation activities conducted
- No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 3/16/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Abatement/remediation being conducted
- Yes No N/A Gross clean up and material bagging
- Yes No N/A Bag out activities
- Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed
- Yes No N/A All tools, ladders, etc. cleaned with no visible contamination
- Yes No N/A Final cleaning after all abatement is complete
- Yes No N/A Final lockdown
- Yes No N/A Project teardown (after all clearances and inspections pass applicable standards)
- Yes No N/A Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____ N/A

Date: 3-16-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3-16-15

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

N/A

Was work area inspected and found clean and free of any contaminated debris: Yes No
If no, please explain N/A

Did work area pass applicable clearance standards: Yes No
Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Kevin Maddox
Joe Michaels
Tim Highland

Date: 3-16-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

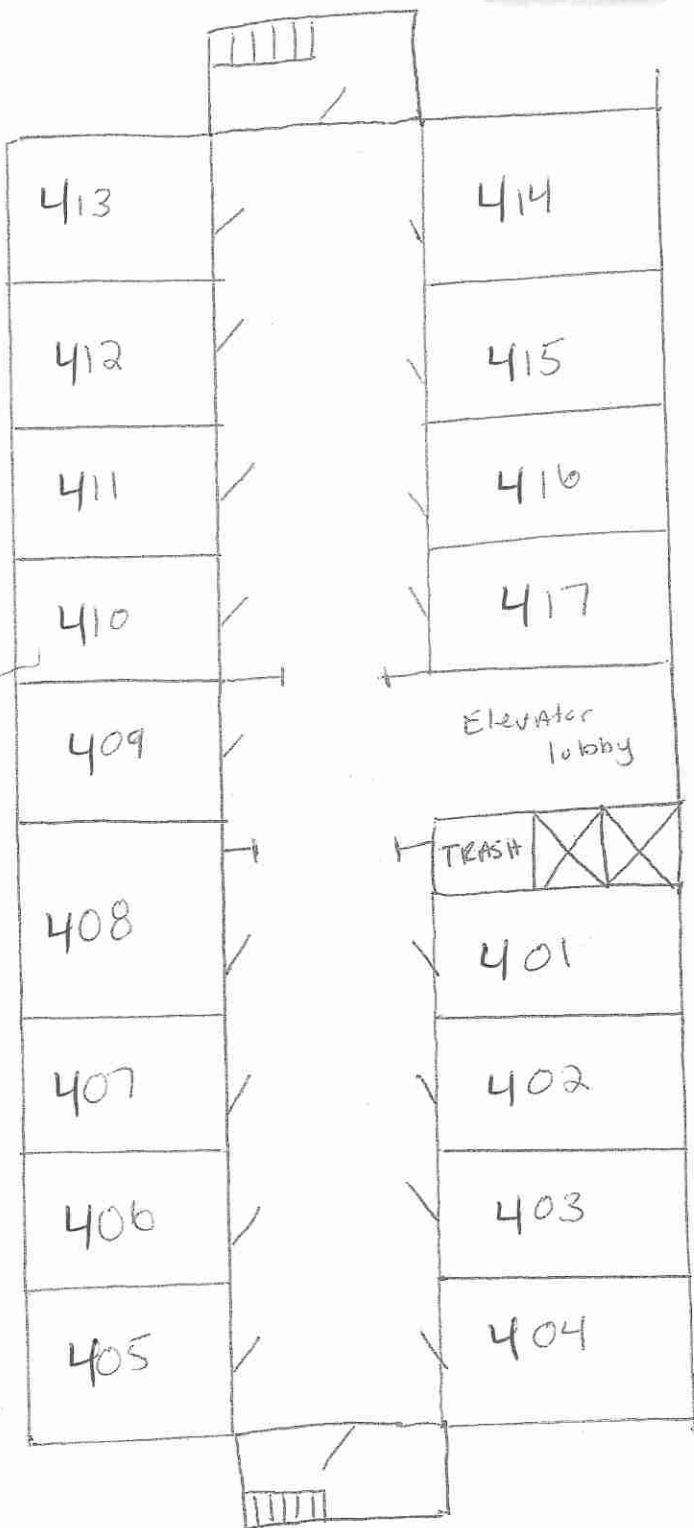
N/A

Technical Review By: Joe Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
to
Scale

4th FLOOR

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 3-17-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 4th Floor -

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Date: 3-17-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
Sealed floor and drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
All points of potential fiber release sealed (doors, windows, etc.)
Water available in containment
Containment sealed with no breaches
Negative pressure established
Decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
Glovebags sealed with amended water and negative air
Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
Wet methods utilized
Work area demarcated and isolated from general traffic
Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>MASTIC</u>	<u>800</u>
<u>ASBESTOS</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 3-17-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 3-17-15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3-17-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Kevin Maddox
Joe Michaels
Tim Highland

Date: 3-17-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: MAT Rodgers
Printed Name

[Signature]
Signature

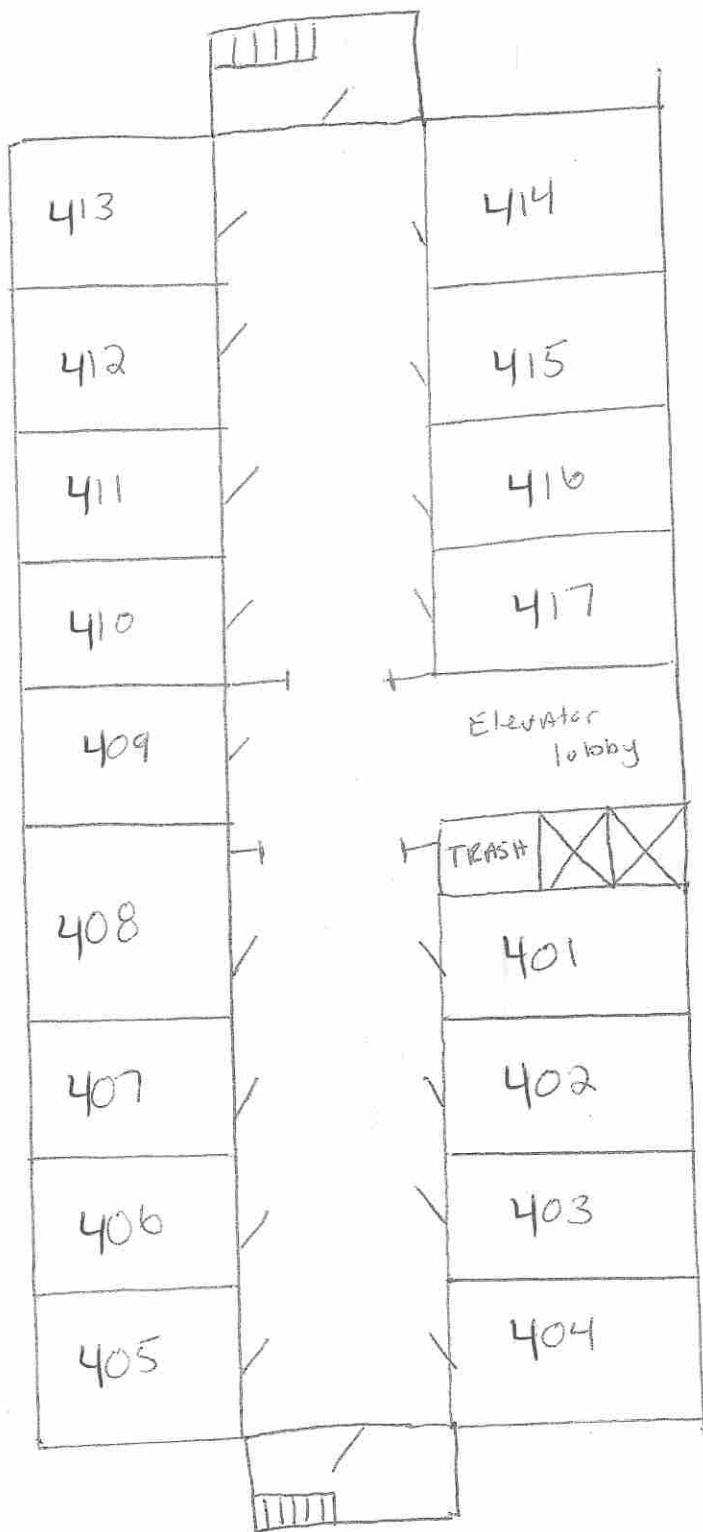
This section is reserved for any additional comments by the reviewer: N/A

Technical Review By: JEFF FOX
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
to
SCALE

4th FLOOR

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 3-18-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 4th Floor

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

- Set up:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
 Set up of poly walls
 Set up of floor and drop cloths
 Set up of signs and barrier tape labeled with appropriate contaminant
 Isolation of HVAC system and shutdown
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available
 Containment sealed with no breaches
 Negative pressure established
 Set up of decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Date: 3-18-15

- Containment: N/A
- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Sealed poly walls and ceilings
Sealed floor and drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
All points of potential fiber release sealed (doors, windows, etc.)
Water available in containment
Containment sealed with no breaches
Negative pressure established
Decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

- Glovebags: N/A
- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
Glovebags sealed with amended water and negative air
Other: _____

- Clean up: N/A
- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

HEPA vacuums utilized
Wet methods utilized
Work area demarcated and isolated from general traffic
Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

- Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>MASTIC</u>	<u>800</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 3-18-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)

Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 3-18-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3-18-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Kevin Maddox
Joe Michaels
Tim Highland

Date: 3-18-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

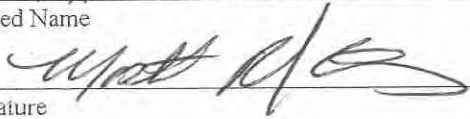
Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

MATT RODGERS
Printed Name


Signature

This section is reserved for any additional comments by the reviewer: N/A

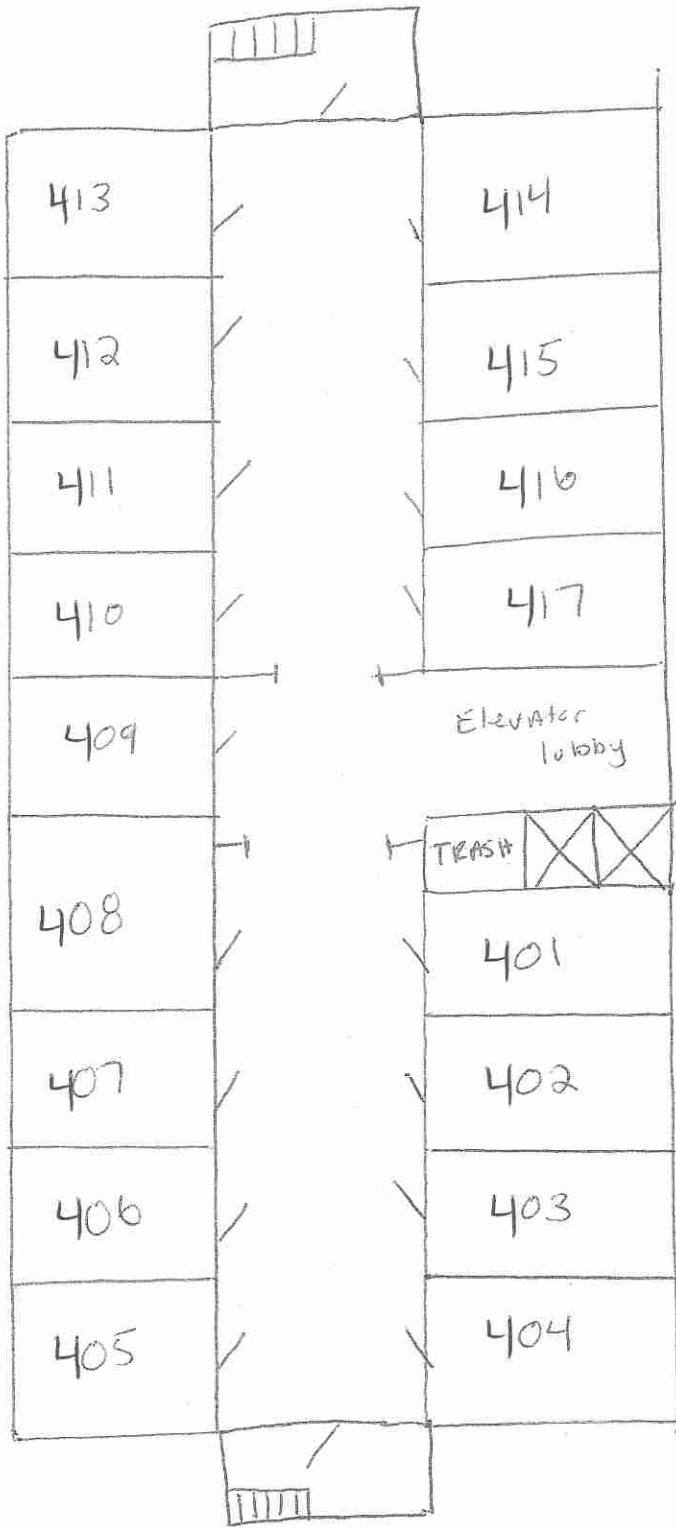
Technical Review By:

JEFF FOX
Printed Name


Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
to
SCALE

4th FL

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 3-19-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 4th Floor

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:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
 Set up of poly walls
 Set up of floor and drop cloths
 Set up of signs and barrier tape labeled with appropriate contaminant
 Isolation of HVAC system and shutdown
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available
 Containment sealed with no breaches
 Negative pressure established
 Set up of decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Date: 3-19-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
Sealed floor and drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
All points of potential fiber release sealed (doors, windows, etc.)
Water available in containment
Containment sealed with no breaches
Negative pressure established
Decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
Glovebags sealed with amended water and negative air
Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
Wet methods utilized
Work area demarcated and isolated from general traffic
Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Asbestos</u>	<u>Mastic</u>	<u>800</u>
<u>Asbestos</u>	<u>Drywall Systems</u>	<u>20</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 3-19-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)

Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 3-19-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed; on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3-19-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Kevin Maddox
Joe Michaels
Tim Highland

Date: 3-19-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

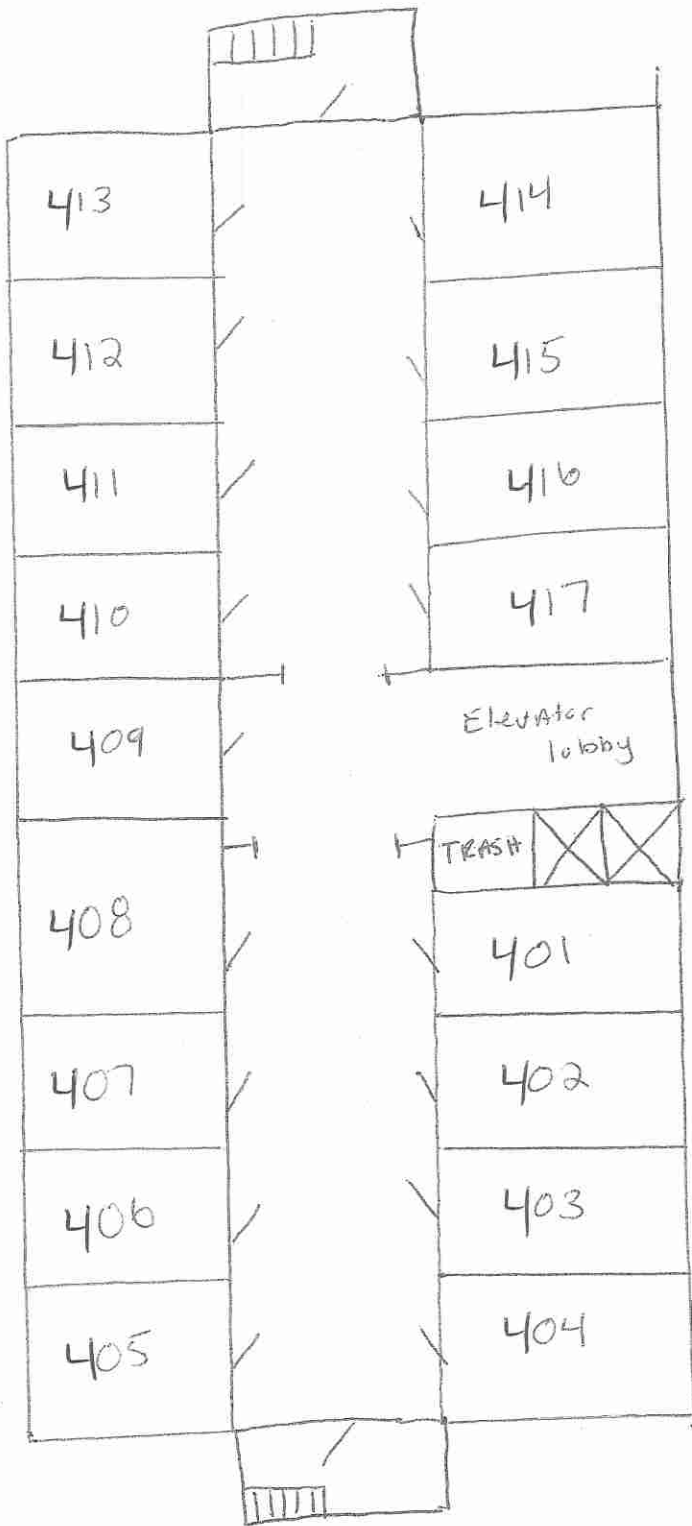
Technical Review By:

Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
to
SCALE

4th
FL

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 3-20-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 4th Floor

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:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment *ml*
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 3-20-15

Containment: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
ASBESTOS	MASTIC	800
ASBESTOS	Daywall Systems	20

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 3-20-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 3-20-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

WR

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3-20-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Kevin Maddox
Joe Michaels
Tim Highland

Date: 3-20-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

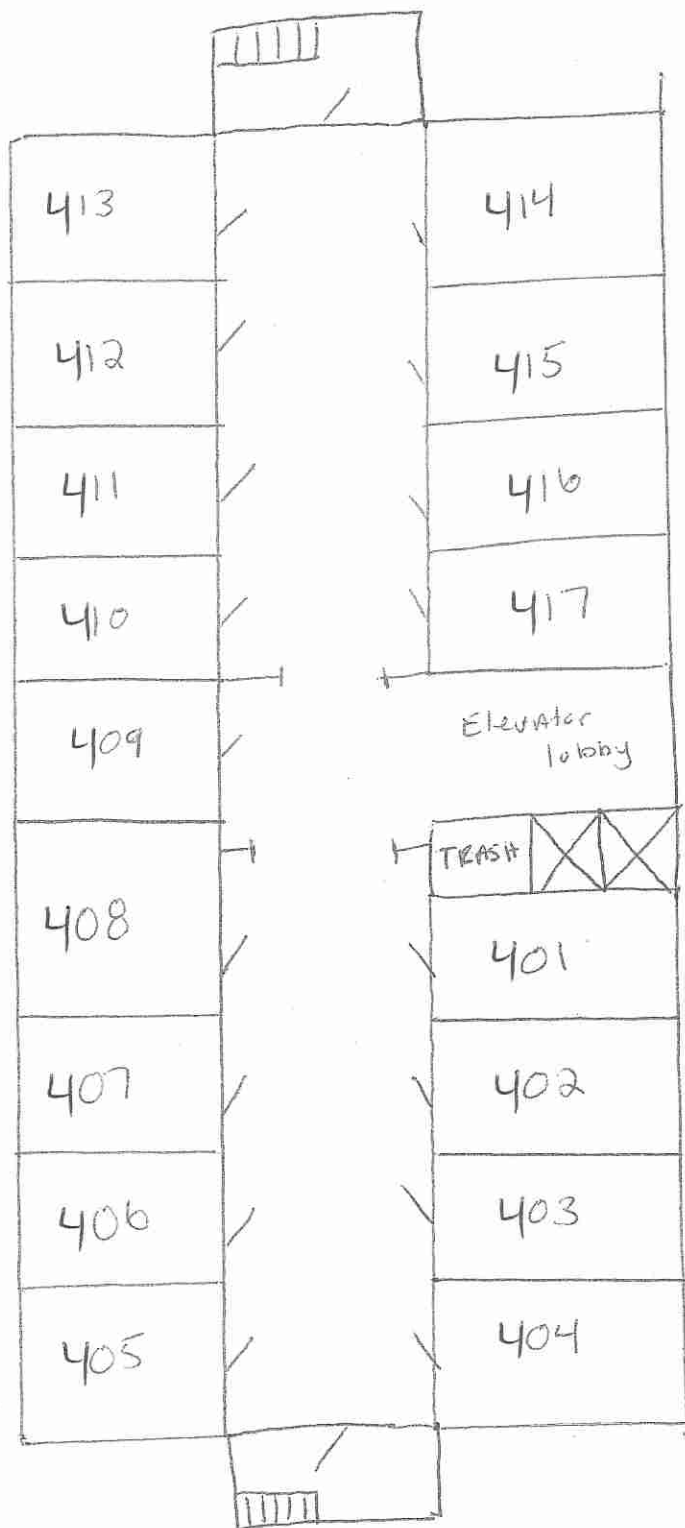
All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: MAH Rodgers
Printed Name
[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name
[Signature]
Signature
12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
TO
SCALE

4th Floor

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 3-23-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Ave

Site's Full Address: 727 Miller Ann Arbor, MI

Work Areas (Be Specific): 4th Floor

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:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 3-23-15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>MASTIC</u>	<u>800</u>
<u>ASBESTOS</u>	<u>Drywall System</u>	<u>20</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date 3-23-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 3-23-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site ; taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3-23-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Kevin Maddox
JOE MICHAELS
Tim Highland

Date: 3-23-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

N/A

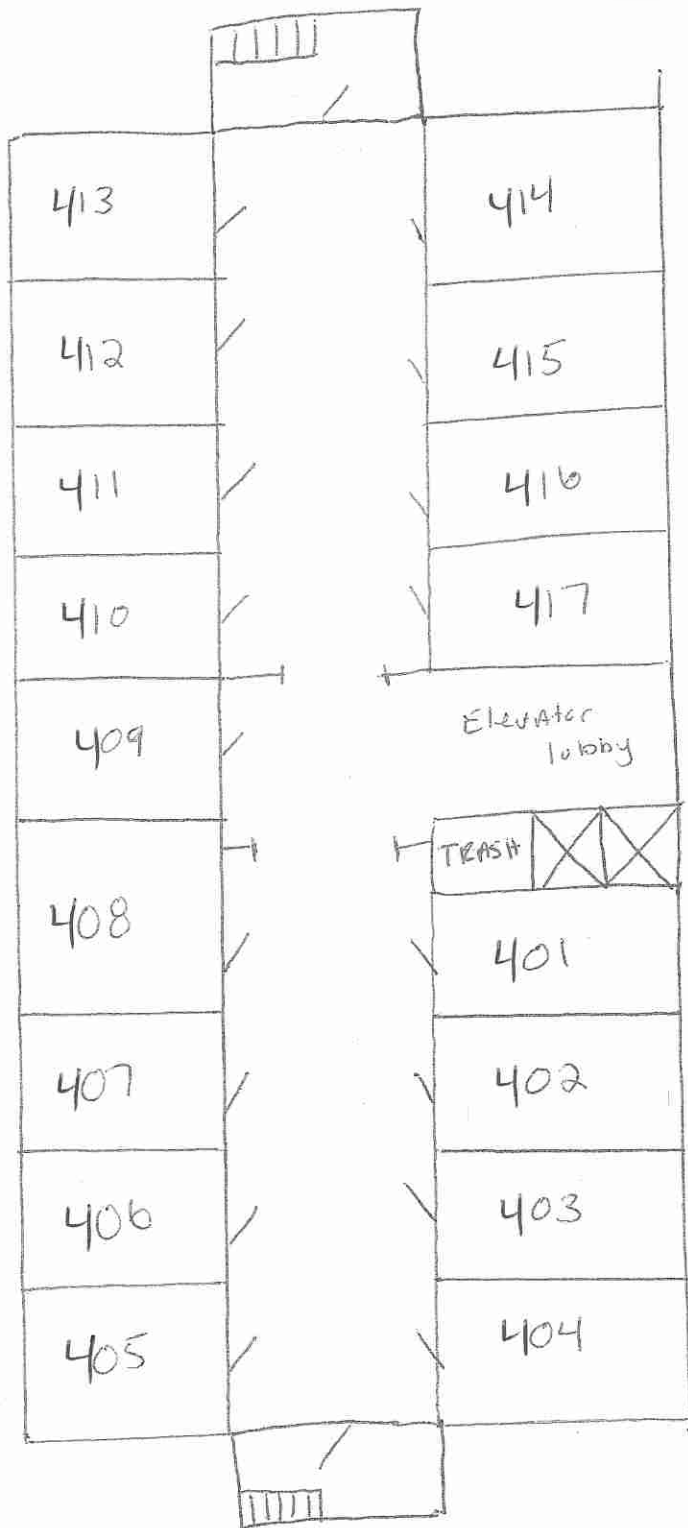
Technical Review By:

Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
to
SCALE

4th Floor

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 3/22/15 Start Time: 8:00 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller

Work Areas (Be Specific): 4th Floor - 403, 405, 406

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:
- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 3/24/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 + Mastic	4th Floor Kitchen/Bathrooms	

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 3/24/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Grinder

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A 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: 3/24/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos floor tile

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3/24/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak

Joe Michaels

Timothy Highland

Kevin Maddox

A25587

A44626

A42977

A31162

Date: 3/24/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map

Miller

E

S

X-pumps

Hall

404

403

402

401

414

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406

407

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405

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413

5, 8, N

EME

Andrew Ptak

W

727 Miller
Ann, Arbor

Not to Scale

3/24/15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 3/25/15 Start Time: 07:30 AEC Representative: Hussell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 4th Fl.

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:

- | | | | |
|---|-----------------------------|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | Other: _____ |

Date: 3/25/15

Containment:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
Floor Tile & Mortar	Kitchens & Bathrooms	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 3/25/15

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

- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> | | | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 3/25/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos Floor T. 1e

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3/25/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Kevin Maddux
Timothy Highland
Joe Michaels

A 25587
A 31162
A 4297
A 4626

Date: 3/23/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

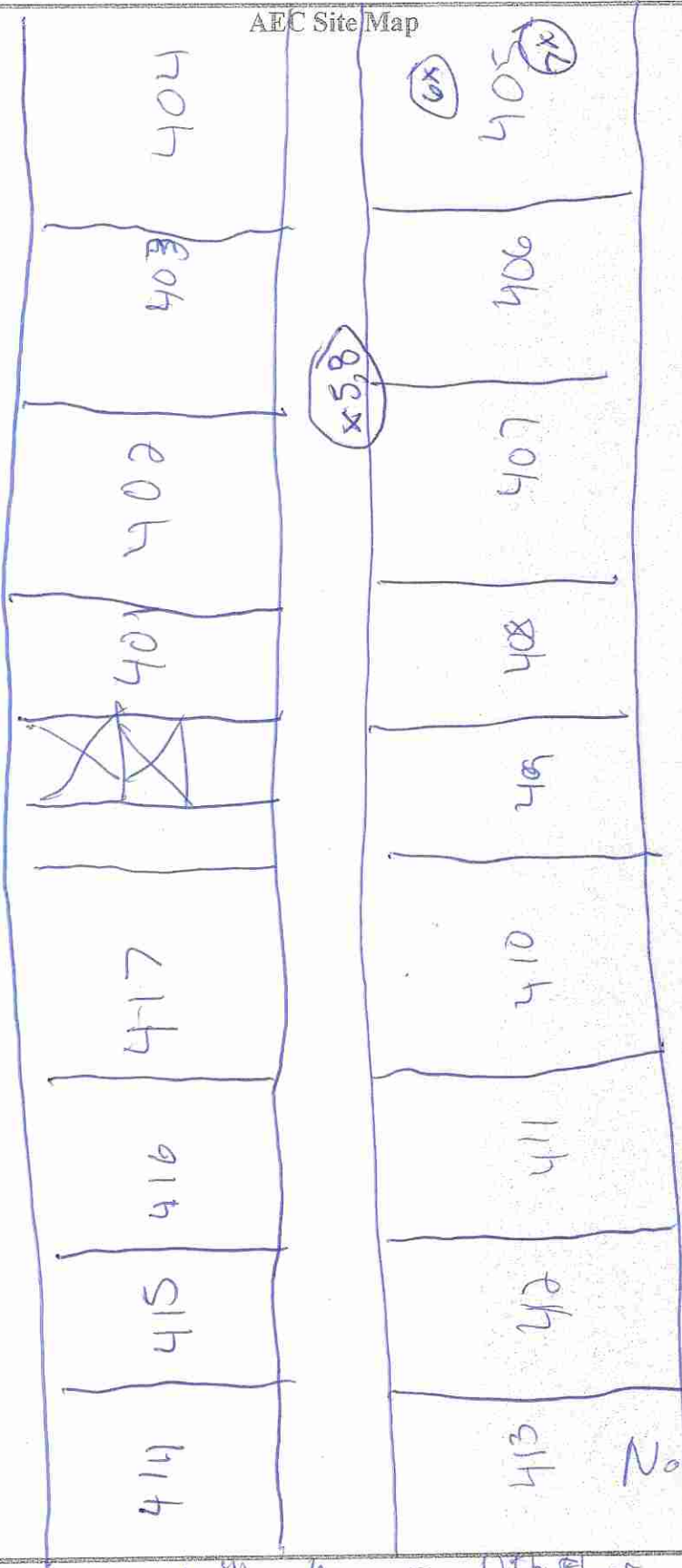
[Signature]
Signature

12/14/15
Date

AEC Site Map

(N)

Miller



EME/Norstar
Andrew Ptak

Miller Manor 4th Floor
227 Miller, Ann Arbor, MI

3/23/15
Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 3/26/15 Start Time: 7:30 AEC Representative: Husell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 4th floor - 404, 401, 408 (kitchens + Bathrooms)

Contaminant(s) of Concern: Asbestos floor tile/mastic

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

- | | | |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Yes No N/A

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 3/26/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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:
Mastic	4th Floor Bathrooms/Kitchens	

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 3/24/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Grinder

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 3/26/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos Floor Tile & Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored
Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3/2/15

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No

If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
T. Highland
K. Maddox
Joe Michaels

A 25587
A 42977
A 31162
A 44626

Date: 3/26/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

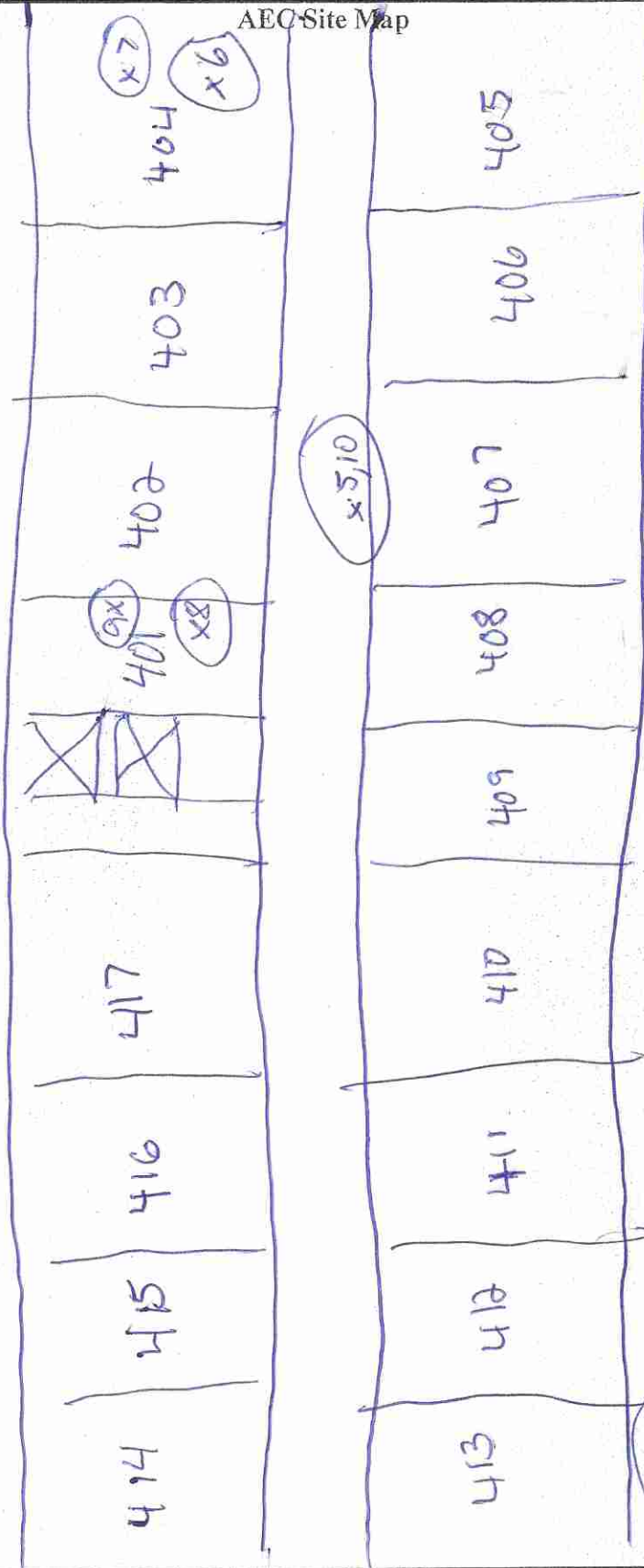
Technical Review By:

JEFF FOX
Printed Name

Signature

12/14/15
Date

AEC Site Map



EME/NoStar
Ptak / Don

Miller Manor
227 Miller, Ann Arbor, MI

8/26/15
Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 3/27/15 Start Time: 7:30 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 4th Floor Kitchens + Bathrooms
408 + 409

Contaminant(s) of Concern: Asbestos Mastic

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:

- | | | |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Yes No N/A

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 2/27/15

- Containment:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

- Glovebags:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: _____

- Clean up:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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:
Mastic	4th Fl. Kitch + Bath	

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 3/27/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Grinder

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 3/27/13

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 3/27/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptsh

A25587

Tim Highland

A42977

K. Maddox

A31162

Joe Michaels

A44626

Date: 3/27/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

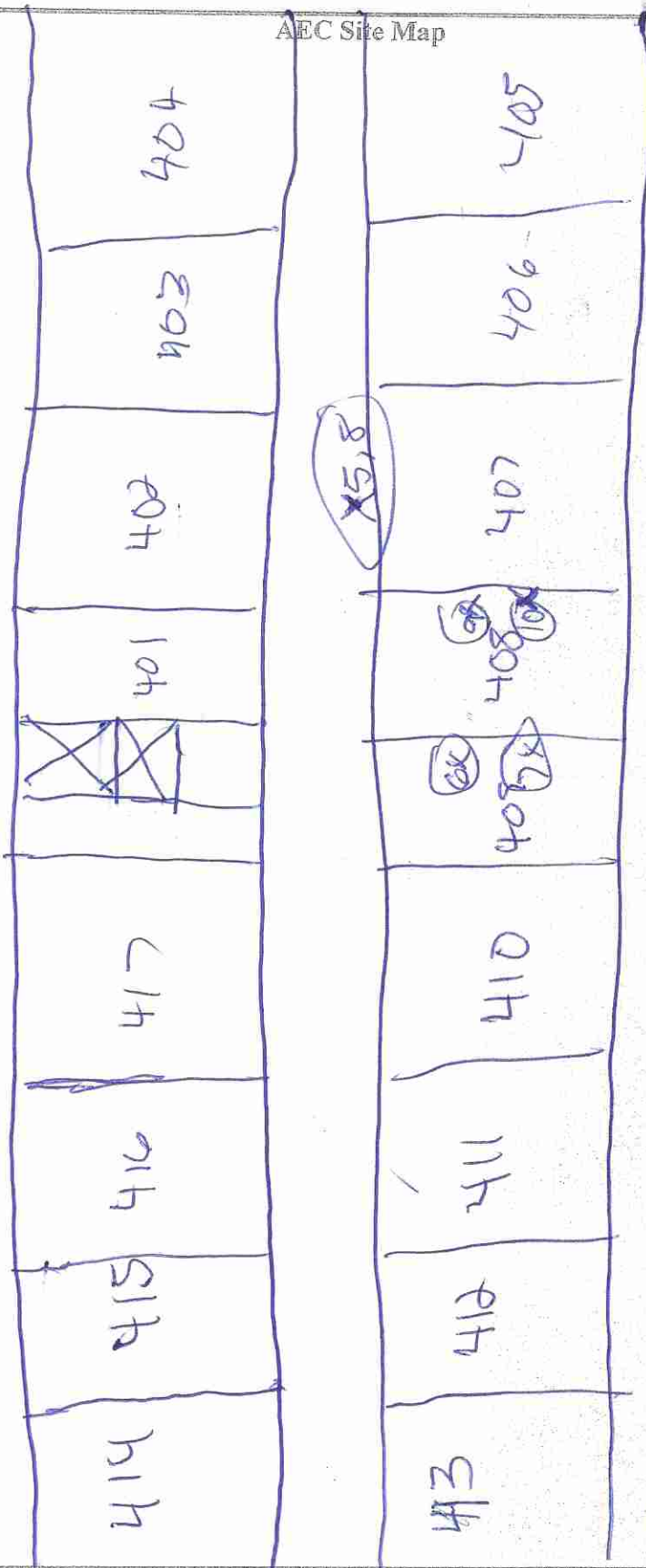
Technical Review By:

JEFF FOX
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map



X-pumps
Not to scale

EME Norstar
Plak / Don

Miller Manor
727 Miller, Ann Arbor, MI

3/27/15
Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/2/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Miller Manor - 414 Bathroom

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 414 Bathroom

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:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 4/2/15

- Containment:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

- Glovebags:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: _____

- Clean up:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: _____

Please describe any other work area conditions that exist not outlined above:

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 JC	4/14 Bathroom	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 4/2/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Handwritten scribble on the first set of lines.

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Handwritten scribble on the second set of lines.

Clean up/close out activities

- Yes No N/A 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: 4/2/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

N/A

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain: _____

Date: 4/2/13

Clearance sampling

Before clearance sampling the following criteria MUST be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No
If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A Ptak
T. Highland
~~K. Maddox~~
Jason Highland

Date: 4/2/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassenh
Printed Name
[Signature]
Signature

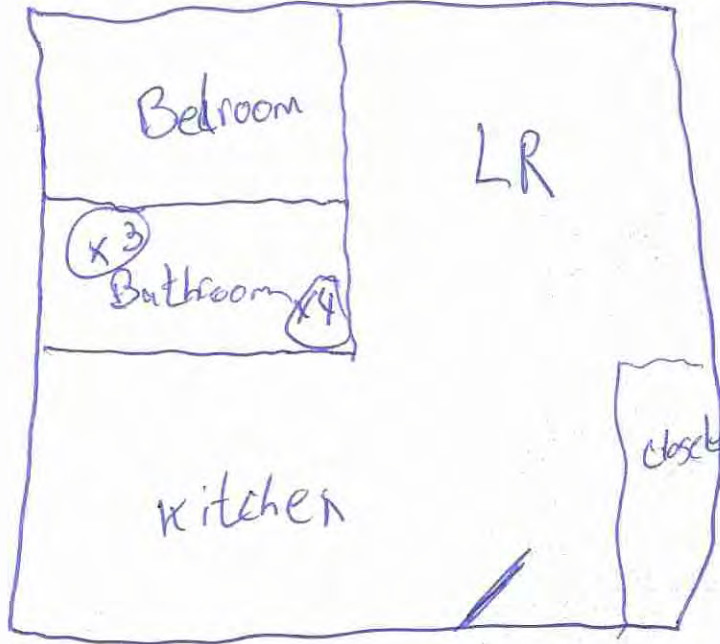
This section is reserved for any additional comments by the reviewer: _____

Technical Review By:

JEFF FOX
Printed Name
[Signature]
Signature
12/14/15
Date

AEC Site Map

414



X-pumps

Not to scale

EME/Noostar

Miller Manor - 414

727 Miller, Ann Arbor, MI

4/2/15

Lance Cassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 4/8/15 Start Time: 730 AEC Representative: FOX

Site Name: MILLER MAYON

Site's Full Address: 727 MILLER AVE, ANN ARBOR

Work Areas (Be Specific): 3RD FLOOR

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ~~AAA~~ ANDREW PIAR

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Moving in of equipment and supplies Set up of poly walls Set up of floor and drop cloths Set up of signs and barrier tape labeled with appropriate contaminant Isolation of HVAC system and shutdown All points of potential fiber release sealed (doors, windows, etc.) Water available Containment sealed with no breaches Negative pressure established <input checked="" type="checkbox"/> Set up of decontamination unit <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) Other: _____
---------	---	--

Date: 4/8/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

SET UP ONLY

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 4/8/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

SET UP ONLY

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

-
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: SET UP

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: _____

N/A

Date: 4/8/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

N/A

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office N/A

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain _____

Date: 4/8/15

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

N/A

Was work area inspected and found clean and free of any contaminated debris: Yes No
If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Date: 4/8/15

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.

SET UP ONLY -

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: JOE FOX
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

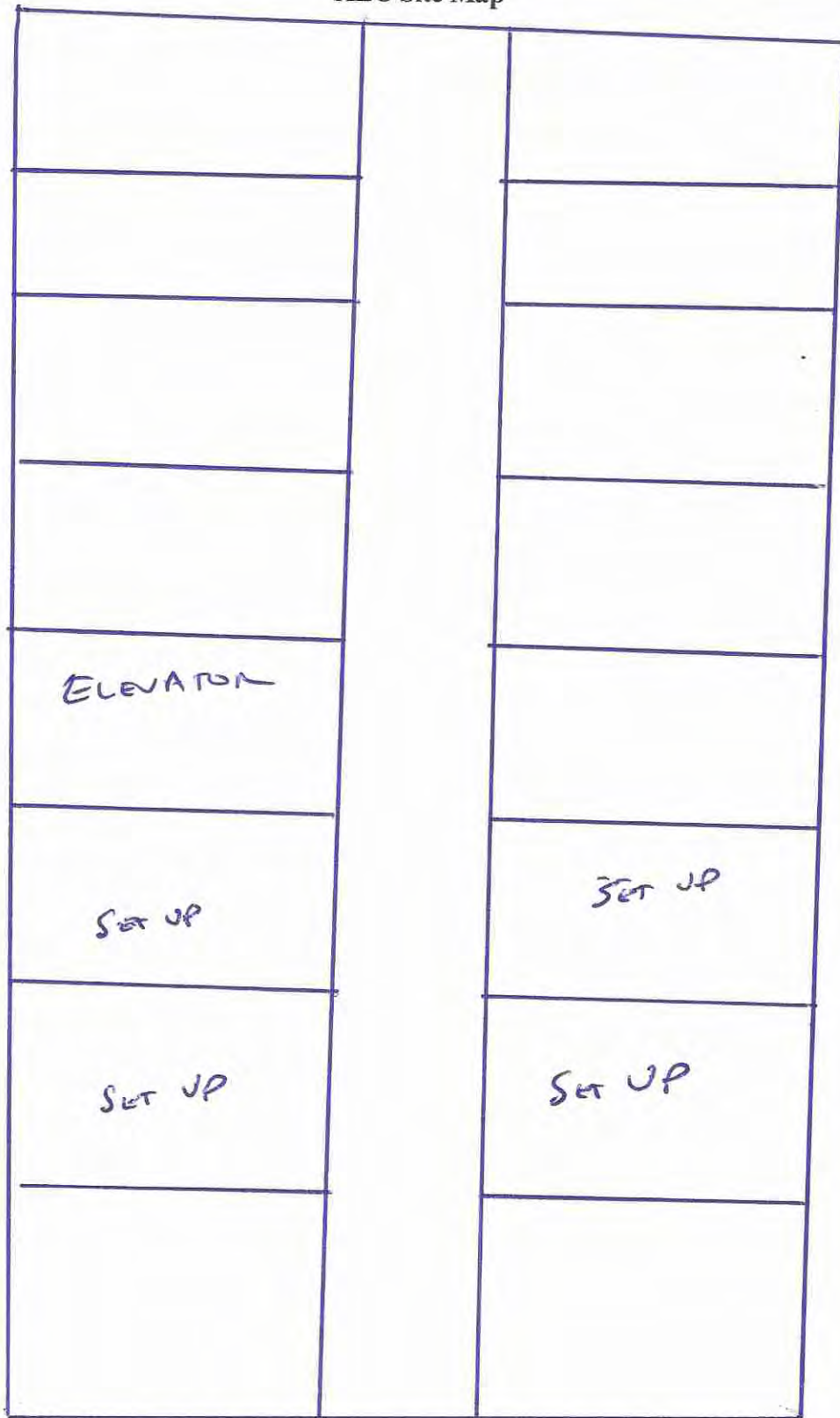
[Signature]

Technical Review By: JOE FOX
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



3RD FLOOR

MILLER MASON
727 MILLER
ANN ARBOR

EME

FOX

4-8-15

NOT
TO
SCALE

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/9/15 Start Time: 0730 AEC Representative: Hussell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 3rd Floor, 213

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Peak

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

- | | | | |
|---|-----------------------------|---|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 4/9/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM Mastic + Drywall</u>	<u>3rd Floor + 213</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/9/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Handwritten scribble on the first set of lines.

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Handwritten scribble on the second set of lines.

Clean up/close out activities

- Yes/No/N/A checkboxes for various activities, mostly checked 'Yes'.

- Abatement/remediation being conducted
Gross clean up and material bagging
Bag out activities
All surfaces wet cleaned and/or HEPA vacuumed
All tools, ladders, etc. cleaned with no visible contamination
Final cleaning after all abatement is complete
Final lockdown
Project teardown (after all clearances and inspections pass applicable standards)
Other:

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: 4/9/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain _____

Date: 4/9/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Jim Highland
Joe Michaels

Date: 4/9/15

Onsite visit of government officials

N/A

Name of Person(s): _____
Employer/Department: _____
Time on and off site: _____
Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

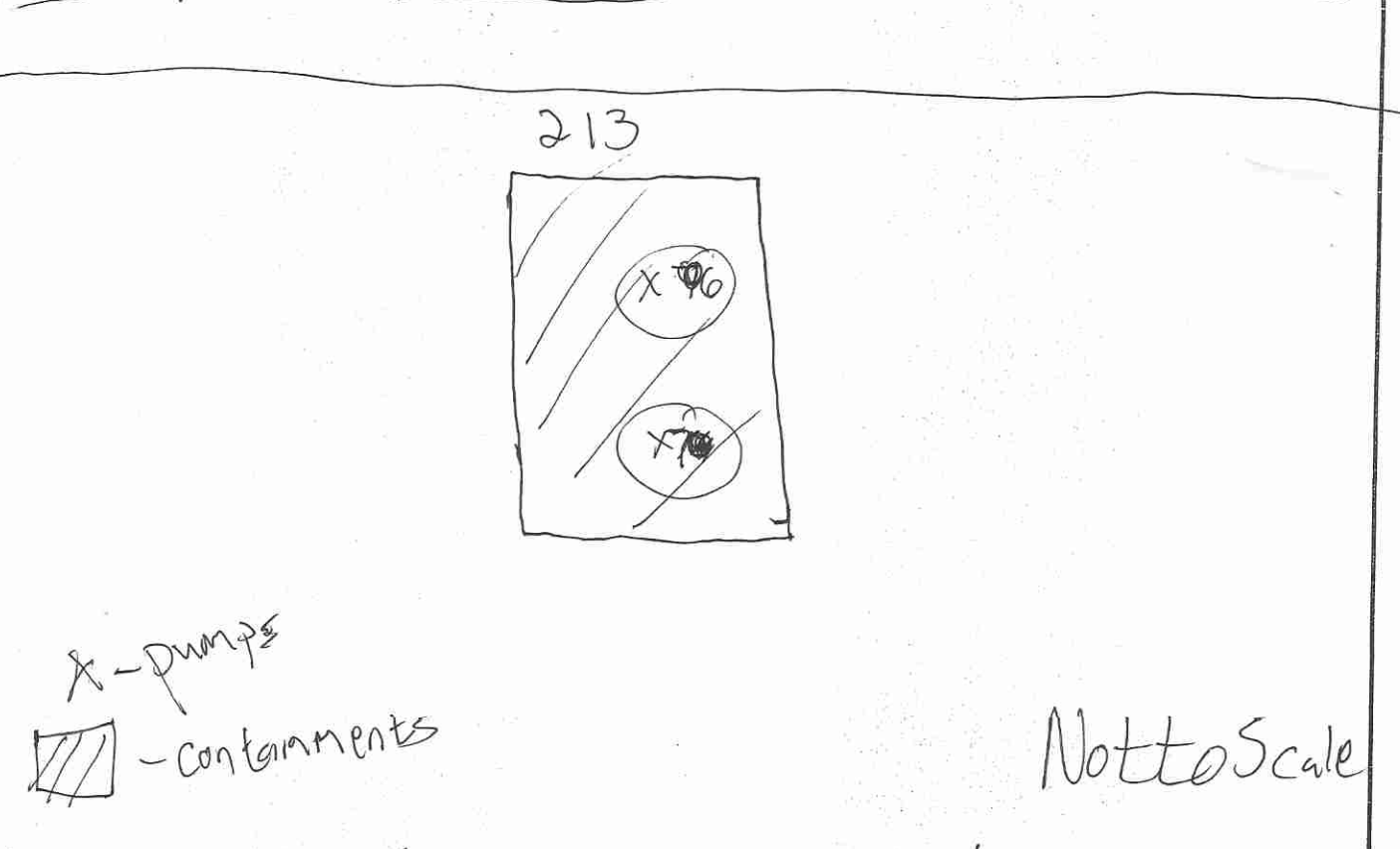
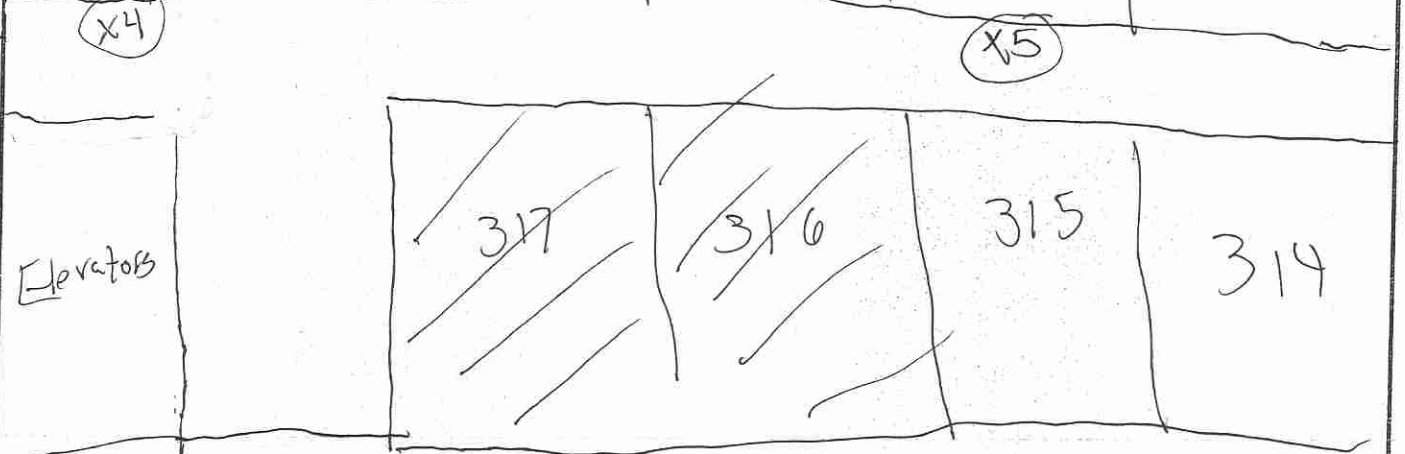
Submitted By: Lance Hassell
Printed Name
Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name
[Signature]
Signature
12/14/15
Date

AEC Site Map

3rd Fl.



Norstar/Em
Don Andrew Ptak

Millery Manor - 3rd Fl (213)
727 Miller
Ann Arbor, MI

4/9/15
Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 4-10-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ave. Ann Arbor, MI

Work Areas (Be Specific): 3rd Floor

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

- Set up:
- | | | | |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 4-10-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
Sealed floor and drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
All points of potential fiber release sealed (doors, windows, etc.)
Water available in containment
Containment sealed with no breaches
Negative pressure established
Decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
Glovebags sealed with amended water and negative air
Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
Wet methods utilized
Work area demarcated and isolated from general traffic
Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>MASTIC</u>	<u>800</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 4-10-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

-
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4-10-15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4-10-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Joe Michaels
Dan Waterski

Date: 4-10-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

N/A

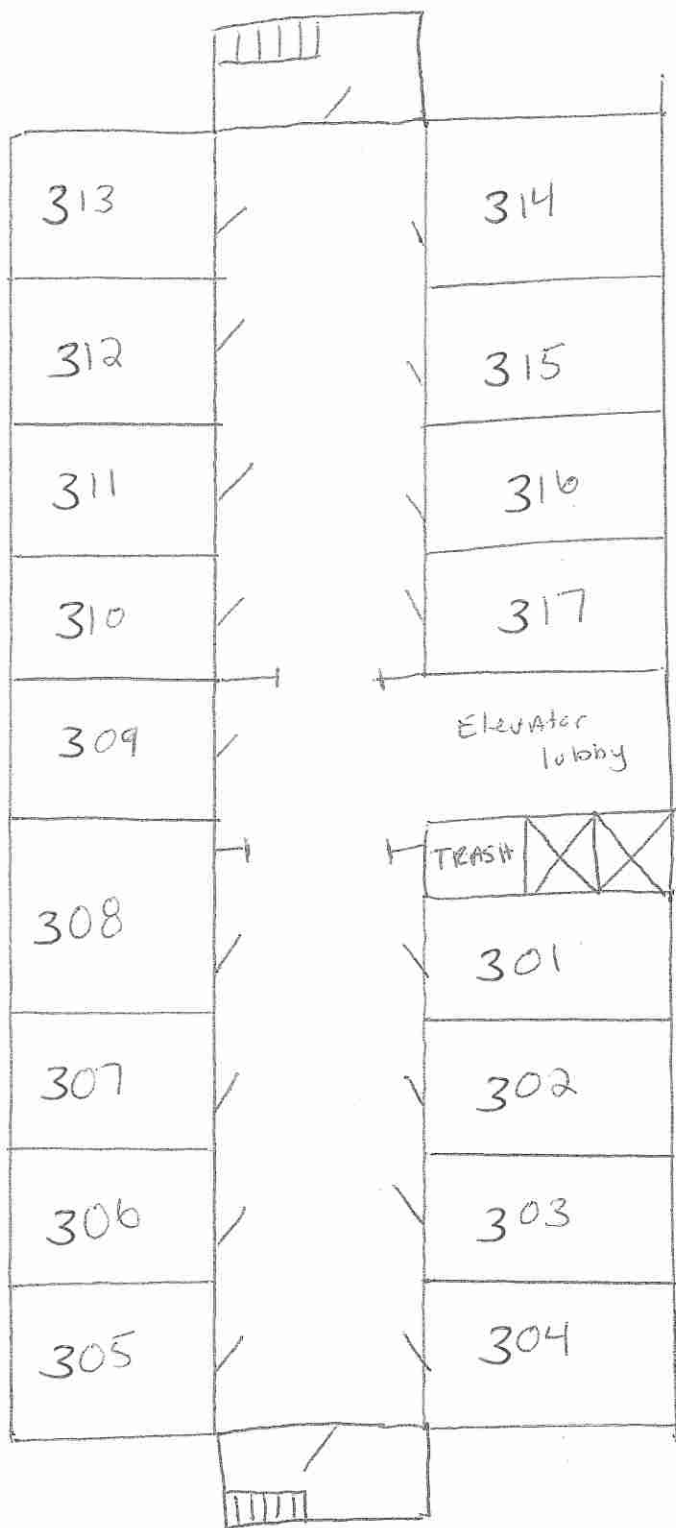
Technical Review By:

Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

Not
to
Scale

3rd FL

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 4-13-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor Apt.

Site's Full Address: 727 MILLER AVE. ANN ARBOR MI

Work Areas (Be Specific): 3rd FLOOR

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:
- | | | | |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input checked="" type="checkbox"/> Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 4-13-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Mastic</u>	<u>800</u>
<u>ASBESTOS</u>	<u>Drywall Systems</u>	<u>30</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4-13-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4-13-15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input checked="" type="checkbox"/> Gloves |
| <input type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4-13-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Dan Walruski
Joe Michaels
Tim Highland

Date: 4-13-15

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.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

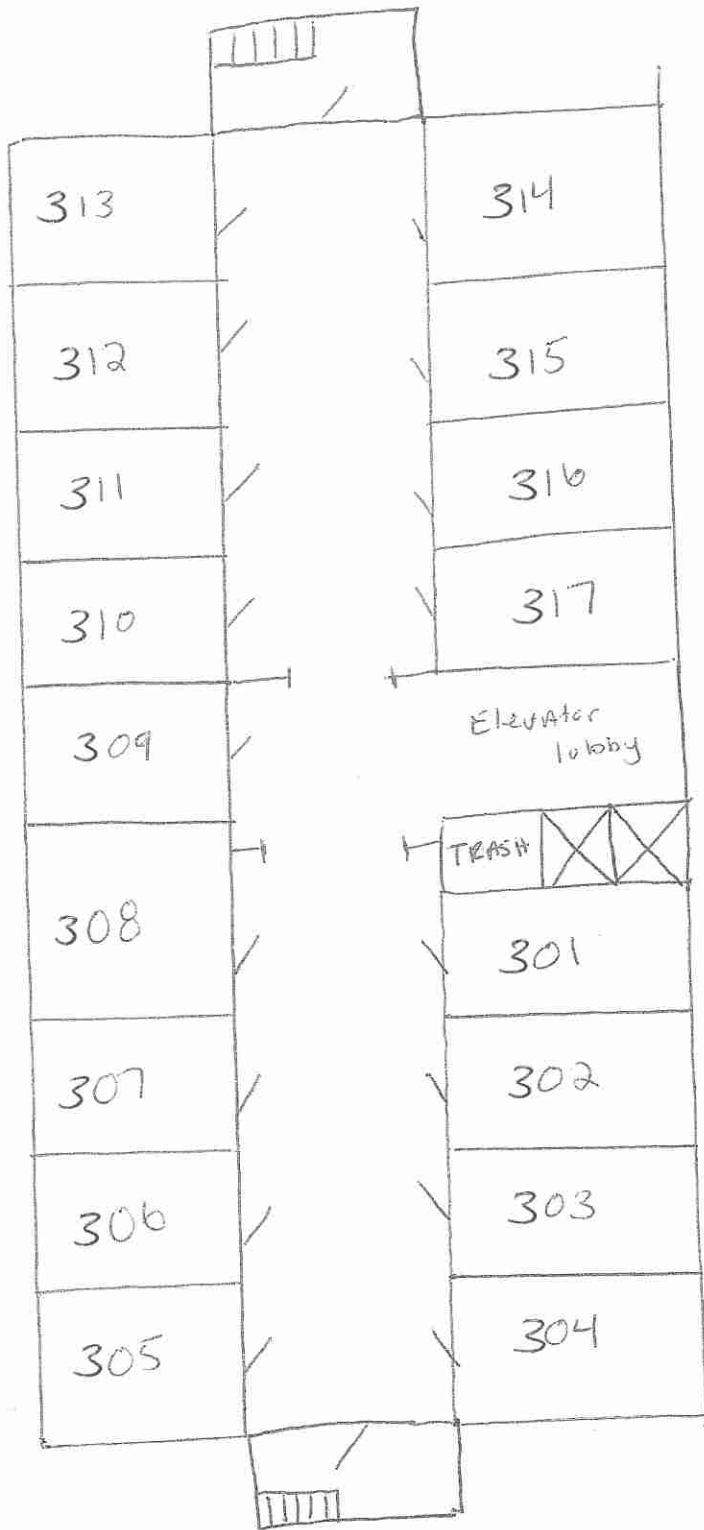
N/A

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT
TO
SCALE

3rd Floor

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/14/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 3rd Fl

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:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Moving in of equipment and supplies
Set up of poly walls
Set up of floor and drop cloths
Set up of signs and barrier tape labeled with appropriate contaminant
Isolation of HVAC system and shutdown
All points of potential fiber release sealed (doors, windows, etc.)
Water available
Containment sealed with no breaches
Negative pressure established
Set up of decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

Yes No N/A

Date: 4/14/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 JE	_____	_____
ACM MASTER	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/14/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Scrapers & grinders

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- Yes No N/A Abatement/remediation being conducted
- 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: 4/14/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM mastic & JC

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/14/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
J. Highland
C. Tregown

Date: 4/14/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: Miller Manor - 313

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

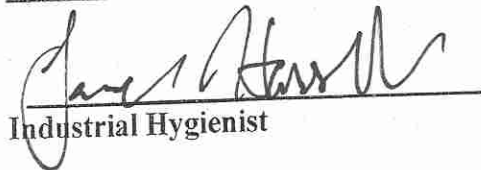
Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0033 Average F/cc (PCM) _____ Average S/mm² (TEM)

AREAS:

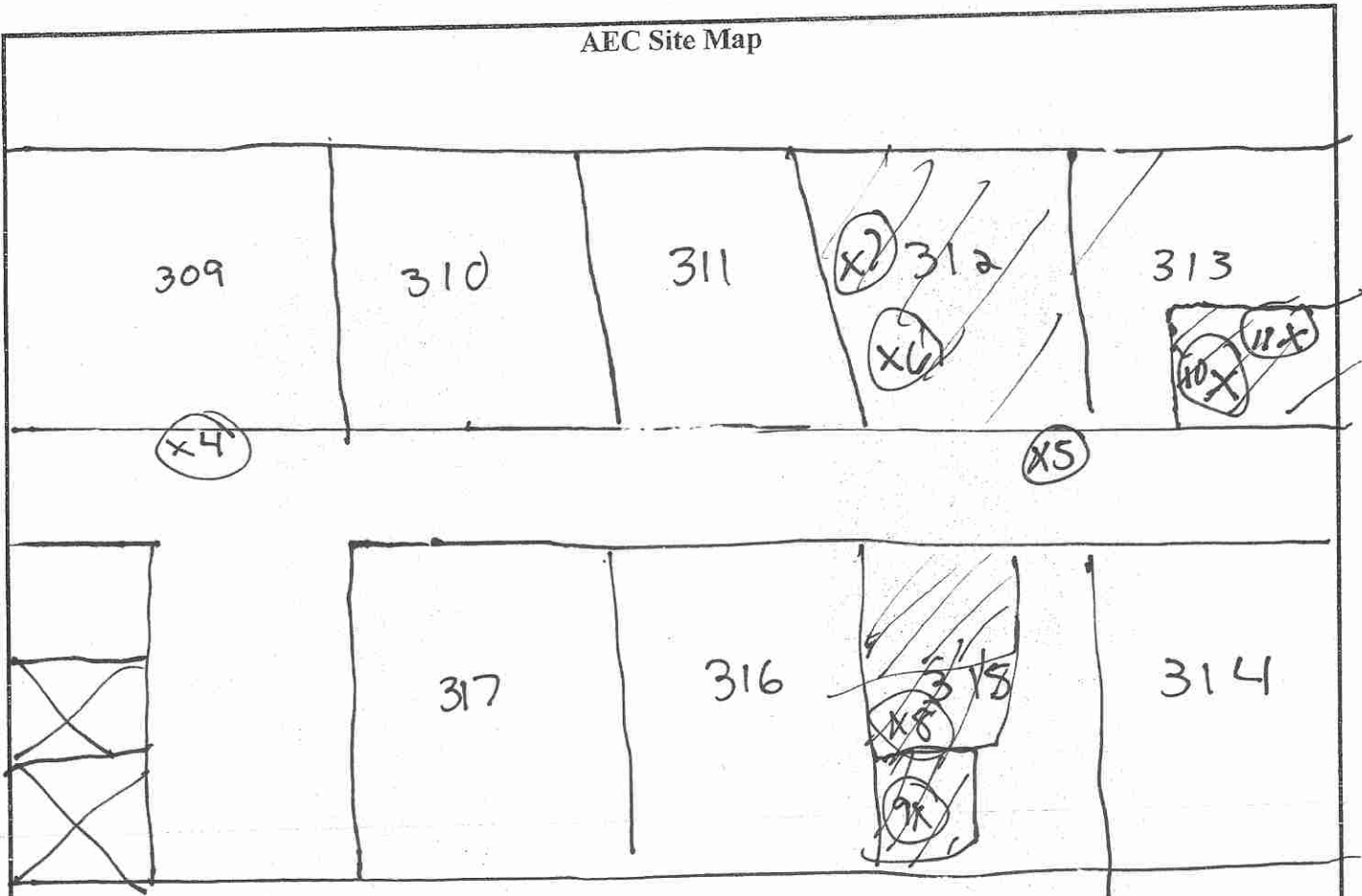
Miller Manor - Unit 313 - Kitchen


Industrial Hygienist

4/14/15
Date

14:30
Time

AEC Site Map



X - pumps
[hatched box] - containment

Not to Scale

Norstar/ERNE Don / A. Ptak	Miller Manor 3 rd Fl. 727 Miller Ann Arbor, MI	4/14/18 Lance Hassell
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**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/15/15 Start Time: 0730 AEC Representative: Hassel

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 3rd Fl

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:

- | | | |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 4/15/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags:

<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
ACM JL	Kitchens & Bathrooms	
ACM mastic		

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/15/15

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

- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/15/13

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos Joint Compound + Mastic

Were the air monitoring samples analyzed: on site taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/15/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

A. Plak
J. Highland
J. Michaels

SSN or State Card Number:

Date: 4/5/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

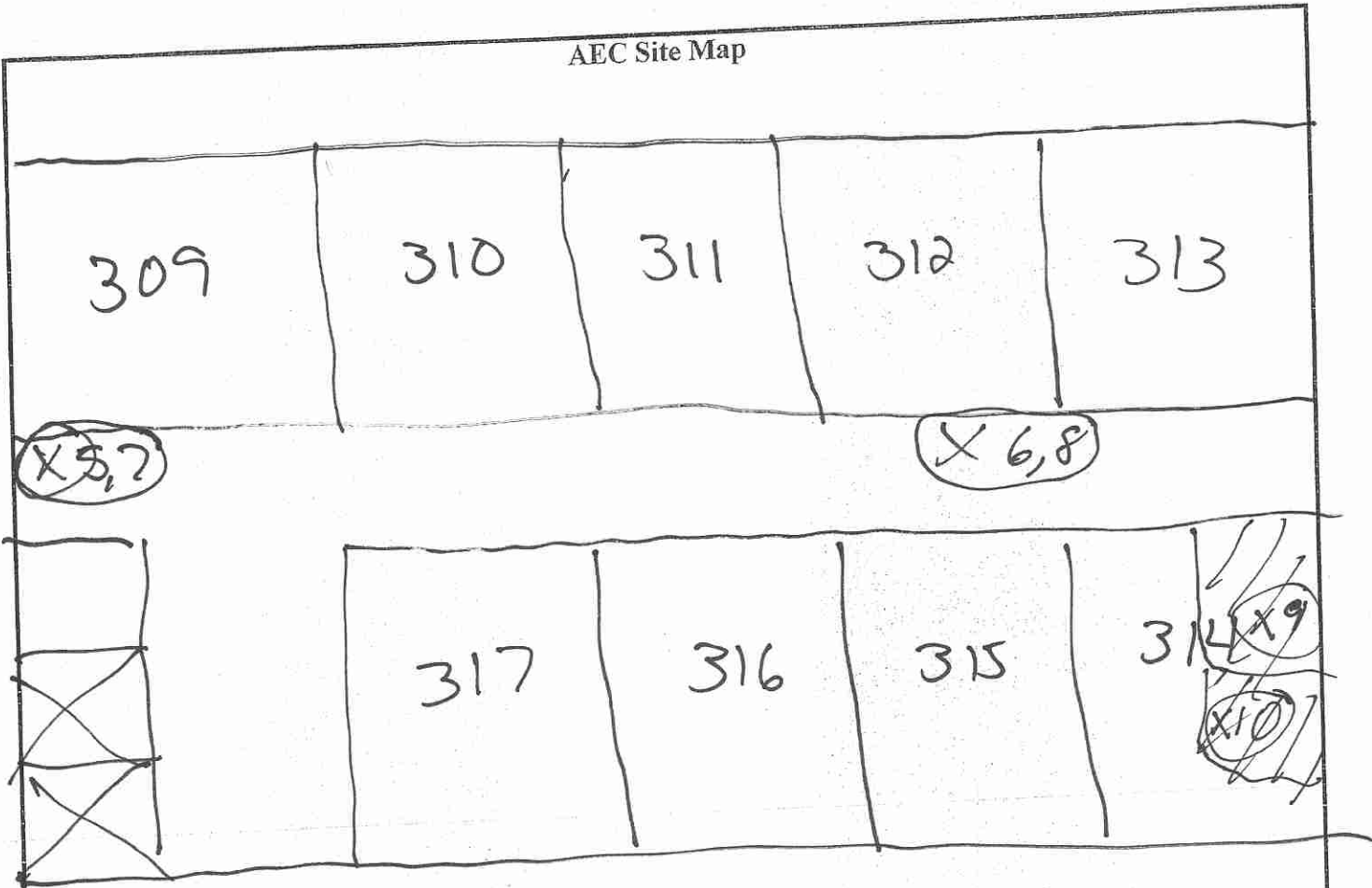
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: J&F FOX
Printed Name

J&F FOX
Signature

12/14/15
Date

AEC Site Map



X - Pumps

 - Containment

Not to scale

Norstar / EME
A. Ptak

Miller Manor - 3rd Fl.
727 Miller, Ann Arbor, MI

4/15/15
Lancettassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 4/16/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 3rd Fl. + 108

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: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Moving in of equipment and supplies
Set up of poly walls
Set up of floor and drop cloths
Set up of signs and barrier tape labeled with appropriate contaminant
Isolation of HVAC system and shutdown
All points of potential fiber release sealed (doors, windows, etc.)
Water available
Containment sealed with no breaches
Negative pressure established
Set up of decontamination unit
<input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____ |
|---------|---|---|

Date: 4/16/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 mastic	_____	_____
ACM Jc	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/16/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/16/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM mastic & Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
- Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
- Work area samples
- Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/16/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak

Tim Highland

Joe Michaels

Dan Waterski

Date: 4/16/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

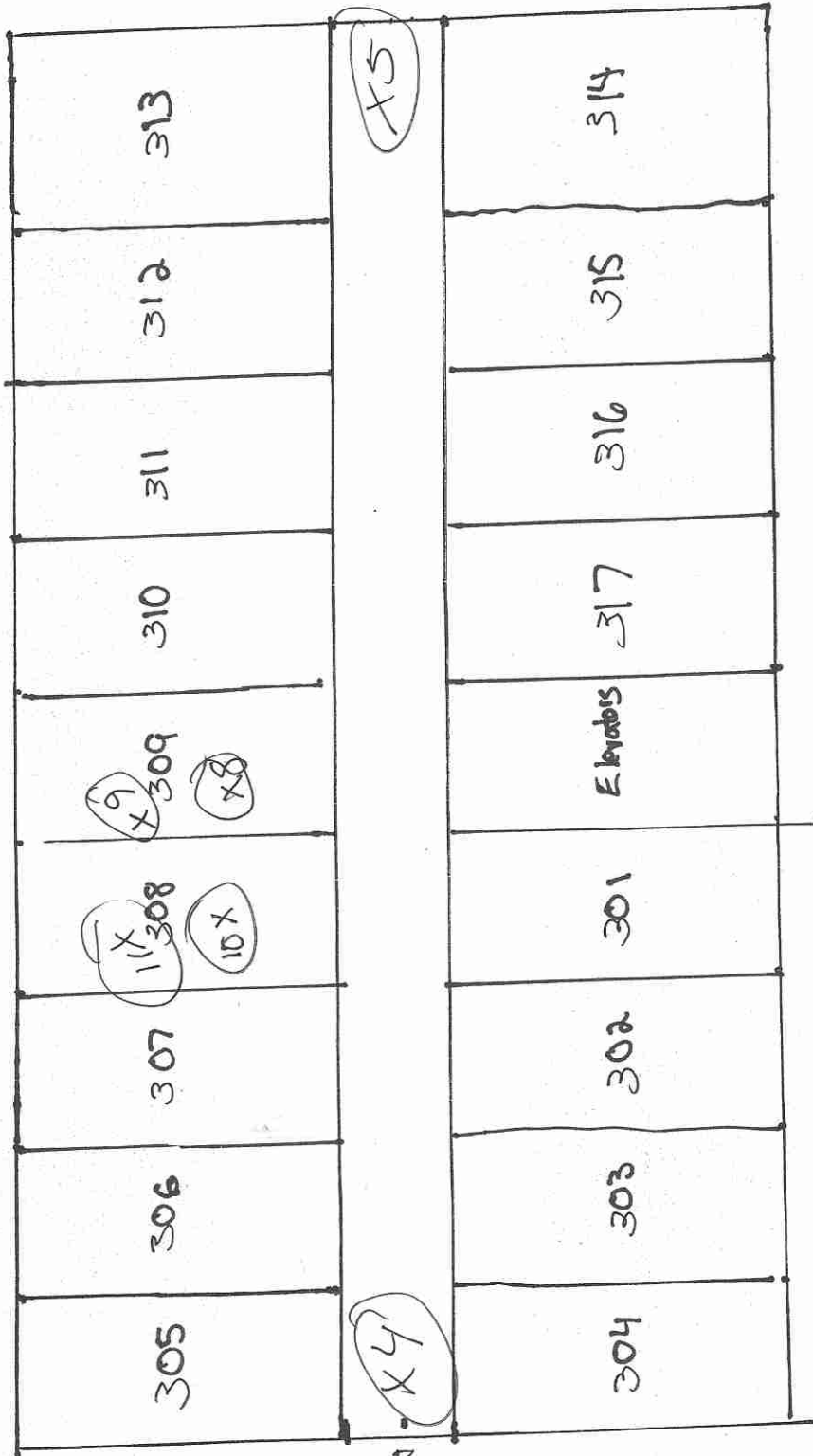
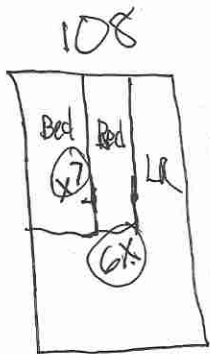
Technical Review By: JEF FOX
Printed Name

JEF FOX
Signature

12/14/15
Date

AEC Site Map

W



X - pumps

Miller Manor

727 Miller Rd

Ann Arbor, ME

EME / Nasstar

AAHE

4/16/15

Not to Scale

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/17/15 Start Time: 0730 AEC Representative: Hassel

Site Name: Miller Manor

Site's Full Address: 727 Miller

Work Areas (Be Specific): 3rd Floor, 409, 509, 405

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plzak

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 setup activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 4/17/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings

Sealed floor and drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

All points of potential fiber release sealed (doors, windows, etc.)

Water available in containment

Containment sealed with no breaches

Negative pressure established

Decontamination unit

Remote or Attached to containment

(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

Glovebags sealed with amended water and negative air

Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized

Wet methods utilized

Work area demarcated and isolated from general traffic

Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 SC Acmmastic	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 4/17/13

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Handwritten scribble covering the response area.

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Handwritten scribble covering the response area.

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/17/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ALM Joint Compound & Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
 Time and date dropped off: _____
 Turn around time indicated on the chain of custody: _____
 Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
 Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
 Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored
 Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
 If no, please explain _____

Date: 4/17/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
Joe Michaels
Tim Highland
Dan Wjlerski

Date: 4/17/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JOE FOX
Printed Name

[Signature]
Signature

12/15/14
Date

EC Site Map

305



405



303



509



409



(x) - pumps

Not to scale

Norstar
Don T.

EME
A. Pfak

Miller Manor
727 Miller
Ann Arbor, MI

4/17/15
Lance Hessel

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 4/20/15 Start Time: 0730 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 3rd Floor

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:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 4/20/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Mastic	Throughout	
ACM Joint Compound	1 1	

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/20/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Handwritten scribble on the first set of lines.

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Handwritten scribble on the second set of lines.

Clean up/close out activities

- Yes/No/N/A checkboxes for various activities.

- Abatement/remediation being conducted
Gross clean up and material bagging
Bag out activities
All surfaces wet cleaned and/or HEPA vacuumed
All tools, ladders, etc. cleaned with no visible contamination
Final cleaning after all abatement is complete
Final lockdown
Project teardown (after all clearances and inspections pass applicable standards)
Other:

Waste handling and disposal

- No waste generated
Number of bags, drums, or dumpsters utilized during shift:
Lined dumpster on site
Disposal by contractor off site
Designated storage area on site (other than dumpster); describe:
Material double bagged, fiber drums
Material labeled with appropriate labels
Material wetted
Waste generated was disposed of on site as general construction debris
Other:

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes/No
If no, please explain

- Respiratory protection (check all that apply):
Half face negative pressure air purifying respirator
Full face negative pressure air purifying respirator
Positive pressure air purifying respirator
Other:

Date: 4/20/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound & Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
- Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
- Work area samples
- Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/20/13

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No
If no, please explain _____

Did work area pass applicable clearance standards: Yes No
Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tim Highland
Dan Waterski
Joe Michaels

Date: 4/20/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell

Printed Name

Lance Hassell

Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox

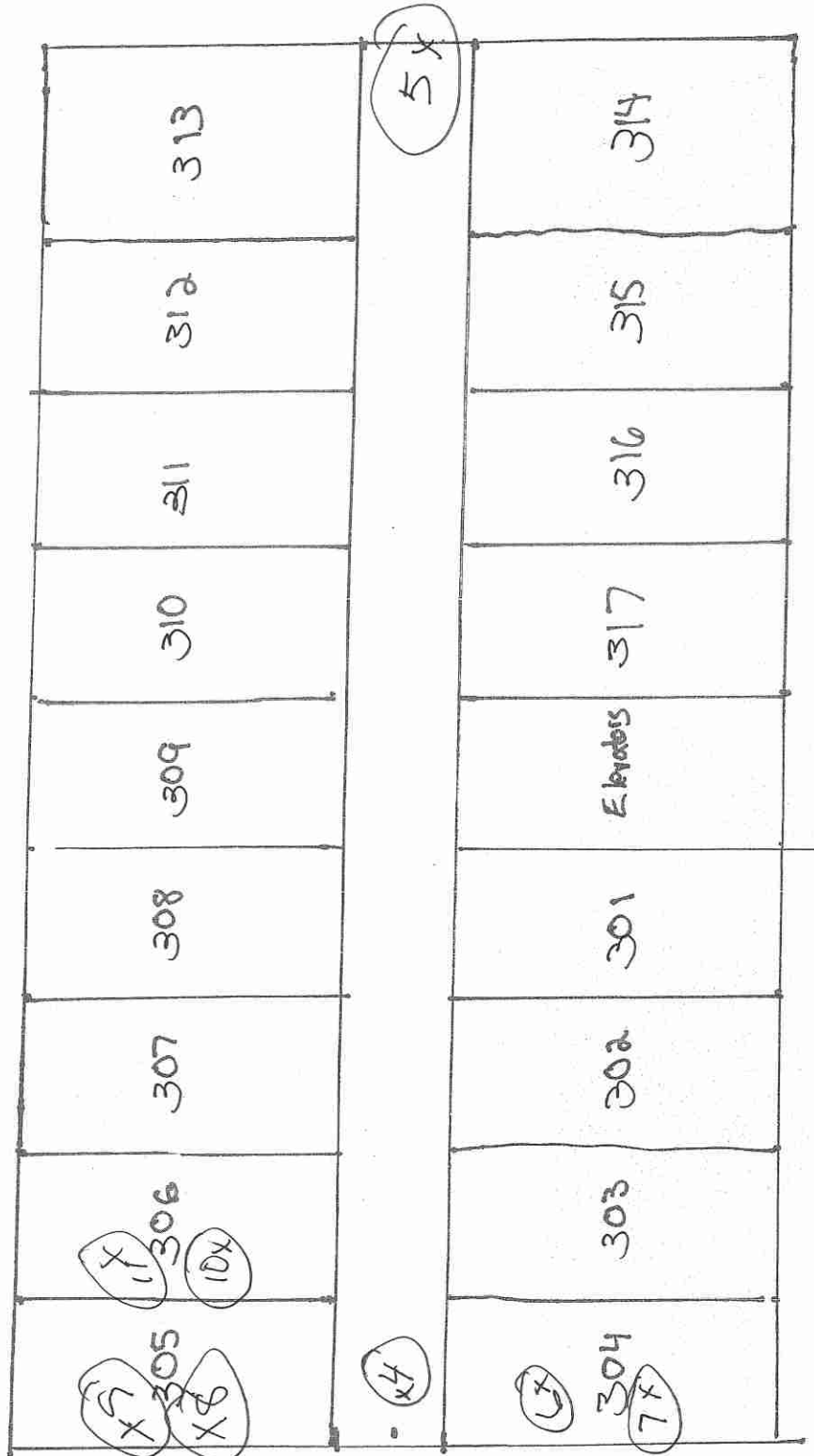
Printed Name

Signature

Date

12/14/15

AEC Site Map



Miller Manor

727 Miller Rd
Ann Arbor, MI

L. Hassel / 4/20/15
Not to Scale

EME
AAASK

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 4/21/15 Start Time: 0730 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 3rd Fl. + 2nd Fl

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:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 4/21/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Joint Compound	_____	_____
ACM mastic	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/21/15

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/21/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound & Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/21/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Jim Highland
Joe Michaels
Dan Wabroski
Anthony Conley

Date: 4/21/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassel
Printed Name

Lance Hassel
Signature

This section is reserved for any additional comments by the reviewer:

Technical Review By:

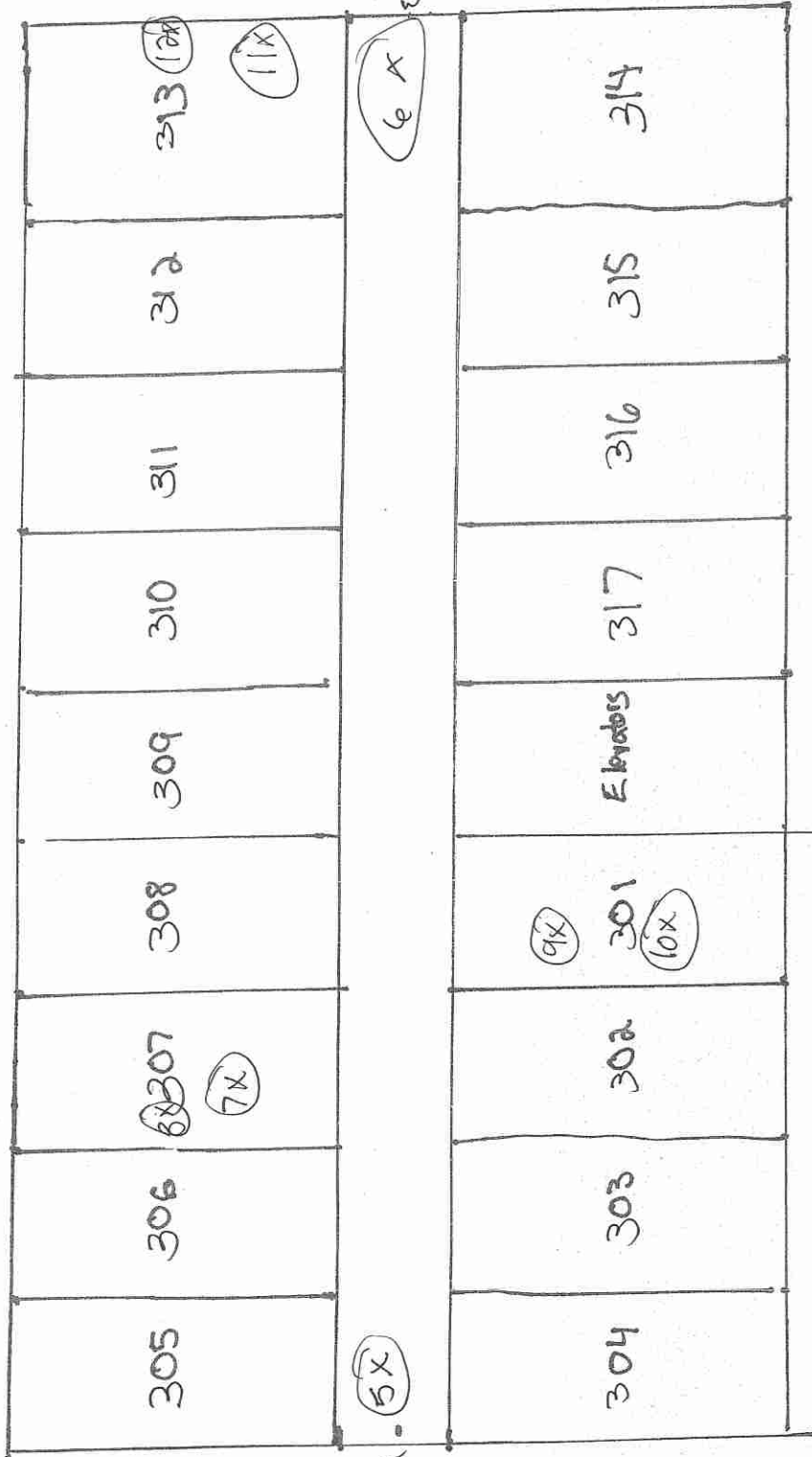
Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map

3rd Floor



Miller Manor

EME - Andrew Ptek
Norstar - Don Talicki
AAHC

727 Miller Rd
Ann Arbor, MI

Lance Hassell

4/21/15

Not to Scale

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/22/15 Start Time: 0730 AEC Representative: Hasse U

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 2nd Floor

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

- Set up:
- | | | | |
|---|-----------------------------|---|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 4/22/15

- Containment/ N/A
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Yes No N/A

- Glovebags: N/A
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: _____

- Clean up: N/A
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM Joint Compound</u>	_____	_____
<u>ACM Mastic</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/22/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound & Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain _____

Date: 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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tim Highland
Joe Michaels
Dan Waterski
Anthony Conly

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.

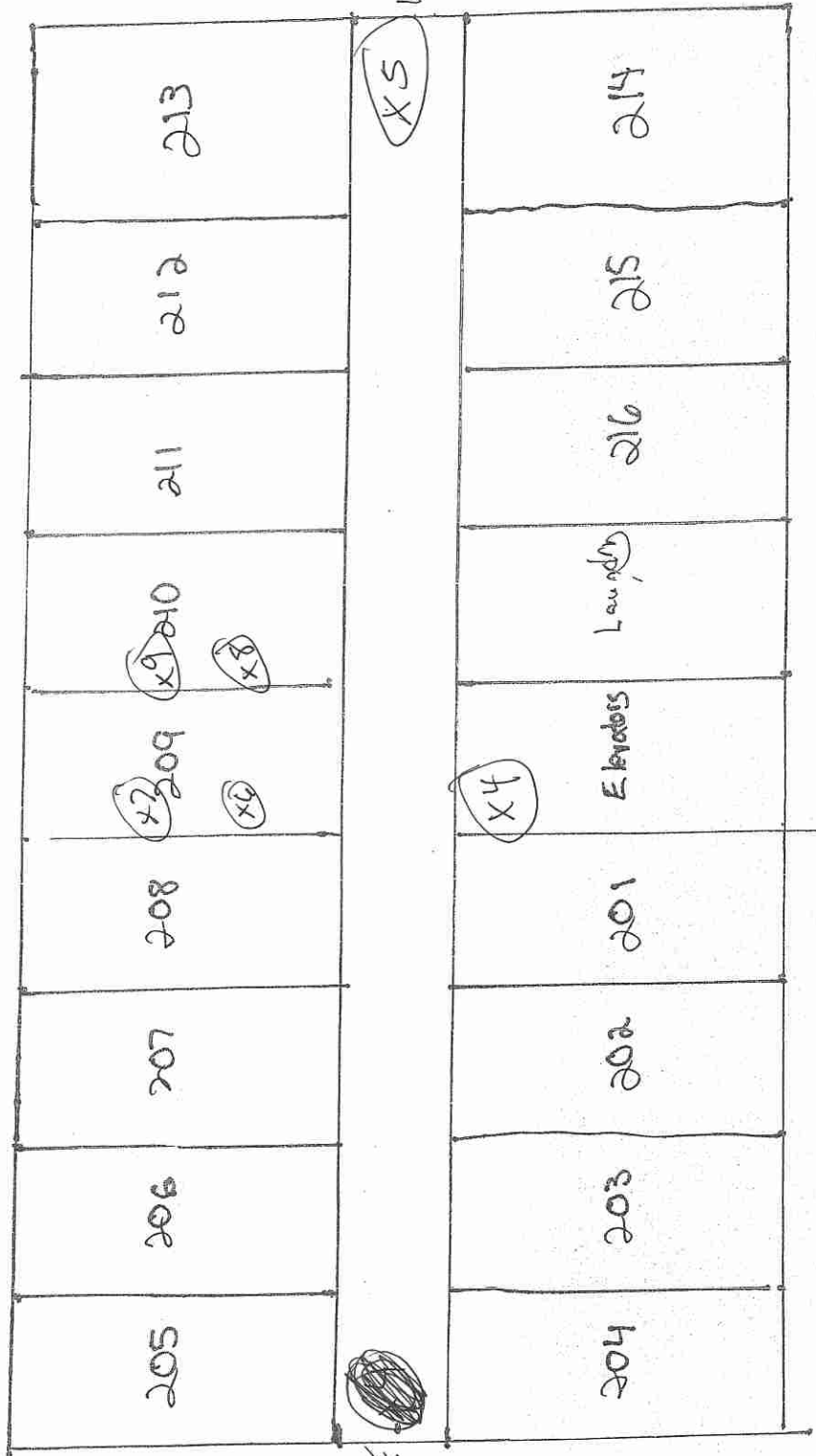
All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name
Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer:

Technical Review By: JKF FOX
Printed Name
JKF FOX
Signature
12/14/15
Date

AEC Site Map
2nd Floor



X-Pumps

Miller Manor

727 Miller Rd
Ann Arbor, MI

Not to Scale

4/22/15
Lance Hassell

EME - Andrew Ptak
Norstar - Don Talicki

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 4/23/15 Start Time: 0730 AEC Representative: Hassell

Site Name: Milser Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 2nd Floor, 305, 112

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:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Moving in of equipment and supplies
 Set up of poly walls
 Set up of floor and drop cloths
 Set up of signs and barrier tape labeled with appropriate contaminant
 Isolation of HVAC system and shutdown
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available
 Containment sealed with no breaches
 Negative pressure established
 Set up of decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Date: 4/23/15

- Containmentz N/A
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

- Yes No N/A

- Glovebags: N/A
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

- Clean up: N/A
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

- Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Mastic</u>	_____	_____
<u>Joint compound</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/23/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Clean up/close out activities

- | | | | |
|---|-----------------------------|---|--|
| <input checked="" type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | |

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/23/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos Floor Mastic & Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/23/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Jim Righland
Joe Michaels
Dan Waterski

Date: 4/23/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell

Printed Name

Lance Hassell

Signature

This section is reserved for any additional comments by the reviewer:

Technical Review By:

JEFF FOX

Printed Name

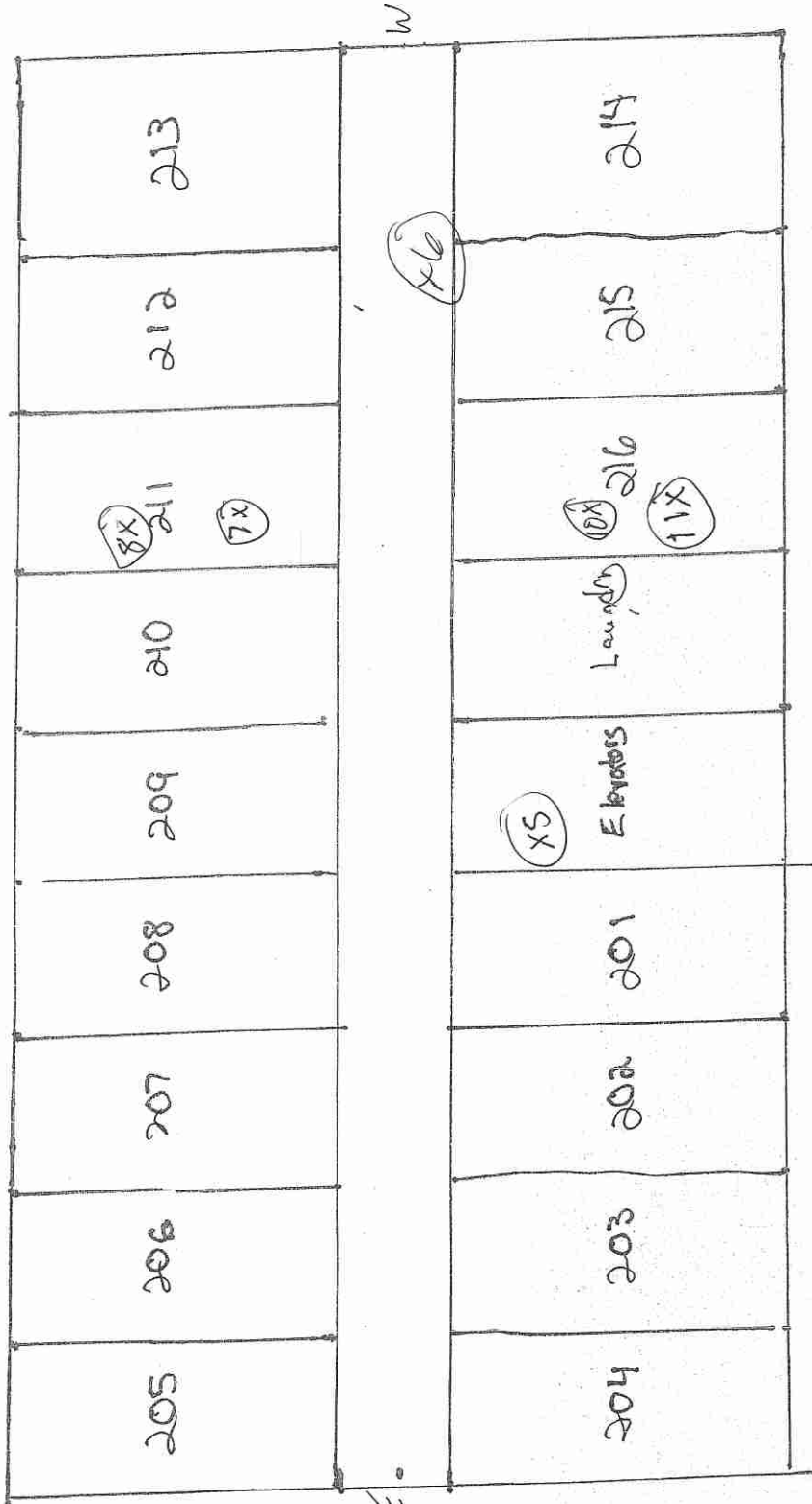
[Signature]

Signature

12/14/15

Date

AEC Site Map



Miller Manor

727 Miller Rd

Ann Arbor, MI

Not to Scale

4/23/15

Lance Hassell

EME

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/24/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Miller Manor - 2nd Floor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 2nd Floor

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:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Moving in of equipment and supplies
Set up of poly walls
Set up of floor and drop cloths
Set up of signs and barrier tape labeled with appropriate contaminant
Isolation of HVAC system and shutdown
All points of potential fiber release sealed (doors, windows, etc.)
Water available
Containment sealed with no breaches
Negative pressure established
Set up of decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

Date: 4/27/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Joint Compound</u>	_____	_____
<u>Mastic</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/24/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Handwritten scribble covering the description area.

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Handwritten scribble covering the explanation area.

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/21/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM mastic + Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored
Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain: _____

Date: 4/24/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tim Highland
Joe Michaels
Dan Waterski

Date: 4/24/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer:

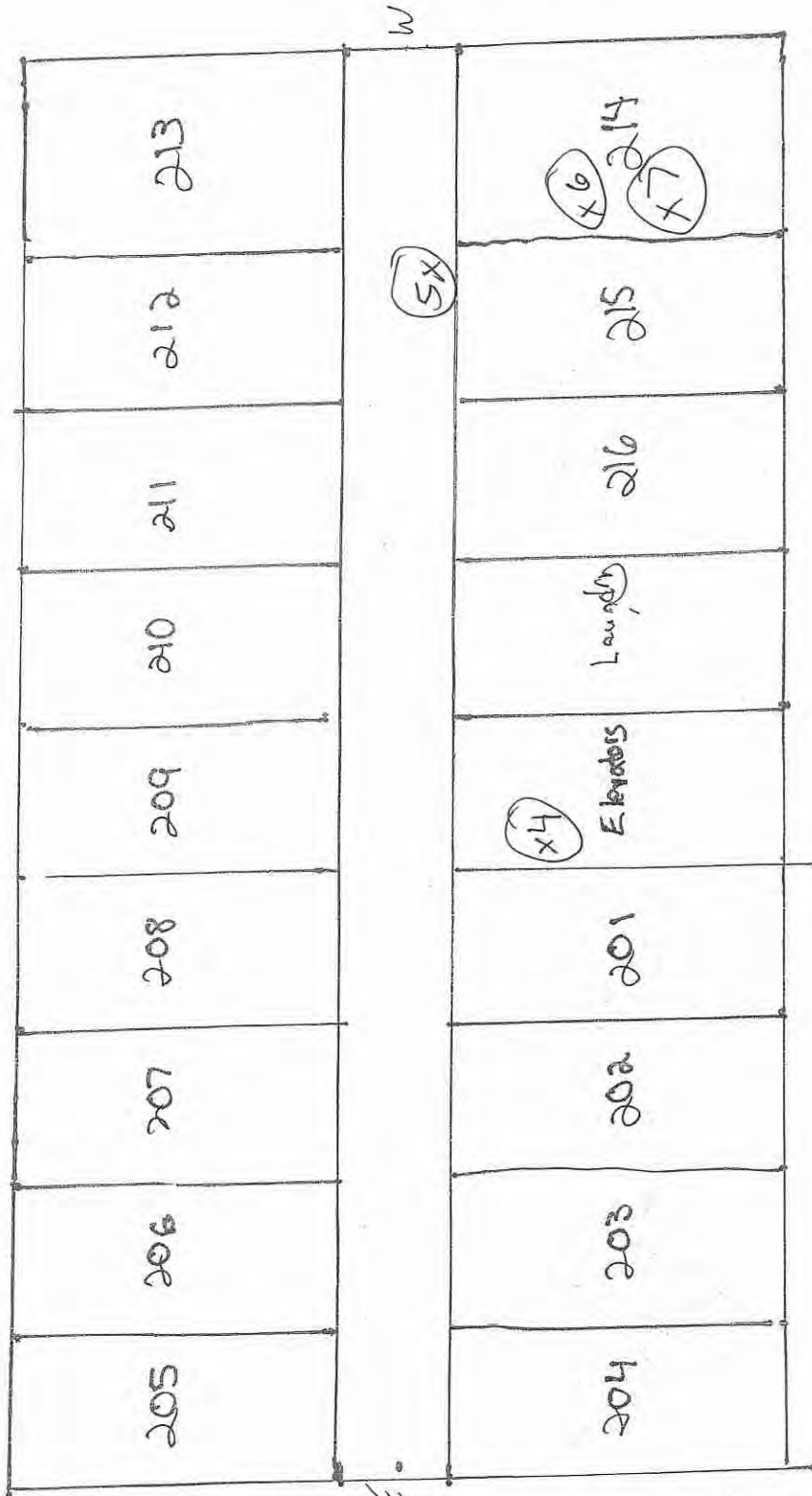
Technical Review By:

JOE FOX
Printed Name

Joe Fox
Signature

12/14/15
Date

AEC Site Map



Miller Manor

Not to Scale

ENE

727 Miller Rd

Ann Arbor, MI

Lance Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/27/15 Start Time: 0730 AEC Representative: Hasselt

Site Name: Miller Manor

Site's Full Address: 727 Miller

Work Areas (Be Specific): 2nd Floor

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptek.

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

- Set up:
- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 4/27/15

- Containment:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Sealed poly walls and ceilings
- Sealed floor and drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available in containment
- Containment sealed with no breaches
- Negative pressure established
- Decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

- Glovebags:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- Drop cloths
- Signs and barrier tape labeled with appropriate contaminant
- HVAC system shutdown and isolated
- Glovebags sealed with amended water and negative air
- Other: _____

- Clean up:
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

- HEPA vacuums utilized
- Wet methods utilized
- Work area demarcated and isolated from general traffic
- Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Joint compound	_____	_____
ACM mastic	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/27/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A 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: 4/27/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored
Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 4/27/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
 Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
<u>Andrew Ptak</u>	_____
<u>Joe Michaels</u>	_____
<u>Tim Highland</u>	_____
<u>Morgan Siegler</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: 4/27/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassel
Printed Name

Lance Hassel
Signature

This section is reserved for any additional comments by the reviewer: _____

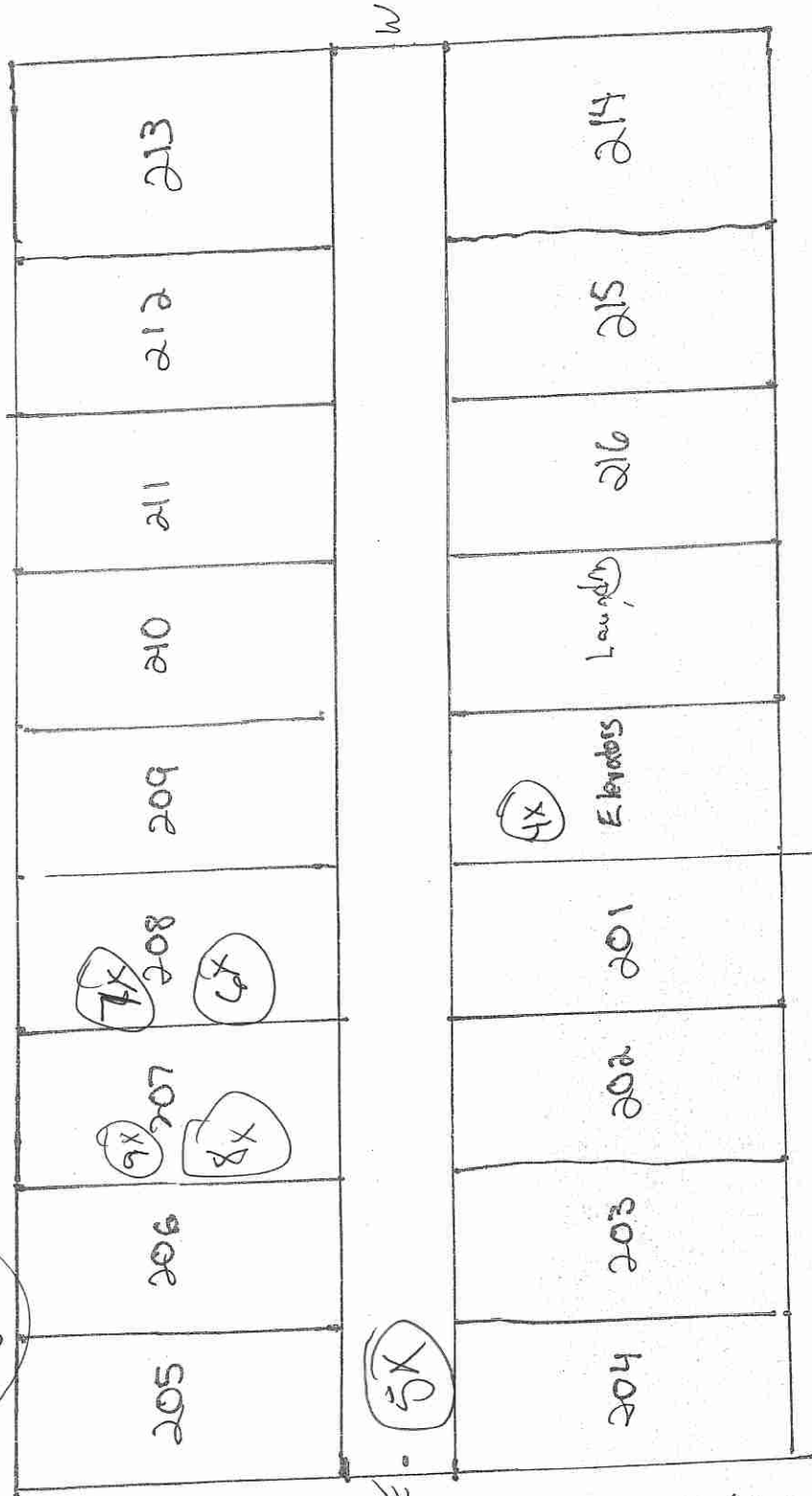
Technical Review By:

JEFF FOX
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map



X-pumps

Miller Manor

727 Miller Rd

Ann Arbor, MI

Not to Scale

4/27/15

Lance Hassell

EME / Nordstar
A.P. / D. Talicki

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 4/28/15 Start Time: 07:30 AEC Representative: Haspel

Site Name: Miller Manor

Site's Full Address: 722 Miller

Work Areas (Be Specific): 2nd Floor

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 Cleanup Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

- Set up:
- | | | | |
|---|-----------------------------|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 4/28/15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
Sealed floor and drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
All points of potential fiber release sealed (doors, windows, etc.)
Water available in containment
Containment sealed with no breaches
Negative pressure established
Decontamination unit
 Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
Signs and barrier tape labeled with appropriate contaminant
HVAC system shutdown and isolated
Glovebags sealed with amended water and negative air
Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
Wet methods utilized
Work area demarcated and isolated from general traffic
Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ACM Joint Compound</u>	_____	_____
<u>ACM Mastic</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 7/28/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/28/13

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken:

Consultant activities

Contaminant(s): ACM Joint Compound & Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled:

Yes No

If no, please explain _____

Date: 4/28/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Morgan Sieber
Joe Michaels
Tim Highland

Date: 4/28/15

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]
Signature

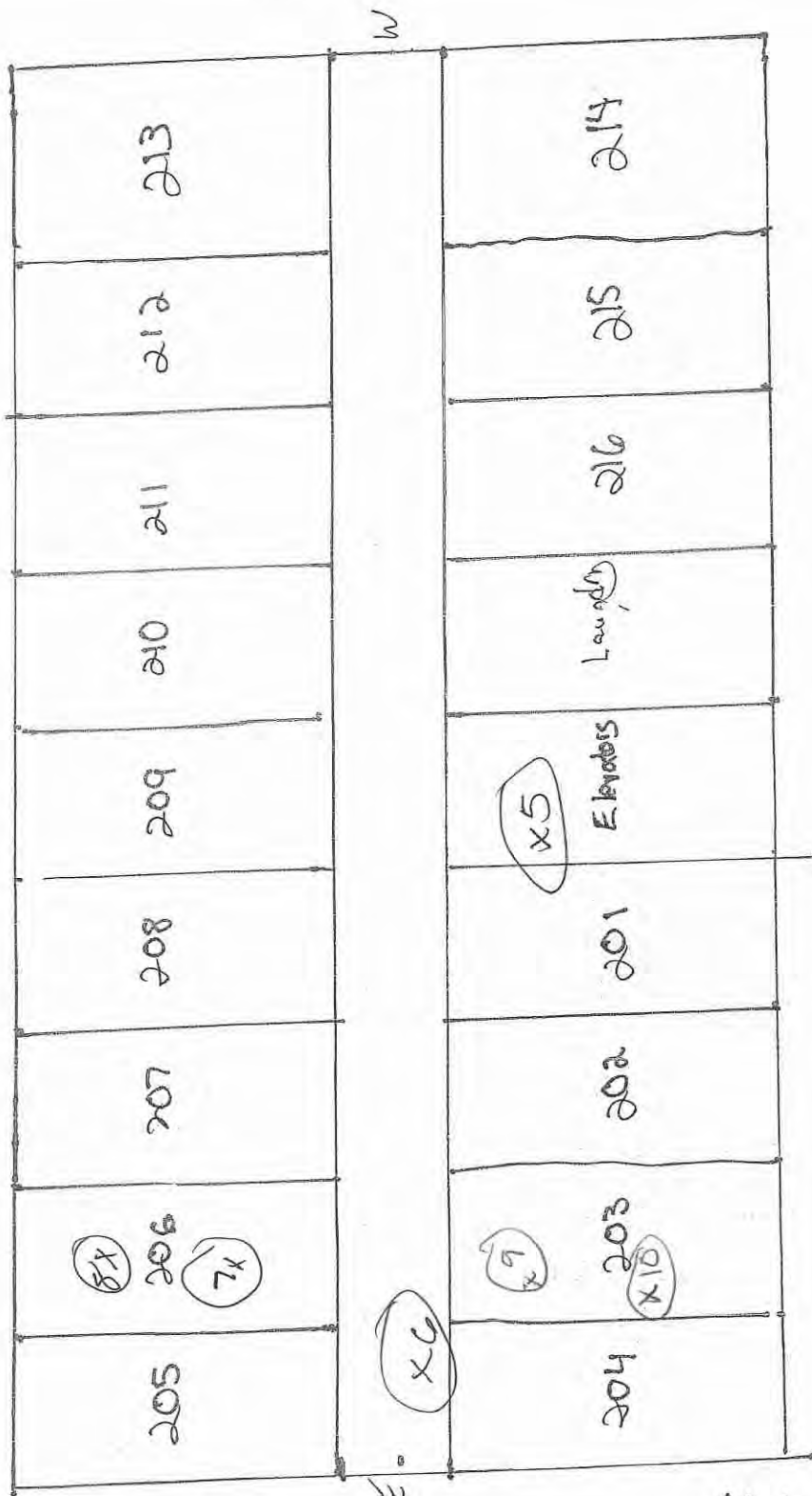
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Manor

727 Miller Rd
Ann Arbor, MI

Not to Scale

4/28/15

Lance Hassell

EME / Not Star
A. Ptak / D. Talick

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 4/29/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Miller Manor - 2nd Floor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 2nd Floor - 202, 201

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:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
 Set up of poly walls
 Set up of floor and drop cloths
 Set up of signs and barrier tape labeled with appropriate contaminant
 Isolation of HVAC system and shutdown
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available
 Containment sealed with no breaches
 Negative pressure established
 Set up of decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Date: 4/29/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Sol. or Compound</u>	_____	_____
<u>Mastic</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 4/29/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 4/29/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Mastic + Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____

Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

- Criteria for worker selection:
- Only worker performing task
 - Workers performing same tasks
 - 1 worker samples-Represents worst case scenario
 - 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain _____

Date: 4/29/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Morgan Sieber
Joe Michaels
Tim Highland

Date: 4/29/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

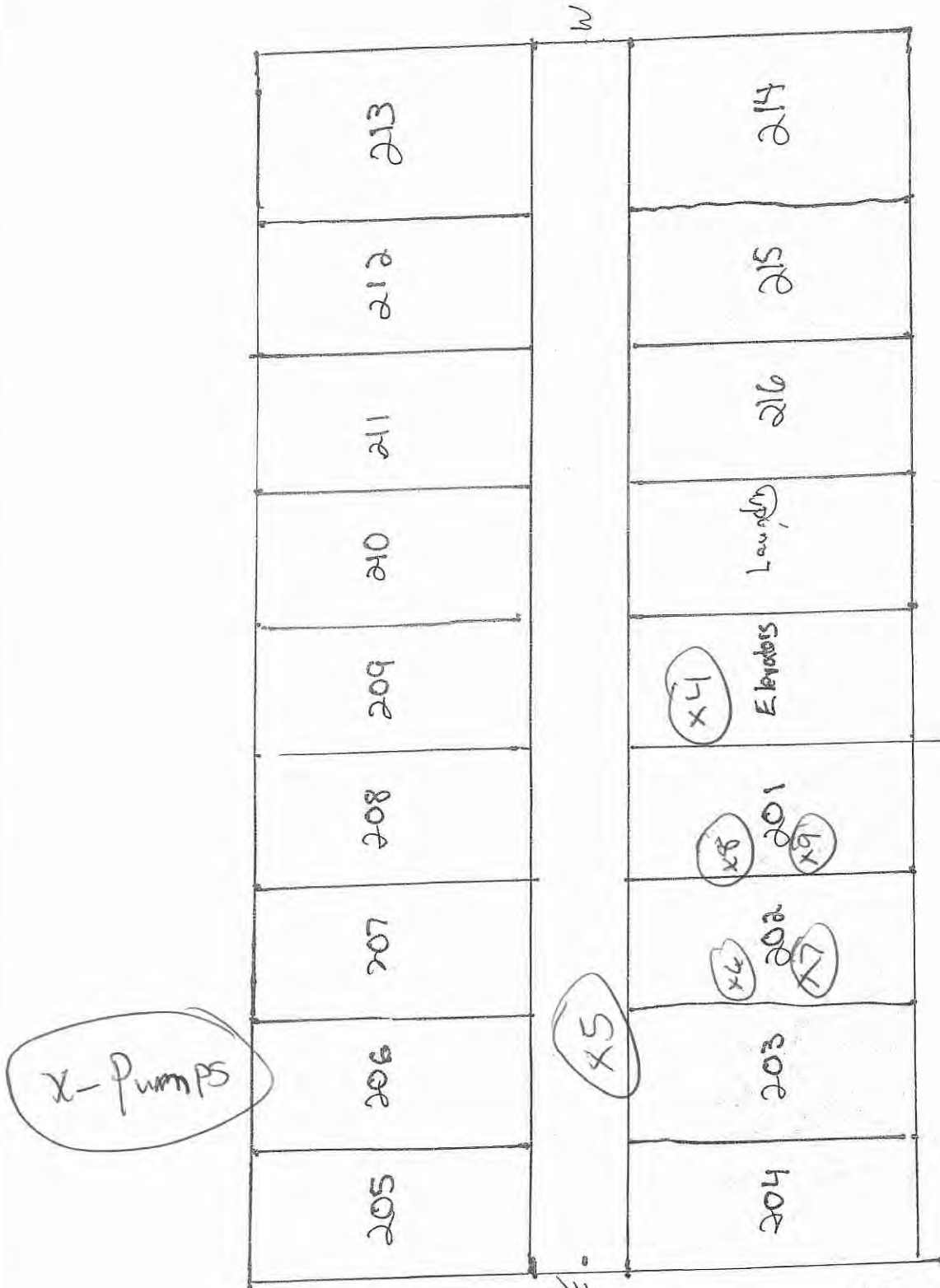
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JGF FOX
Printed Name

JGF FOX
Signature

12/14/15
Date

ABC Site Map



X-Pumps

X

Miller Manor

Not to Scale

ENE

Andrej Plisk

Naistar
Don
Tulicki

727 Miller Rd

Ann Arbor, MI

4/29/15

Lance Hassell

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 05/18/15 Start Time: 0730 AEC Representative: Hassel

Site Name: Miller Manor - 301 Bathroom

Site's Full Address: 727 Miller Ave, Ann Arbor, MI

Work Areas (Be Specific): 301 Bathroom

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Plak

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

- | | | |
|------------------------------|---|------------------------------|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Previously set up

Date: 5/8/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Joint Compound	301 Bathroom	3 SF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 5/8/15

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5/8/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): _____

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

N/A

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain _____

Date: 5/8/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Peak
Tim Highland
Chris Treglow

Date: 5/8/15

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.

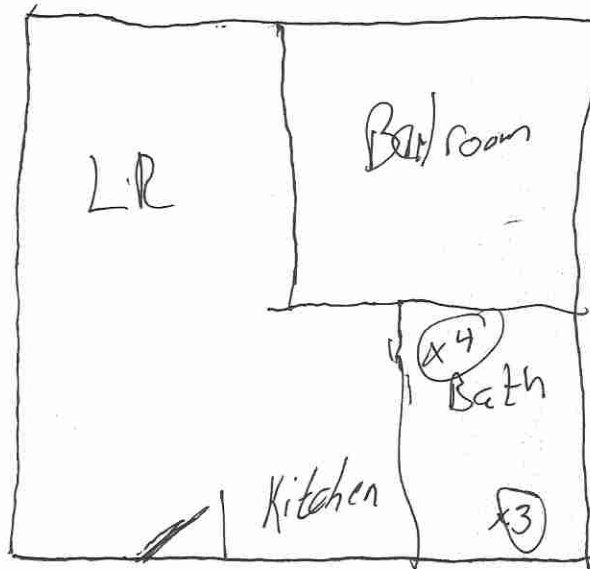
All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassel
Printed Name
[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name
[Signature]
Signature
12/14/15
Date

AEC Site Map



X-pumps

Not to scale

Norstar

EME

Miller Manor

Laace Hesse II

A. PLSK

301 Bathroom
727 Miller, Ann Arbor, MI

5/8/15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 5/19/15 Start Time: 0730 AEC Representative: Lance Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 114

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:

- | | | | |
|---|-----------------------------|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 5/19/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
Joint Compound	_____	_____
mastic	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 5/19/15

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

- | | | | |
|---|-----------------------------|---|---|
| <input checked="" type="checkbox"/> | | | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5/19/15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input checked="" type="checkbox"/> Gloves |
| <input checked="" type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound & Floor Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

Yes, please explain: _____

- Set up samples
 Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 5/19/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
I. Highland
J. Michaels
C. Treglown

Date: 5/19/15

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]
Signature

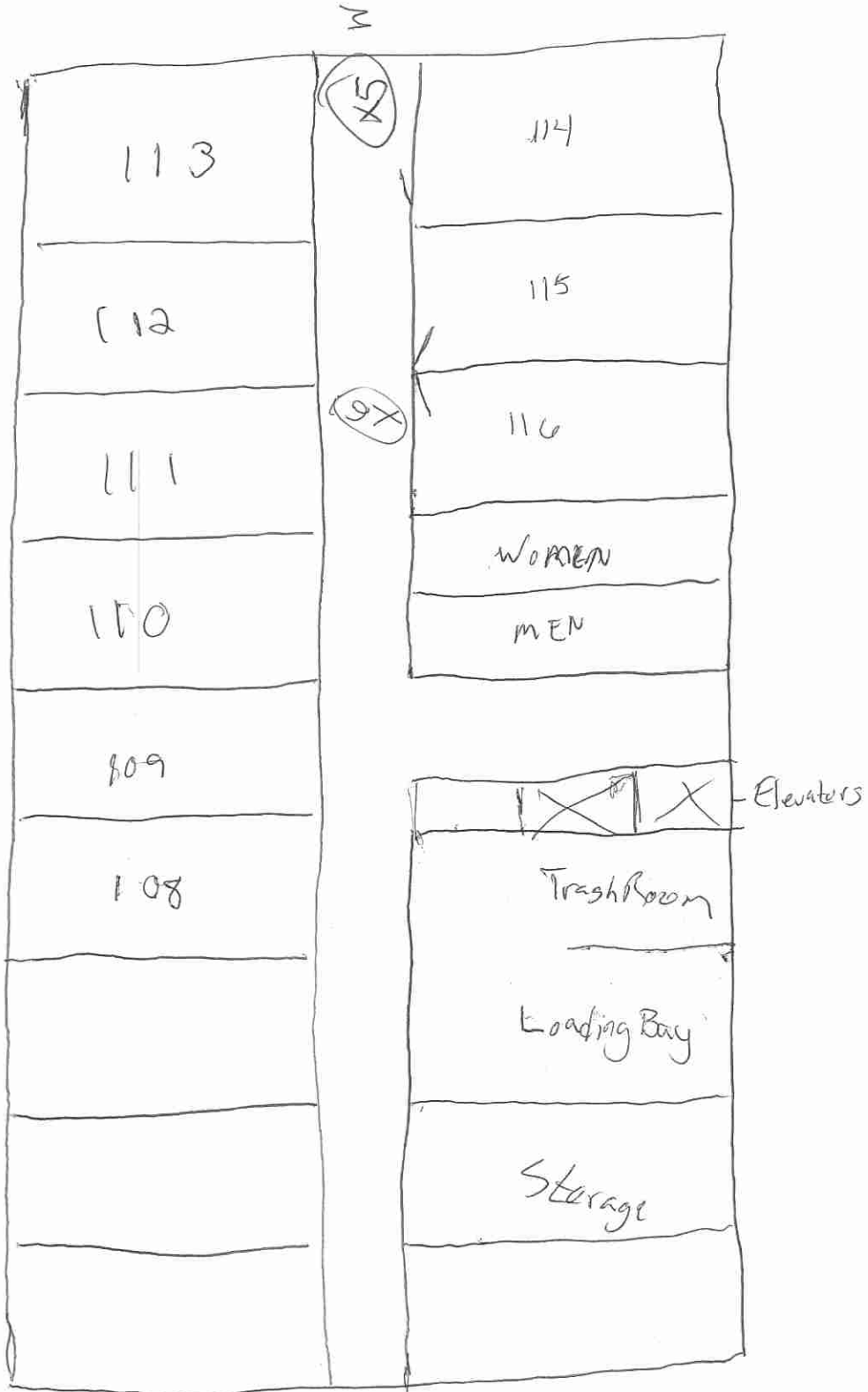
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Pox
Printed Name

[Signature]
Signature

12/14/11
Date

AEC Site Map



X - pumps

Not to Scale

EME

Norstar

Miller Manor

727 Miller

Ann Arbor, MI

A. Pisk

D. Tilick

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 5/20/15 Start Time: 07:30 AEC Representative: Lance Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): 114, 215, 212. [203, 202] - just setup

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:

- | | | |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

Date: 5/20/13

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Joint Compound	_____	_____
ACM Mastic	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 5/20/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A 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: 5/20/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ALM Joint Compound, Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 5/20/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
J. Highland
J. Michaels
C. Treglown

Date: 5/20/13

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:

Land Hassell
Printed Name

Land Hassell
Signature

This section is reserved for any additional comments by the reviewer:

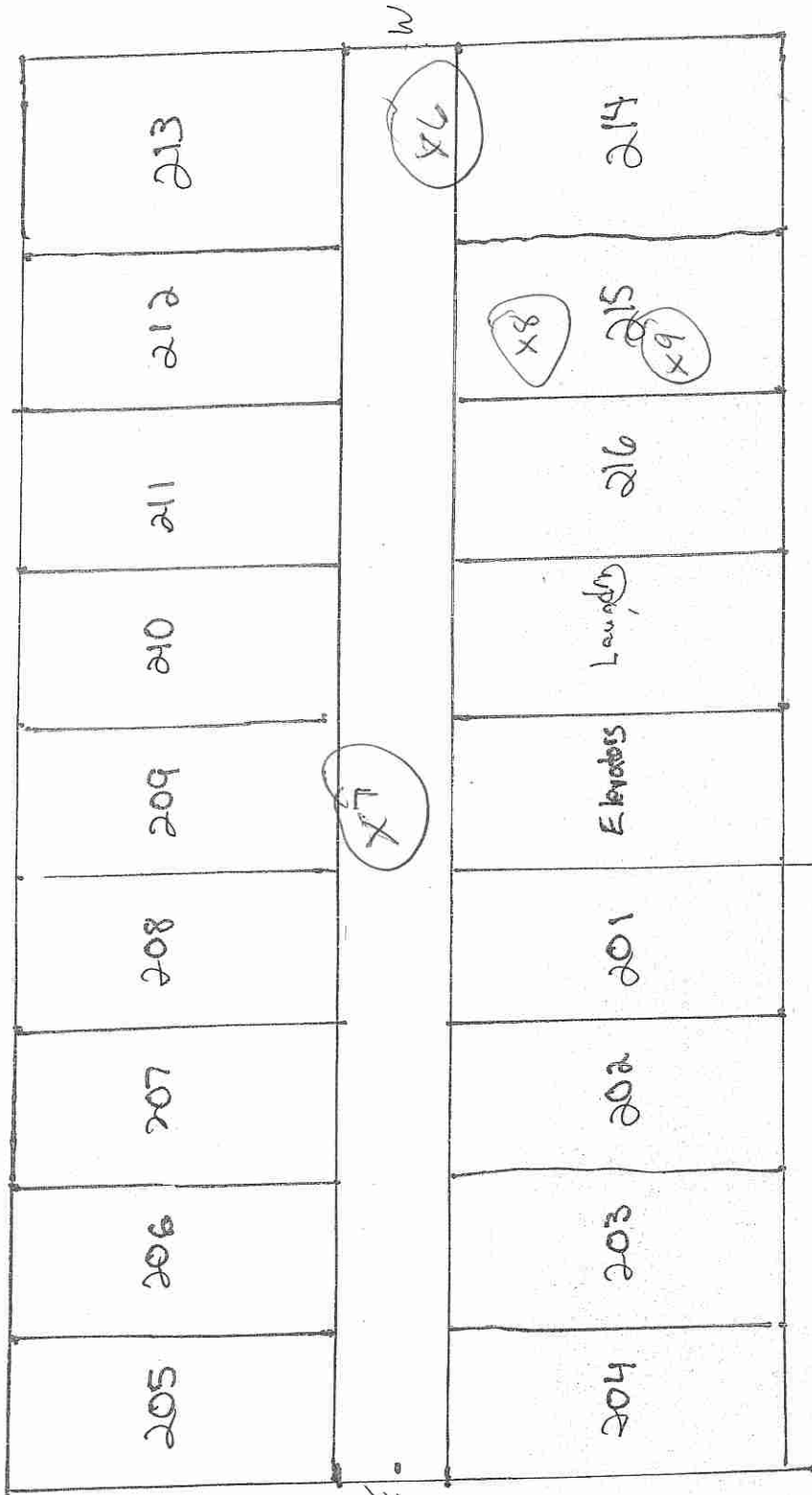
Technical Review By:

JEF FOX
Printed Name

JEF FOX
Signature

12/14/15
Date

AEC Site Map



Miller Manor

Not to Scale

EME

Norstar

727 miller Rd

5/20/13

A. Ptak

D. Filicki

Ann Arbor, MI

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 5/22/15 Start Time: 0730 AEC Representative: Hasse II

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave, Ann Arbor, MI

Work Areas (Be Specific): 2nd Fl., 1st Fl.

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:

- | | | |
|---|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Yes No N/A

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 5/22/15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
ACM Mastic	_____	_____
ACM joint compound	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 5/22/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

Handwritten scribble on a set of horizontal lines.

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

Handwritten scribble on a set of horizontal lines.

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 5/22/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ALM Joint Compound, mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 5/22/13

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No

If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
T. Hightower
J. Michaels
C. Treglown

Date: 5/22/13

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Lance Hassell
Printed Name

Lance Hassell
Signature

This section is reserved for any additional comments by the reviewer:

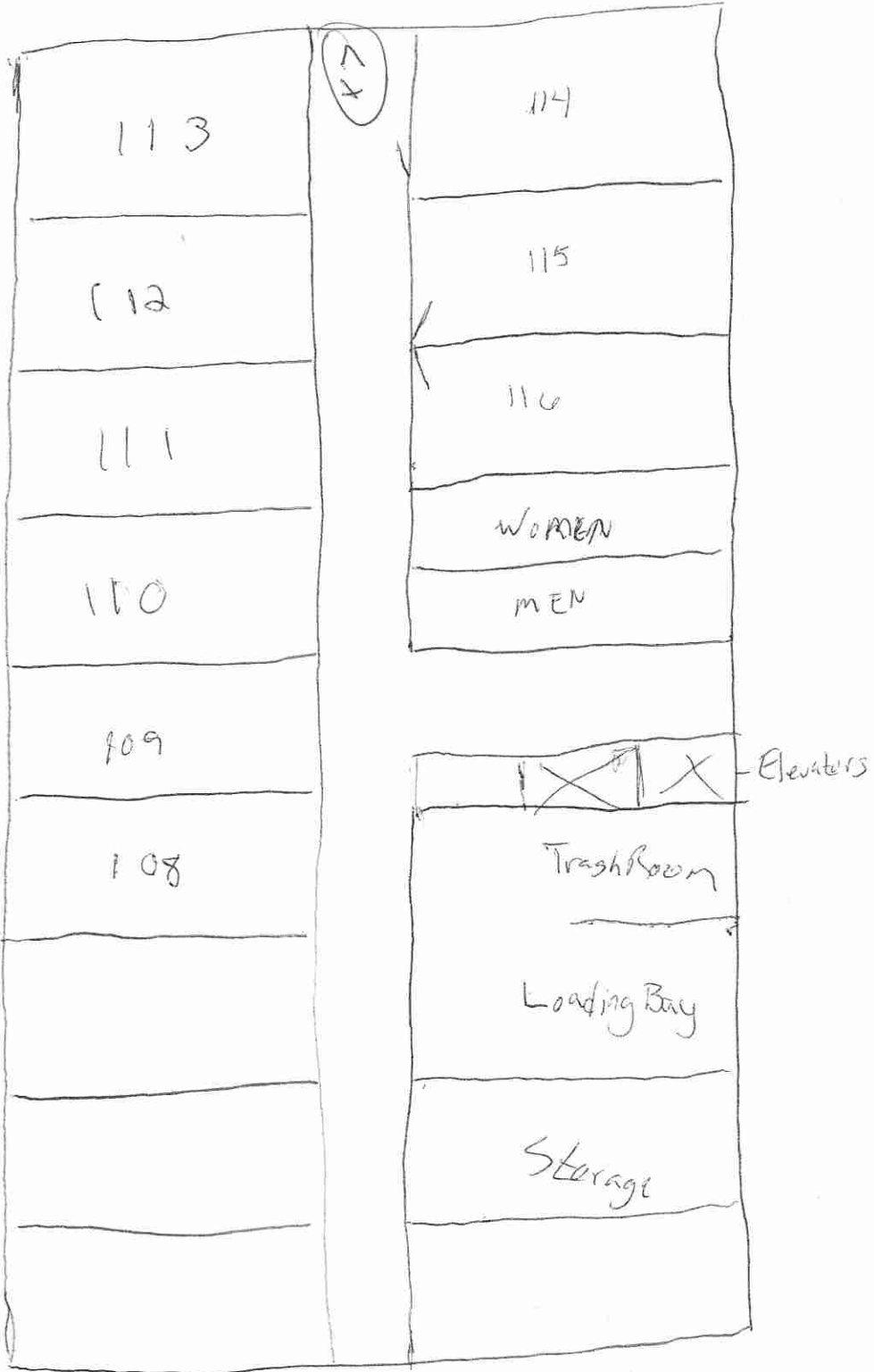
Technical Review By:

JOE FOX
Printed Name

Joe Fox
Signature

12/14/15
Date

AEC Site Map

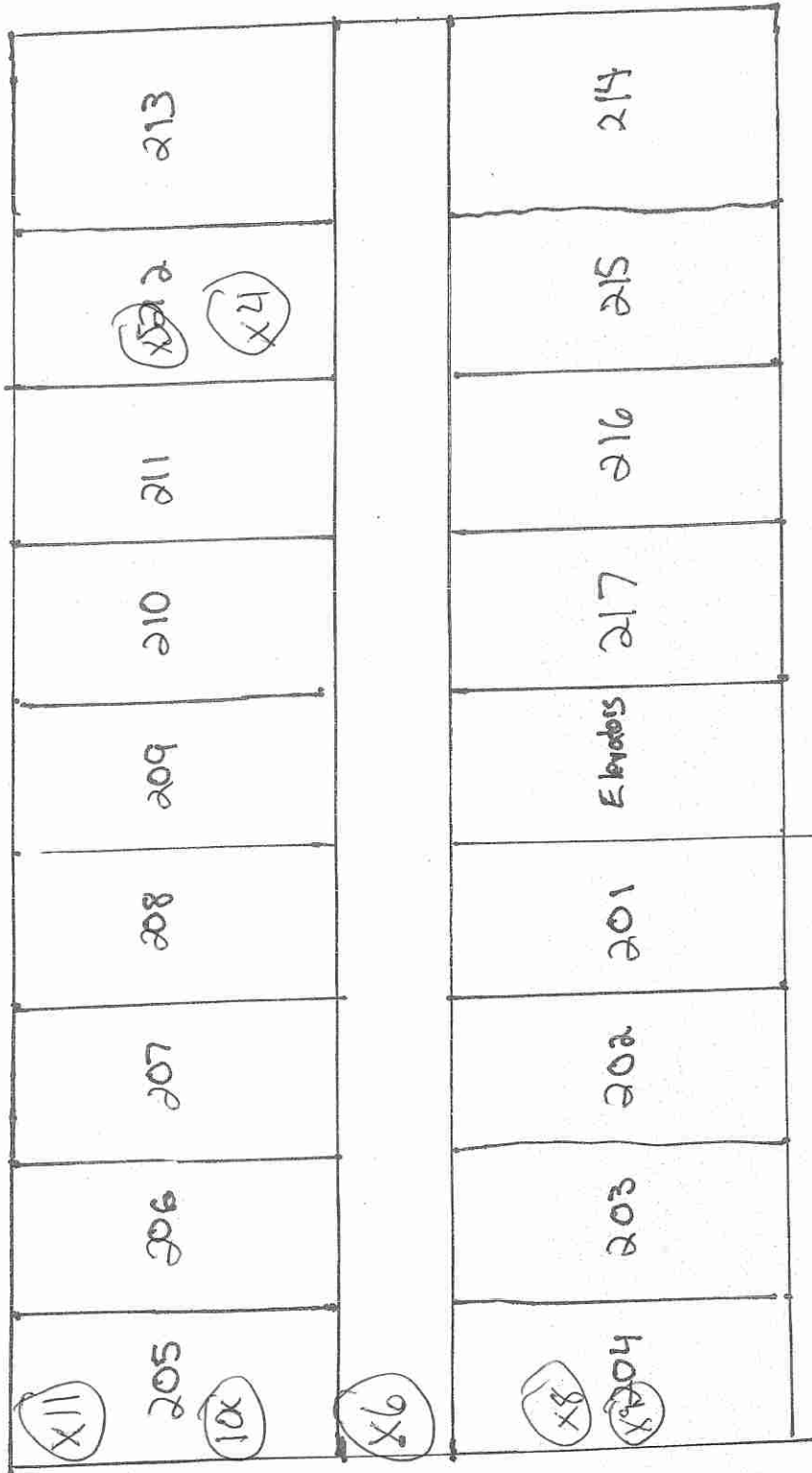


X - pumps

Not to Scale

EME	Norstar	Miller Manor 727 Miller	5/22/15
A. P. Tak	D. Tilick	Ann Arbor, MI	Lance Hassell

AEC Site Map



X - pumps

Miller Manor

EME A-Plak

727 Miller Rd

Lane Hassell 5/22/15

AAHC D. Talick

Ann Arbor, ME

Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 5-26-15 Start Time: 730 AEC Representative: Fox

Site Name: MILLER MANOR

Site's Full Address: 727 MILLER RD, ANN ARBOR

Work Areas (Be Specific): Rm 116 - Room 201

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:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

Date: 5-26-15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>JOINT COMPOUND</u>	<u>Rm 201</u>	<u>5 SF</u>
<u>Tile / MASTIC</u>	<u>Rm 116</u>	<u>300 SF</u>
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 5-26-15

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

- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Abatement/remediation being conducted |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 5-26-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 5-26-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

ANDREW PIAK
CHRIS TREGLOW
TIM HIGHLAND

A25587
A30314
A42977

Date: 5-26-15

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: JEFF FOX
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JEFF FOX
Printed Name

[Signature]
Signature

12/14/15
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: MILLER MANOR

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.


EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.0041 Average F/cc (PCM)

_____ Average S/mm² (TEM)

AREAS:

ROOM 201 BATH
ROOM 116-

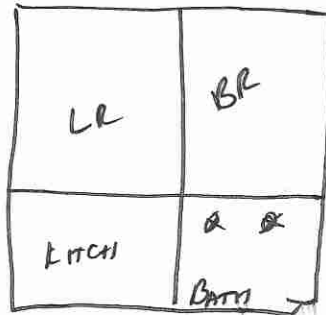
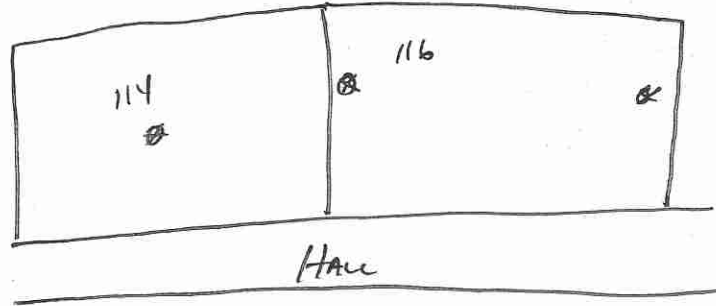


Industrial Hygienist

5-26-15
Date

Time

AEC Site Map



⊗-PUMP

MILLER MANOR

/ 5/26/15

/ FOX

/ GME

/ NOT TO SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 8-27-15 Start Time: 0730 AEC Representative: Jody Hansen

Site Name: Ann Arbor Housing- Miller

Site's Full Address: Ann Arbor, Mi

Work Areas (Be Specific): room 115

Contaminant(s) of Concern: Asbestos mastic

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:
- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| | | | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Asbestos mastic</u>	<u>room 115</u>	

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.)

Removal of mastic with grinder & vacuum

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

(A large blue scribble is present in this section)

Clean up/close out activities

- | | | | | |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Abatement/remediation being conducted |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
If no, please explain: _____

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No
If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

<u>Andrew Ptak</u>	_____
<u>Tim Highland</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or 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:

Jody Henson

Printed Name



Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By:

Jeff Fox

Printed Name

Signature



Date

12/14/15

AEC Site Map

114

115

⊗

⊗ Hall

4~

Ann Arbor Housing Miller

527-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 5-28-13 Start Time: 0730 AEC Representative: Jody Herben

Site Name: Ann Arbor Husky-Miller

Site's Full Address: Ann Arbor, MI

Work Areas (Be Specific): room 116 & 115

Contaminant(s) of Concern: Asbestos drywall mud

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:

- | | |
|---|---|
| <input checked="" type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Other: _____ |

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags:

<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above:

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area

Contaminant:	Location	Quantity:
<u>Asbestos</u>	<u>room 115 & 116</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machines, needle guns, etc.)

Removal of Drywall in containment

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Abatement/remediation being conducted |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required? Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain: _____

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No

If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tom Ptak

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:

Jody Henson
Printed Name

Signature

This section is reserved for any additional comments by the reviewer:

Technical Review By:

JEFF FOX
Printed Name

Signature

12/14/15
Date

AEC Site Map

⊗

112

⊗

⊗

Hall

115

fw

Ash arbor housing - Miller

5280

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 5-29-15 Start Time: 0730 AEC Representative: Jody Herson

Site Name: Ann Arbor housing- Miller

Site's Full Address: Ann Arbor

Work Areas (Be Specific): room 115, 116, 112, & 2nd Fl- Laundry

Contaminant(s) of Concern: Asbestos Drywall mudd

Abatement/Remediation Contractor: eme

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

- Set up: N/A
- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| | | | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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

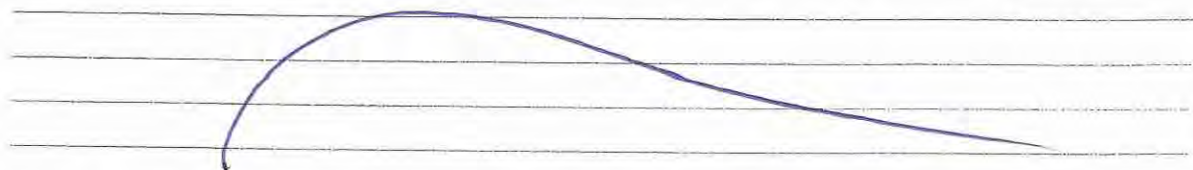
Contaminant:	Location	Quantity:
Asbestos-mud	112	20 SF
	2nd Fl- Lundry	25 SF
	115 & 116-Drywell	1088 SF
	115 & 116-mest. C & tile	882 SF

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.)

Removal of Drywall in containment

Please provide an explanation of any special circumstances concerning abatement or remediation activities:



Clean up/close out activities

- | | | | |
|-------------------------------------|-----|--|---|
| <input type="checkbox"/> | | | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain: _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
- Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
- Work area samples
- Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain: _____

Clearance sampling

Before clearance sampling the following criteria MUST be met:

- All surfaces HEPA vacuumed
- All surfaces wet cleaned
- Visual inspection conducted
- No dust/debris observed
- Work area locked down

Was work area inspected and found clean and free of any contaminated debris: Yes No

If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Ton Ptak

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: Jody Hensler
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JOE FOX
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map

A

114

A

115

A

Ann Arbor Housing - Miller

528-15

AEC Site Map

HALL

Q

Q

112

4N

Ann Arbor Housing Miller

S-29-15

Elevator Hall

A

Old Pl. Laundry

B

Hall

for Ann Arbor Housing Miller

5.29.5

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 6/15/15 Start Time: 12:30 AEC Representative: Hessell

Site Name: Miller Manor

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): Elevator - 1st Fl.

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:
- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 6/15/15

Containment: N/A

JH Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Floor Tile	Elevator	

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 6/15/15

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 6/15/13

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Floor Tile

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 6/15/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
T. Highland
J. Michaels

Date: 6/15/15

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]
Signature

This section is reserved for any additional comments by the reviewer:

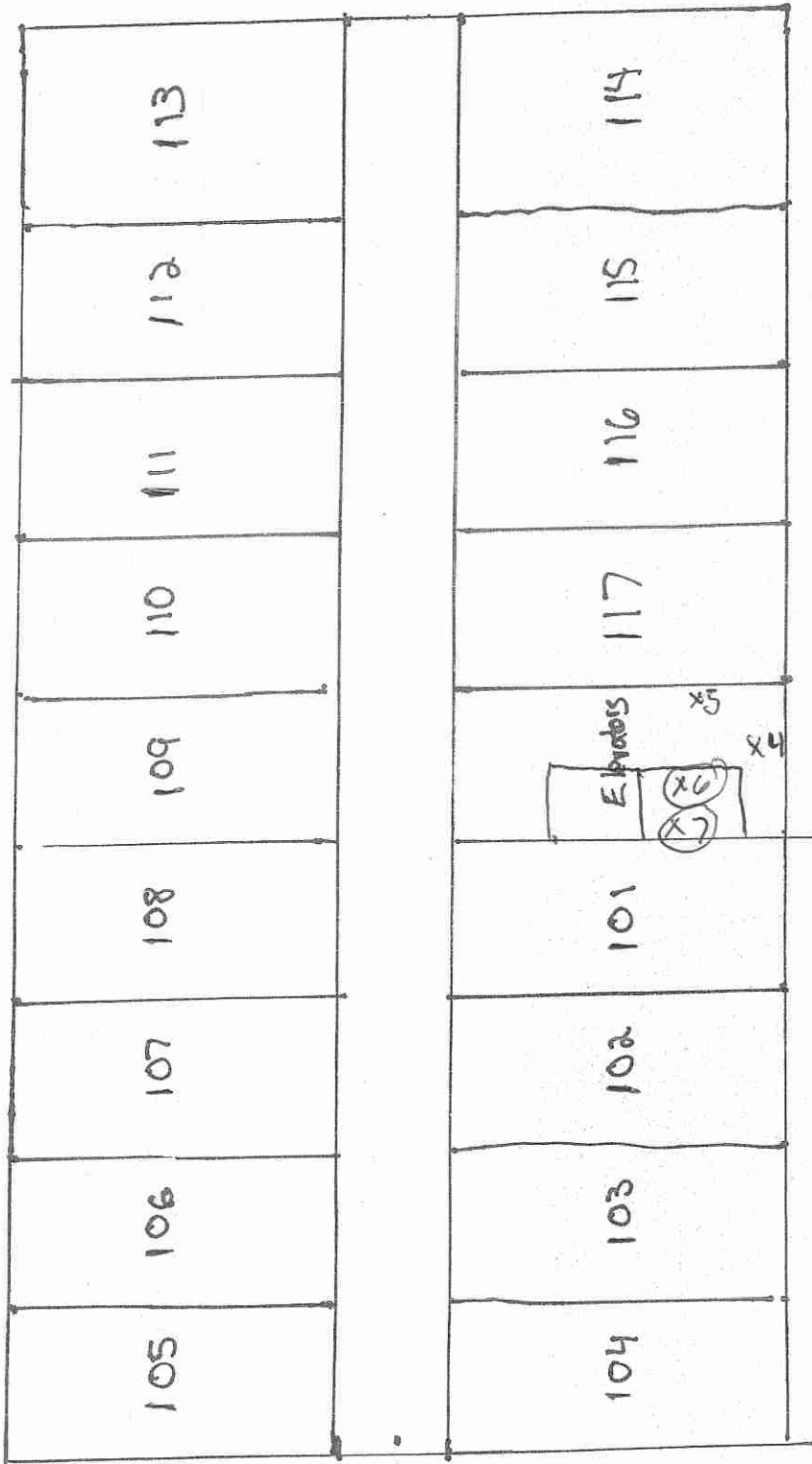
Technical Review By:

Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



X - Pumps

Miller Manor

EME
A. Ptak
AAHC

Norstar

727 Miller Rd
Ann Arbor, MI

6/15/15

Not to Scale

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 6/16/15 Start Time: 07:30 AEC Representative: Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave., Ann Arbor, MI

Work Areas (Be Specific): 112

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:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 6/16/13

Containment: Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

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 Joint Compound	112	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 6/16/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A Abatement/remediation being conducted
- Yes No N/A Gross clean up and material bagging
- Yes No N/A Bag out activities
- Yes No N/A All surfaces wet cleaned and/or HEPA vacuumed
- Yes No N/A All tools, ladders, etc. cleaned with no visible contamination
- Yes No N/A Final cleaning after all abatement is complete
- Yes No N/A Final lockdown
- Yes No N/A Project teardown (after all clearances and inspections pass applicable standards)
- Yes No N/A Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 6/16/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 6/16/15

Clearance sampling

X HH

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

N/A

Was work area inspected and found clean and free of any contaminated debris: Yes No

If no, please explain _____

Did work area pass applicable clearance standards: Yes No

Applicable Standard

- EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

N/A

Abatement Personnel Roster

Name:

SSN or State Card Number:

A. Ptak
J. Highland
J. Michaels

Date: 6/16/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

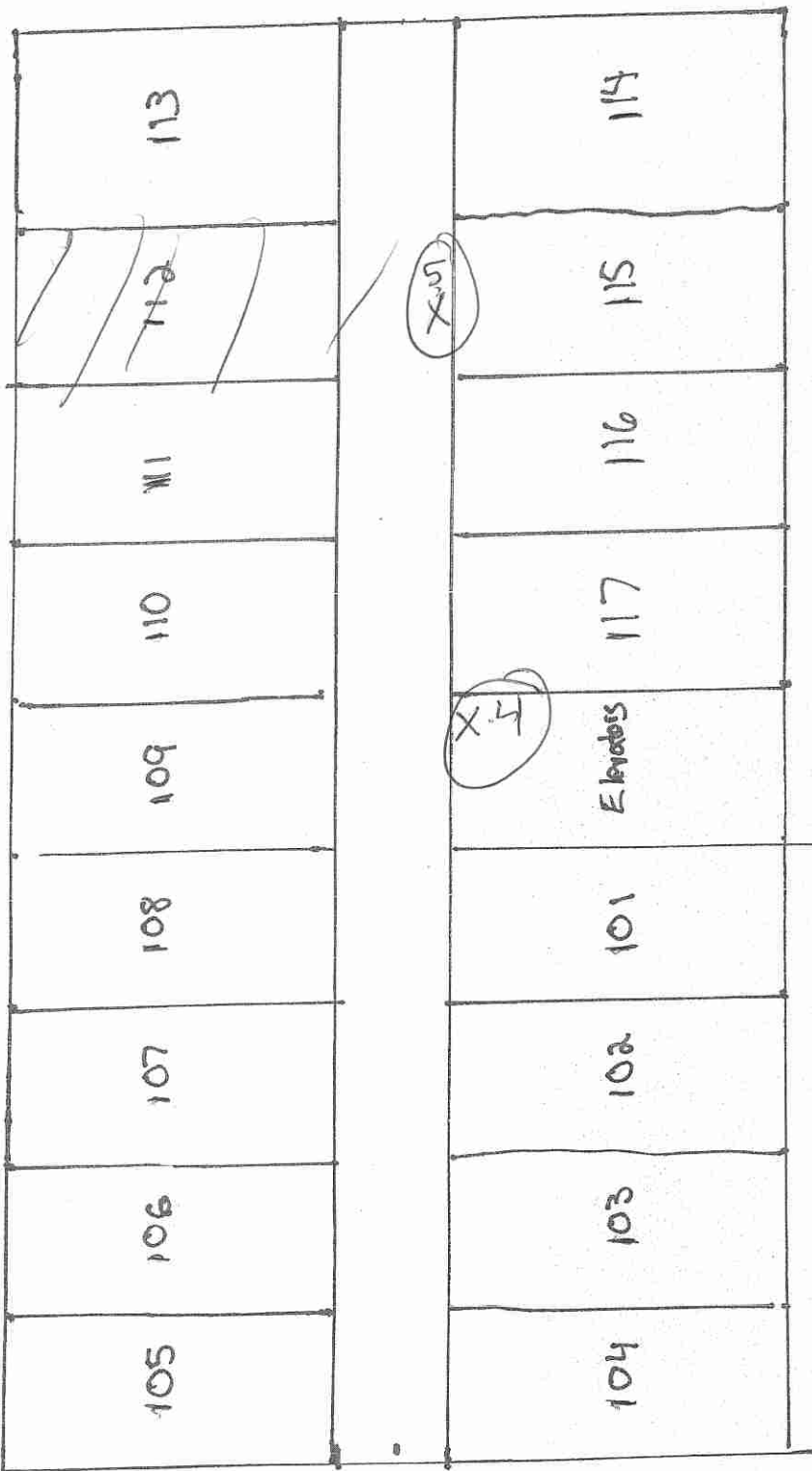
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

AEC Site Map



X - pumps

 - containment

Miller Manor

6/16/15

EME
A. Ptak
AAHC

Northstar

727 Miller Rd
Ann Arbor, MI

Lance Hassell

Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 6-17-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Ann Arbor MI

Work Areas (Be Specific): 1st FL - Unit 110-112

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: AEME

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:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 6-17-15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>dry wall</u>	<u>100</u>
<u>ASBESTOS</u>	<u>Floor tile/mastic</u>	<u>400</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 6-17-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- | | | | |
|-------------------------------------|-----|--|---|
| <input type="checkbox"/> | | | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 6-17-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
- Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
- Work area samples
- Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 6-10-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Plak
Tim Highland
Joe Michnals

Date: 6-17-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

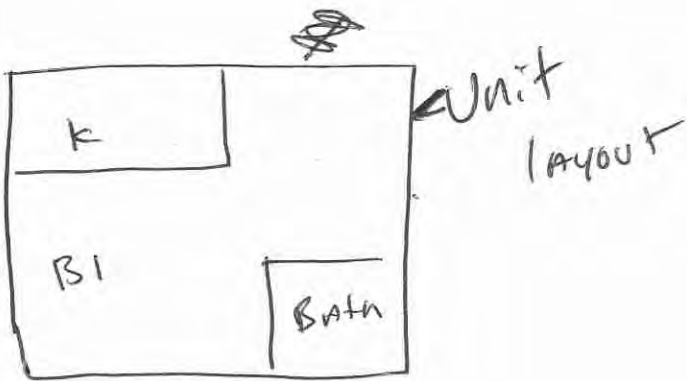
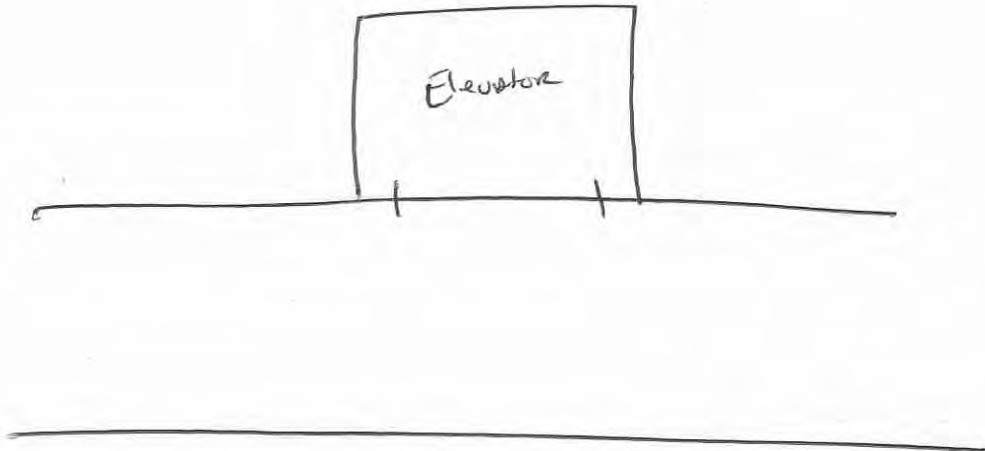
12/14/15
Date

AEC Site Map

1st FL

N
←

S



M. Mr. Manor
727 Miller Ave

Not to
scale

6-18-15
6-17-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 6-18-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave. Ann Arbor, MI

Work Areas (Be Specific): 1st Floor - 110

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:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 6-18-15

- Containment: N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

- Glovebags: N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

- Clean up: N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

- Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Drywall</u>	<u>100</u>
<u>ASBESTOS</u>	<u>MASTIC</u>	<u>200</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 6-18-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)

Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 6-18-15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input checked="" type="checkbox"/> Gloves |
| <input checked="" type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 6-18-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tim Highland
Joe Michaels

Date: 6-18-15

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.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Matt Rogers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

[Large Signature]

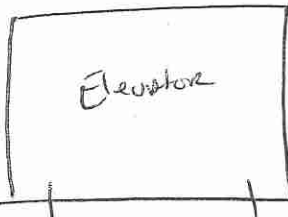
Technical Review By: Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

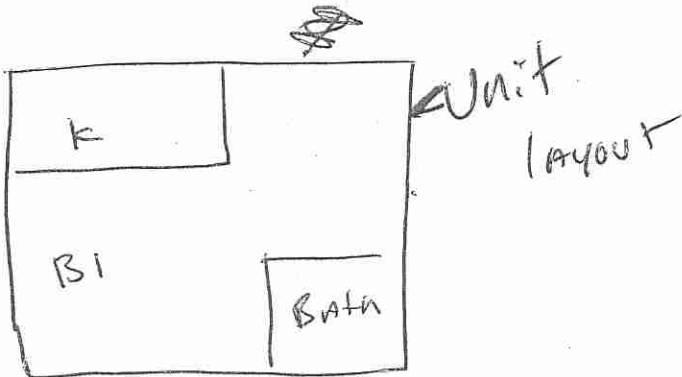
AEC Site Map

1st FL



← N

S



M. W. Mason
727 Miller Ave

Not to
scale

6-18-15
6-17-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 7-1-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave, Ann Arbor, MI

Work Areas (Be Specific): Unit 108

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:

- | | | | |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input checked="" type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 2-1-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	100

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Date: 7-1-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle gun, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities.

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

mp

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 7-1-15

Other personal protective equipment (check all that apply)

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie off

Please list any other equipment utilized by workers and/or other safety precautions taken: _____
N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
Time and date dropped off: _____
Turn around time indicated on the chain of custody: _____
Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No
If yes, please explain: _____
- Set up samples
- Work area samples
Were samples below allowable levels for applicable standards: Yes No
If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 7-1-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

Andrew Plak
Chris Freglown

SSN or State Card Number:

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

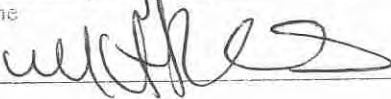
Please use the following section to note any comments or additional information not described in this report:

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

MAH Rodgers
Printed Name


Signature

This section is reserved for any additional comments by the reviewer: N/A

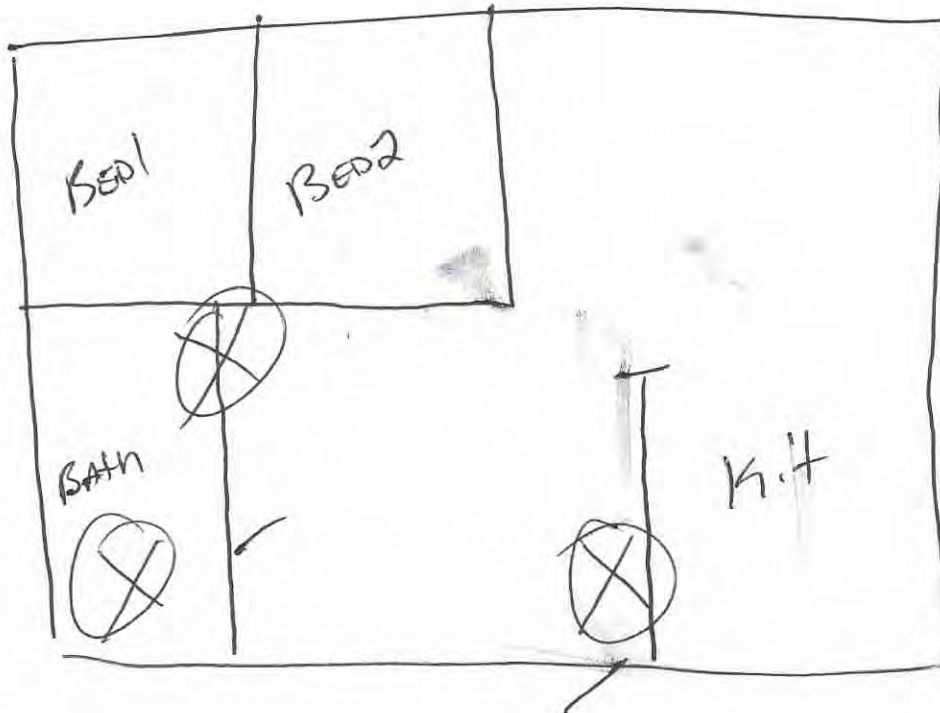
Technical Review By:


JEFF FOX
Printed Name


Signature

12/14/11
Date

AEC Site Map



 = AREA ABATED

Miller Manor
Ann Arbor, MI

NOT TO
SCALE

7-1-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-2-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 1st Floor 110 & 112

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____
 _____ N/A _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
Asbestos	Drywall Systems	100

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle gun, etc.)

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
 Time and date dropped off: _____
 Turn around time indicated on the chain of custody: _____
 Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
 Was any significant level of the contaminant identified in the sampling: Yes No
 If yes, please explain: _____
- Set up samples
- Work area samples
 Were samples below allowable levels for applicable standards: Yes No
 If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
 If no, please explain _____

Date 7-2-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Printed Name

Signature

This section is reserved for any additional comments by the reviewer:

N/A

Technical Review By:

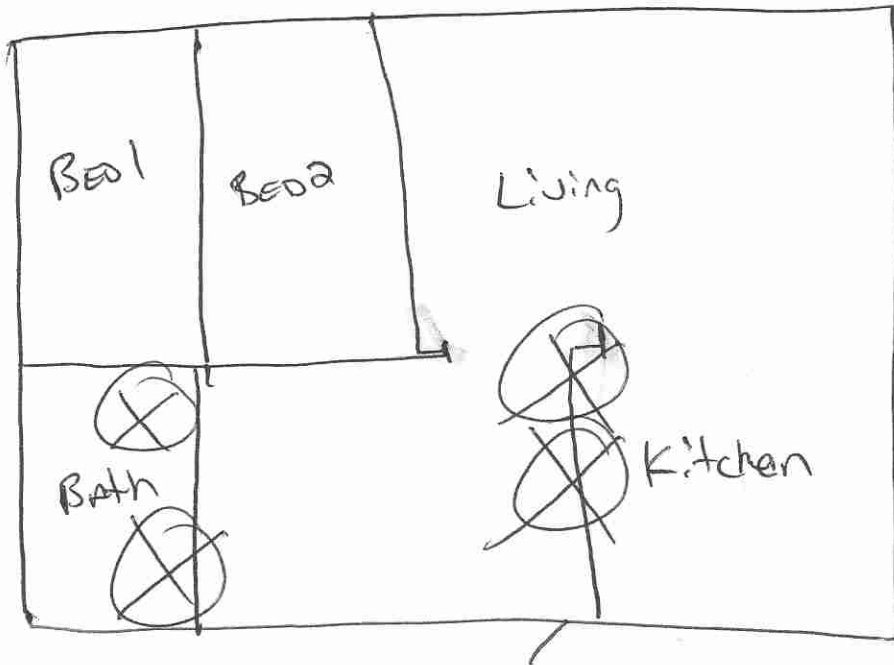
Printed Name

Signature

Date

AEC Site Map

 AREA
ABATED



Miller Manor
Ann Arbor, MI

Not
to
Scale

7-2-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 7-13-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): Unit #113

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | | |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/ shower, negative air, signs) |
| | | | Other: _____ |

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant	Location	Quantity
Asbestos	Tile/mastic	300

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain: _____

Date: 7-13-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle gun, etc.)

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities.

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, etc. off

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
 Time and date dropped off: _____
 Turn around time indicated on the chain of custody: _____
 Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
 Was any significant level of the contaminant identified in the sampling: Yes No
 If yes, please explain: _____
- Set up samples
- Work area samples
 Were samples below allowable levels for applicable standards: Yes No
 If no, please explain: _____
- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No
 If no, please explain _____

7-13-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak

Tim Highland

Chris Treglown

Date: 7-13-15

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:

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: MATT RODWERS

Printed Name

[Signature]

Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By:

JEFF FOX

Printed Name

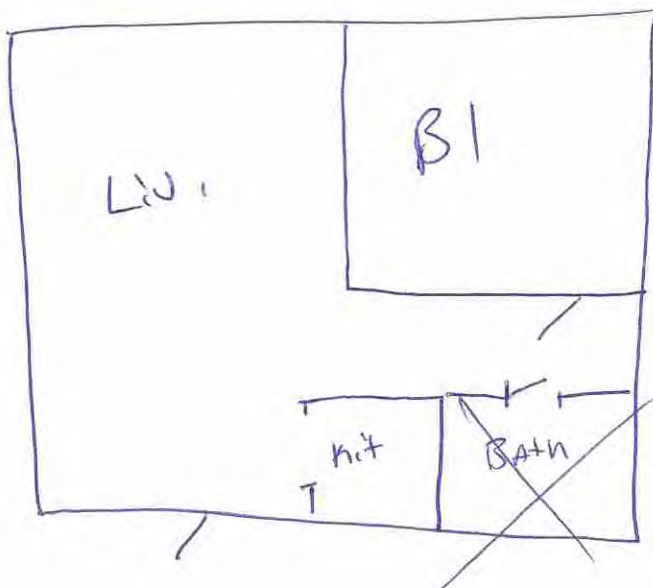
[Signature]

Signature

12/14/15

Date

AEC Site Map



X =
AREA
ABATED

M. L. C. MAROZ
727 Miller Ave
Ann Arbor, MI

NOT to
Scale.

7-13-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 7-16-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apts.

Site's Full Address: 727 Miller Ave. Ann Arbor, MI

Work Areas (Be Specific): Unit # 112 AND #110

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

Set up:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
 - (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant	Location	Quantity
ASBESTOS	Tile/mastic	600

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date 7-16-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle gun, etc.)

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date 7-16-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, lifelines

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
 Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
 Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

~~7-16-15~~ 7-16-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tim Highland
Chris Freglow

Date 11-16-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: MAH Rodgers
Printed Name

[Signature]
Signature

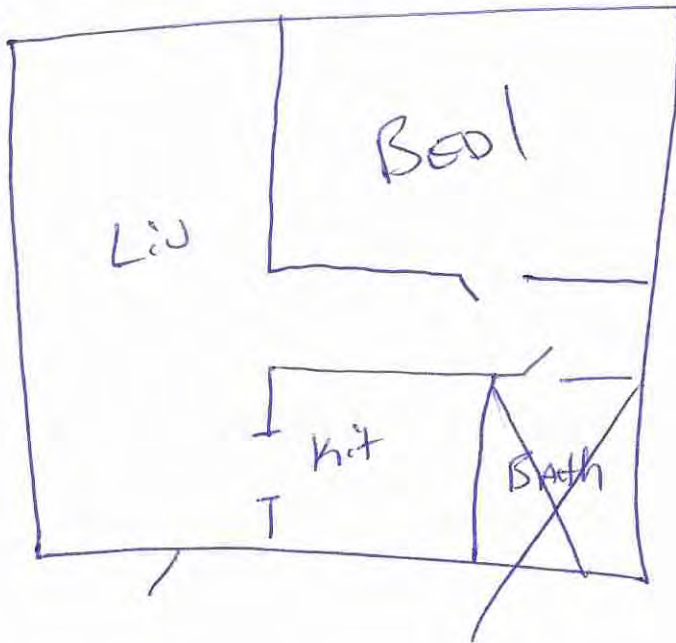
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jess Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



X =
AREA
ABATED

M. Yee Marcia
727 M. Yee Ave
Ann Arbor, MI

Not
to
Scale

7-16-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-20-15 Start Time: 1350 AEC Representative: M. RODGERS

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): Unit 215 (Kitchen)

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PLAK

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

- Set up:
- | | | | |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input checked="" type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 12-20-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: n/p

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Asbestos</u>	<u>Drywall Systems</u>	<u>10</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 7-20-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)

Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 7-20-15

Other personal protective equipment (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Disposable clothing | <input checked="" type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input checked="" type="checkbox"/> Gloves |
| <input checked="" type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input checked="" type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker sampled-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 7-20-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptoic
Tim Highland
Chris Treglown

Date: 7-20-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer:

Technical Review By:

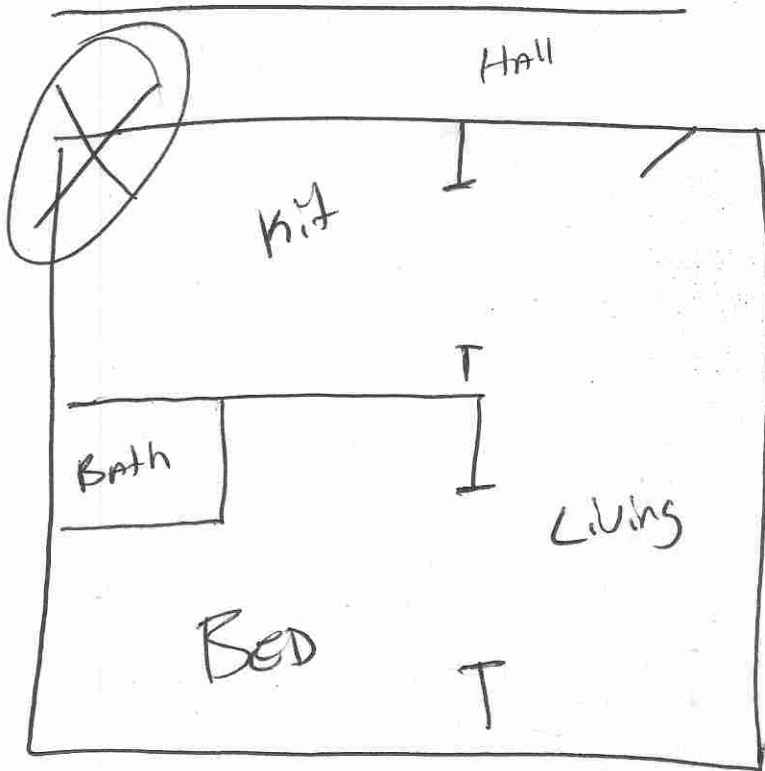
Joe Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map

 = AREA ABATED



Unit # 215

Miller Manor
727. Miller Ave

Not to
Scale

7-20-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 7-26-15 Start Time: 1200 AEC Representative: Fox

Site Name: MILLER MANOR

Site's Full Address: 737 MILLER, ANN ARBOR

Work Areas (Be Specific): 608

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: MATT CHENET

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

- Set up: N/A
- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 1-26-19

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Asbestos</u>	<u>608</u>	<u>2 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 1-26-15

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: 1
- 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: 1-26-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

N/A

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 1-26-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Date: 1-26-15

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:

Printed Name

JEFF FOX

Signature



This section is reserved for any additional comments by the reviewer: _____

Technical Review By:

Printed Name

JEFF FOX

Signature



Date

12/14/15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY**

Site Name: Miller Manor Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.0041 Average F/cc (PCM) _____ Average S/mm² (TEM)

AREAS:

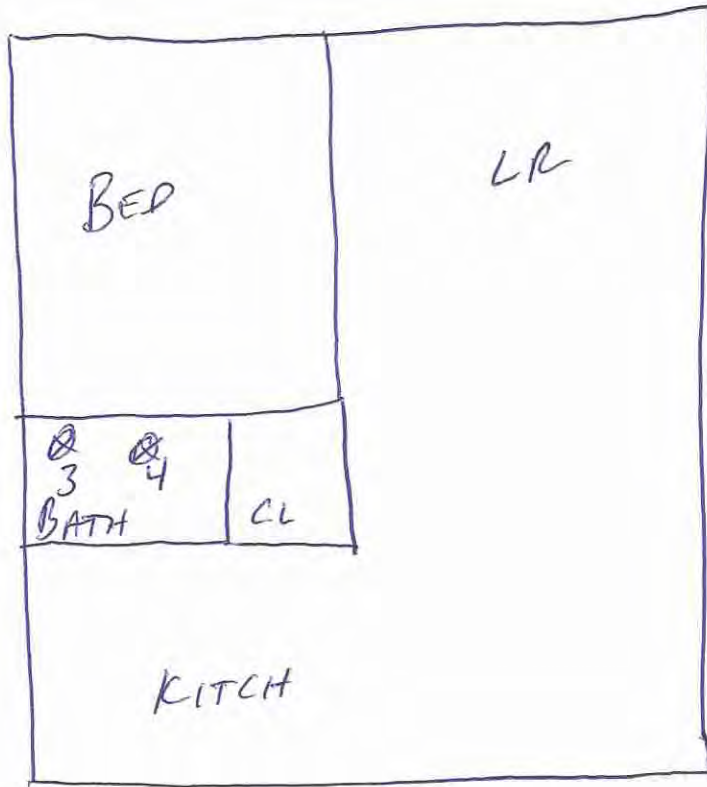
608 BATH

[Signature]
Industrial Hygienist

1/26/15
Date

1700
Time

AEC Site Map



Room 608

MILLER MANDON
737 MILLER
ANN ARBOR, MI

FOX

1-26-15

NOT TO
SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 7-30-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apts

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 2nd Floor Laundry Room

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

- Set up:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 7-30-15

Containment: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

- MC*
- Yes No N/A
 - Yes No N/A
 - Yes No N/A
 - Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Dry wall</u>	<u>150</u>
<u>ASBESTOS</u>	<u>Floor tile Mastic</u>	<u>400</u>

Were wet methods utilized for the removal of the contaminant: Yes No
If no, please explain _____

Date: 7-30-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 7-30-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Clearance sampling

Before clearance sampling the following criteria **MUST** be met:

- N/A <
- 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 N/A
Applicable Standard
 EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
 EPA TEM Clearance Guideline of 70 S/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
 Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
<u>Andrew Ptak</u>	_____
<u>TIM Highland</u>	_____
<u>Stefano D'Onafrico</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

Date: 7-30-15

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: MAH Redger
Printed Name
[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: JHF FOX
Printed Name
[Signature]
Signature
12/14/15
Date

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 7/31/15 Start Time: 07:30 AEC Representative: Lance Hassell

Site Name: Miller Manor - Laundry Room

Site's Full Address: 727 Miller, Ann Arbor, MI

Work Areas (Be Specific): Laundry Room

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:

- | | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Previously Set up

Date: 7/31/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings

Sealed floor and drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

All points of potential fiber release sealed (doors, windows, etc.)

Water available in containment

Containment sealed with no breaches

Negative pressure established

Decontamination unit

Remote or Attached to containment
(Airlocks, water filtration, 3 chambers w/shower, negative air, signs)

Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths

Signs and barrier tape labeled with appropriate contaminant

HVAC system shutdown and isolated

Glovebags sealed with amended water and negative air

Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized

Wet methods utilized

Work area demarcated and isolated from general traffic

Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Mastic</u>	<u>2nd Fl - Laundry Rm</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 7/31/15

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

- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> | | | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 7/31/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Mastic

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 7/31/15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Tim Highland
Joe Michaels

Date: 7/31/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

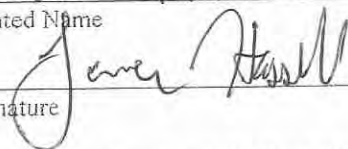
Stated reason for visit: _____

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:

JUST FOX
Printed Name


Signature

12/14/15
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: Miller Manor

Contractor: EME

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0031 Average F/cc (PCM) _____ Average S/mm² (TEM)

AREAS:

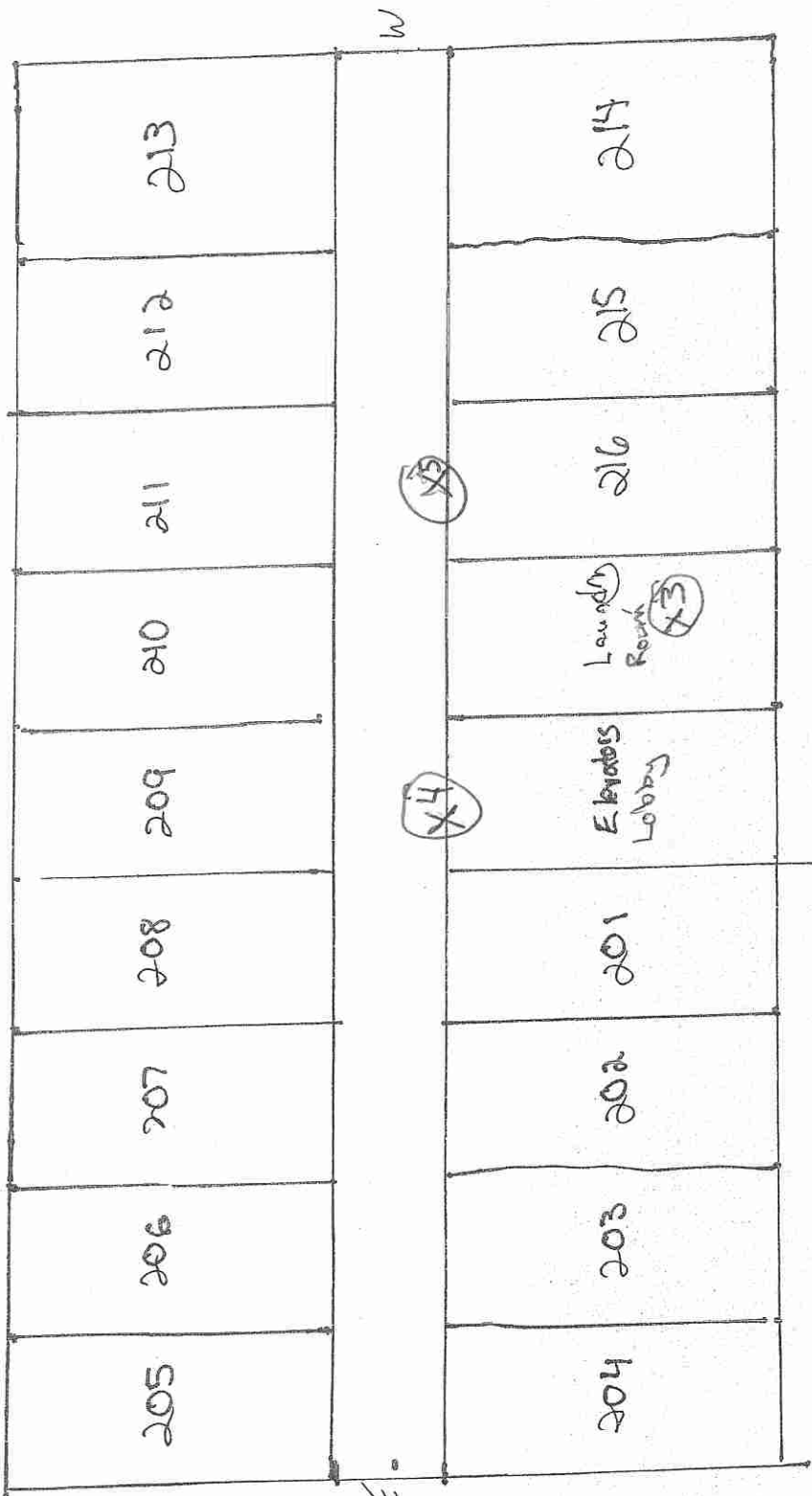
2nd Fl. - Laundry Room

Jane Smith
Industrial Hygienist

7/31/15
Date

Time

AEC Site Map



Miller Manor

Not to Scale

EME

Norstar

727 miller Rd

7/31/15

A. Ptak

Ann Arbor, MI

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 8-14-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor Apt.

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): Elevator

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

- Yes No N/A

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____
 _____ N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
ASBESTOS	Floor tile	100
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 if no, please explain _____

Date: 8-14-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster): describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 8-14-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 8-14-15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Andrew Ptak
Jason Highland

Date: 8-14-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

MAH Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: N/A

[Large Signature]

Technical Review By:

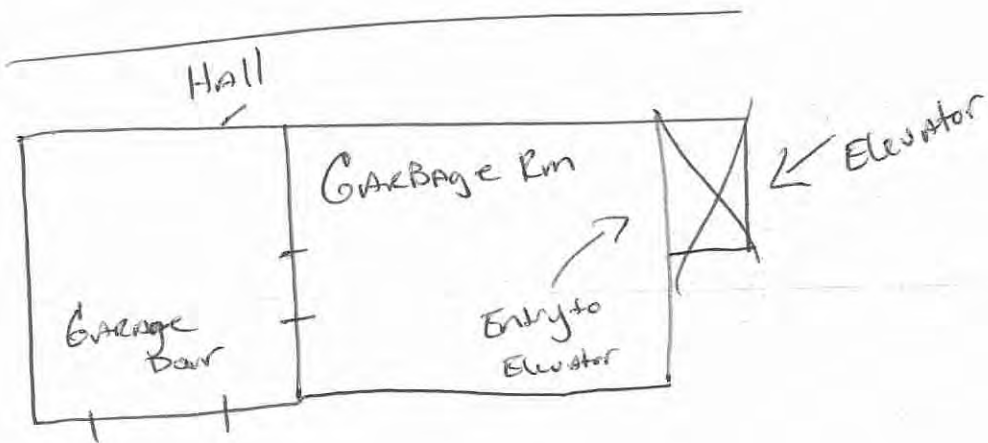
Jeff Fox
Printed Name

[Signature]
Signature

7/14/15
Date

AEC Site Map

X = AREA ABATED



Miller Manor
727 Miller Ave
Ann Arbor, MI.

NOT TO
SCALE.

8-14-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 8/27/15 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave., Ann Arbor, MI

Work Areas (Be Specific): 1st Floor - West End of Housing Hall

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:

- | | | |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 8/27/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
Joint Compound	Hallway - 13EFL	5 Bags

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 8/27/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

[Handwritten scribble]

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

[Handwritten scribble]

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: 5 bags
- 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: 8/27/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____

- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): ACM Joint Compound

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples

Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples

Work area samples

Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

Ambient air samples

Clearance samples (see clearance sampling section below)

Personal samples (see personal sampling section below)

Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

Only worker performing task

Workers performing same tasks

1 worker samples-Represents worst case scenario

2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 8/27/15

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/mm², utilizing 40 CFR 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

 Tim Highland
 Andrew Ptak

Date: 8/27/15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Lance Hassell
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fog
Printed Name

[Signature]
Signature

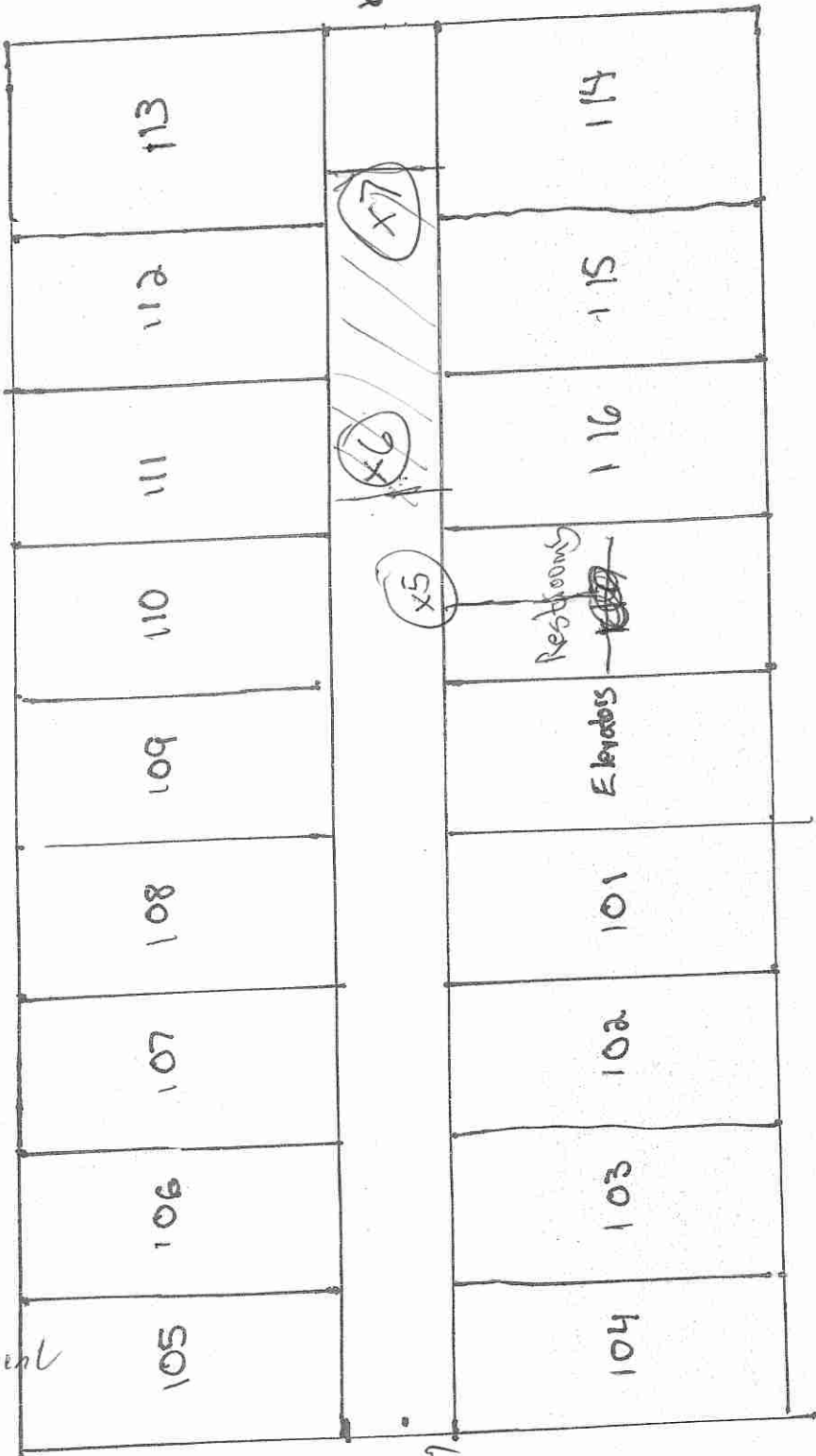
12/14/15
Date

AEC Site Map

W

S

N



Containment

X - pumps

Restrooms

Miller Manor

EME/Norstar
AAHC

727 Miller Rd
Ann Arbor, MI

8/27/15
Lance Hassell Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 9-8-15 Start Time: 0730 AEC Representative: M. RODGERS

Site Name: M. Hea Manor

Site's Full Address: 727 M. Hea Ave Ann Arbor, MI

Work Areas (Be Specific): 113-112

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:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 9-8-15

Containment: N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Drywall Sub.</u>	<u>65</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 9-8-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

MR

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 9-8-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific): N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

9-8-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer:

N/A

Technical Review By:

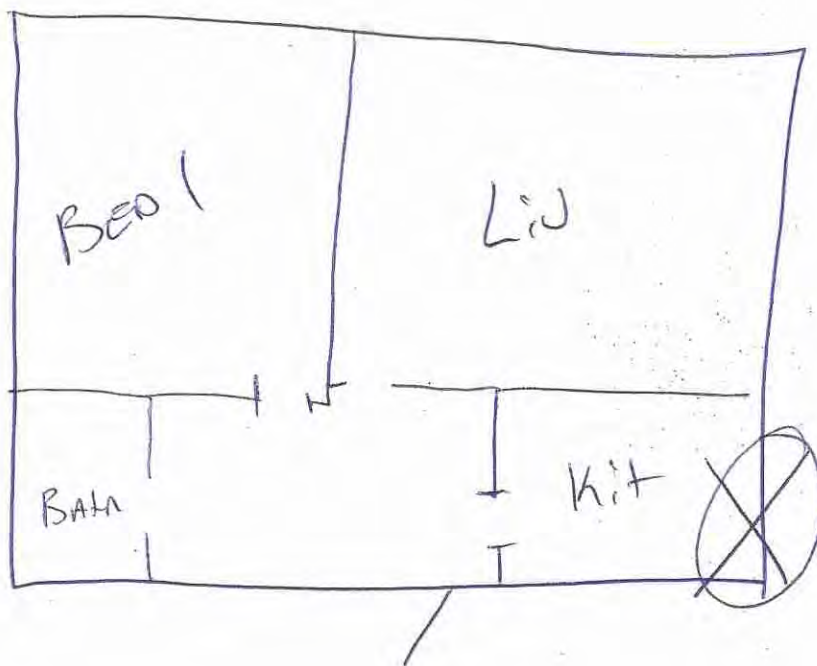
Printed Name

Signature

Date

AEC Site Map

⊗ AREA ABATED



Miller Manor

Not to
Scale

9-8-15

Ann Arbor, MI

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 9-14-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): 115-116

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: ~~EME~~ EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided.

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 9-14-15

Containment: N/A

~~MC~~ Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Sys.	80
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 9-14-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

7

Date: 9-14-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
- Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
- Work area samples
- Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

9-14-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer:

N/A

Technical Review By:

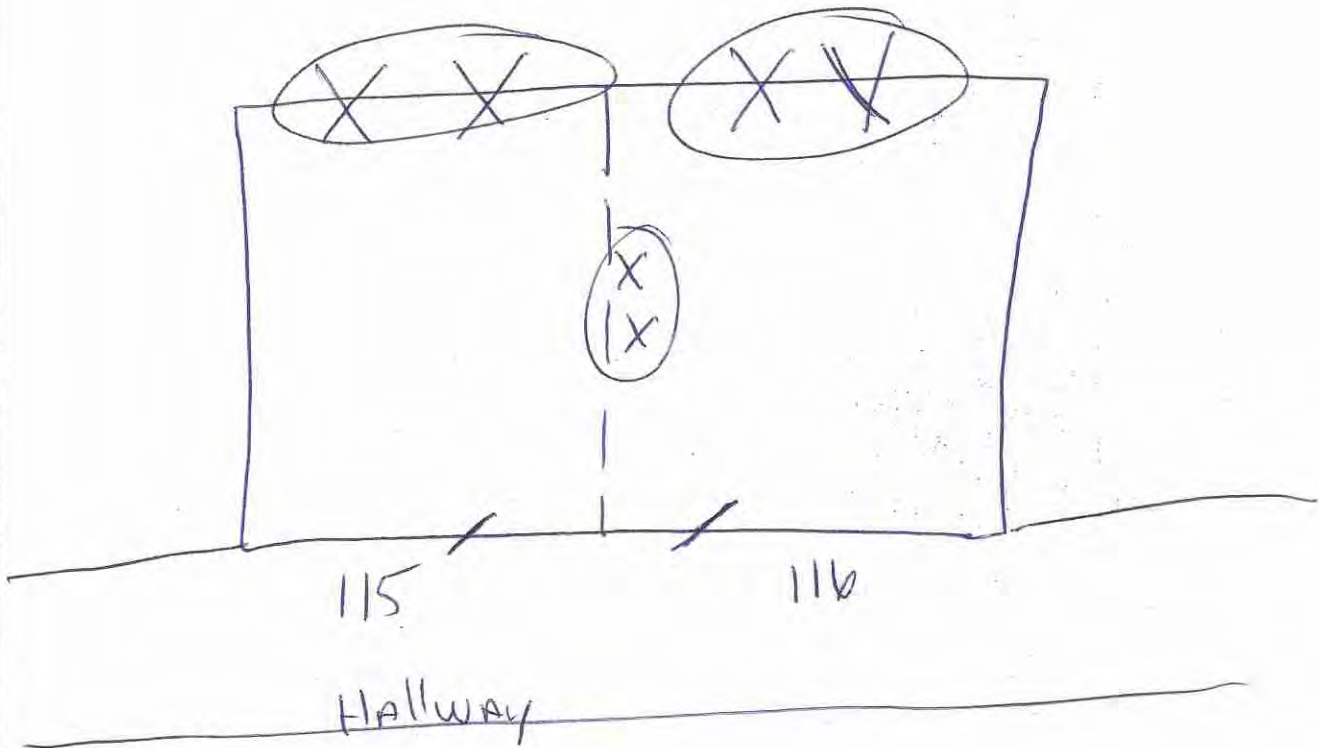
Jeff Fox
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map

XX = AREAS ABATED



Miller Manor

Ann Arbor, MI

Not
to
Scale

9-14-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 9-22-15 Start Time: 1300 AEC Representative: M. Rodgers

Site Name: Miller Manor #

Site's Full Address: 727 Miller Ave And Anson, ME

Work Areas (Be Specific): 108

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided.

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

- Set up:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
- Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 9-22-15

Containment: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Yes No N/A

Glovebags: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____
 _____ N/A _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Drywall sup</u>	<u>210</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 9-22-15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

- | | | | |
|---|-----------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Abatement/remediation being conducted |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gross clean up and material bagging |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bag out activities |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final cleaning after all abatement is complete |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Final lockdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

Respiratory protection (check all that apply):
 Half face negative pressure air purifying respirator
 Full face negative pressure air purifying respirator
 Positive pressure air purifying respirator
 Other: _____

Date: 9-22-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

9-22-15

Onsite visit of government officials

N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

Please use the following section to note any comments or additional information not described in this report:

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By:

Matt Rodgers
Printed Name

[Signature]
Signature

This section is reserved for any additional comments by the reviewer:

N/A

Technical Review By:

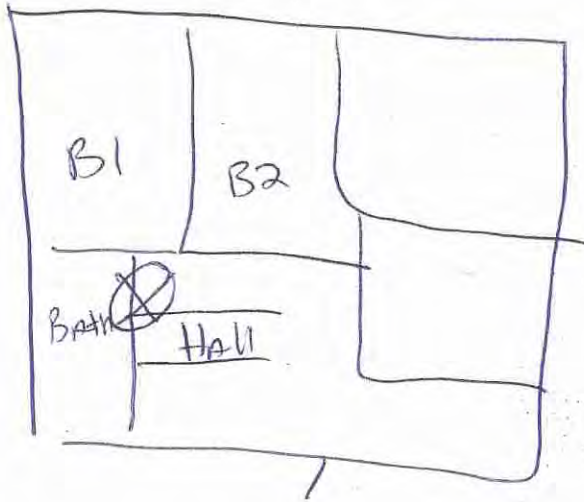
Jeff Pot
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map

(X) Area
ABATED



Miller Manor
Ann Arbor

Not to
Scale

9-22-15

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG**

Date: 11-10-15 Start Time: 1 AEC Representative: Frisley

Site Name: Miller Manor

Site's Full Address: _____

Work Areas (Be Specific): Lobby

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: _____

Abatement/Remediation Contractor Foreman/Supervisor: _____

The following narrative provides a daily account of the activities performed during the work shift
Note: Please check all boxes that apply and include any additional information in the spaces provided

Scope of work

- Full abatement Patch and repair Clean up Set up
 No work performed Other: _____

Work area

- Work area setup activities performed Work area setup previously completed Abatement complete
 No set up activities required Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
If no, please explain _____

- Set up:
- | | |
|---|---|
| <input checked="" type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Water available |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Other: _____ |

Date: 10-10-15

Containment: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above:
Remove PAN samples following suspect ACM
Remove

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 11-10-15

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

- | | | | | | | |
|--------------------------|-----|--------------------------|---------------------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | | | Abatement/remediation being conducted | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Gross clean up and material bagging |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Bag out activities |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | All surfaces wet cleaned and/or HEPA vacuumed |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | All tools, ladders, etc. cleaned with no visible contamination |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Final cleaning after all abatement is complete |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Final lockdown |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Project teardown (after all clearances and inspections pass applicable standards) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Other: _____ |

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

Respiratory protection (check all that apply):

- Half face negative pressure air purifying respirator
- Full face negative pressure air purifying respirator
- Positive pressure air purifying respirator
- Other: _____

Date: 11-10-15

Other personal protective equipment (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Disposable clothing | <input type="checkbox"/> Boots |
| <input type="checkbox"/> Washable clothing | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Hoods | <input type="checkbox"/> Hard hats |
| <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Safety harnesses, lanyards, tie offs |
| <input type="checkbox"/> Other: _____ | |

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
 Clearance samples (see clearance sampling section below)
 Personal samples (see personal sampling section below)
 Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
 Workers performing same tasks
 1 worker samples-Represents worst case scenario
 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 11-10-15

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: Ron Frigley
Printed Name

Ron Frigley
Signature

This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

12/14/15
Date

**AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY**

Site Name: MILLER MANOR Contractor: _____

American Environmental Consultants, LLC has visually inspected the following area(s) after all abatement activities and deemed the area(s) acceptable for Final Clearance sampling. AEC, following proper fiber lock-down procedures by the abatement contractor, performed Final Clearance sampling and found the area(s) to meet the following criteria checked below:

EPA recommends an average airborne fiber level of 0.01 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM using NIOSH 7400 (A Counting Rules). This requirement is for small school projects or has been required by project specifications.

_____ Michigan Department of Community Health recommends an average airborne fiber level of 0.05 F/cc or less for reoccupancy following asbestos abatement activities. Analysis by PCM NIOSH 7400 (A Counting Rules). This requirement is for non-school projects or has been required by project specifications.

_____ EPA requires an average number of asbestos structures on samples inside the abatement areas be no greater than 70 S/mm². The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

0.0041 Average F/cc (PCM) _____ Average S/mm² (TEM)

AREAS:

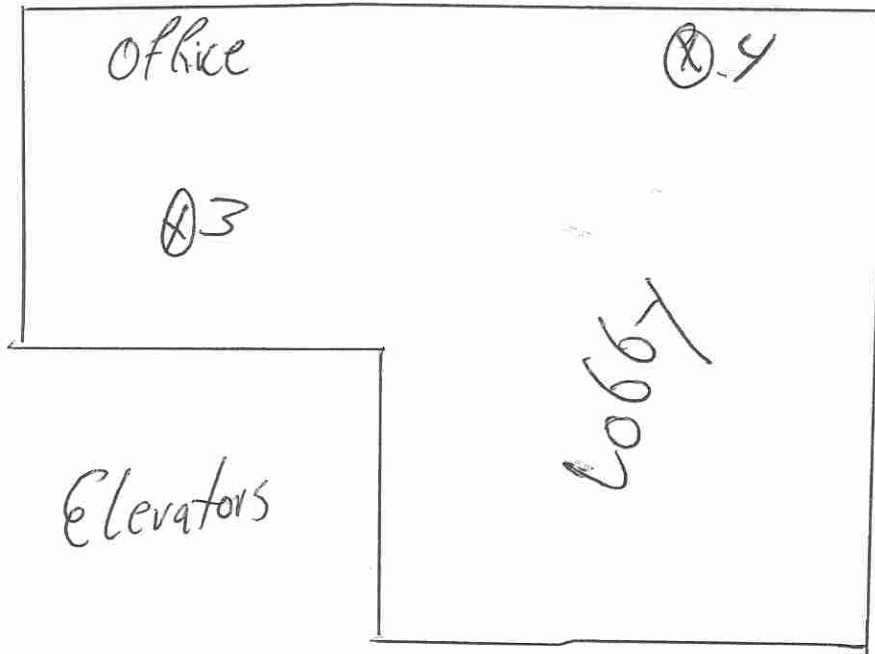
OFFICE - S. LOBBY


Industrial Hygienist

11/10/15
Date

1730
Time

AEC Site Map



⊗ = Sample

Miller Mannor / Fraley / 11-10-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 11/30/15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: Miller Manor ~~AE~~

Site's Full Address: 727 Miller Ave Ann Arbor, MI

Work Areas (Be Specific): office in lobby

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plak

The following narrative provides a daily account of the activities performed during the work shift
 Note: Please check all boxes that apply and include any additional information in the spaces provided.

Scope of work

- Full abatement
 Patch and repair
 Clean up
 Set up
 No work performed
 Other: _____

Work area

- Work area setup activities performed
 Work area setup previously completed
 Abatement complete
 No set up activities required
 Abatement currently taking place

If set up or abatement was previously completed are all controls intact and properly working: Yes No
 If no, please explain _____

Set up:

- | | | | |
|---|--|------------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| | | | Other: _____ |

Date: 11/30/15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: N/A

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>ASBESTOS</u>	<u>Drywall Systems</u>	<u>100 SF</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No

If no, please explain _____

Date: 11/30/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):

N/A

Please provide an explanation of any special circumstances concerning abatement or remediation activities:

N/A

Clean up/close out activities

-
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No
If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 11/30/15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: N/A

Consultant activities

Contaminant(s): ASBESTOS

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____
 Time and date dropped off: _____
 Turn around time indicated on the chain of custody: _____
 Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
 Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
 Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

N/A

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

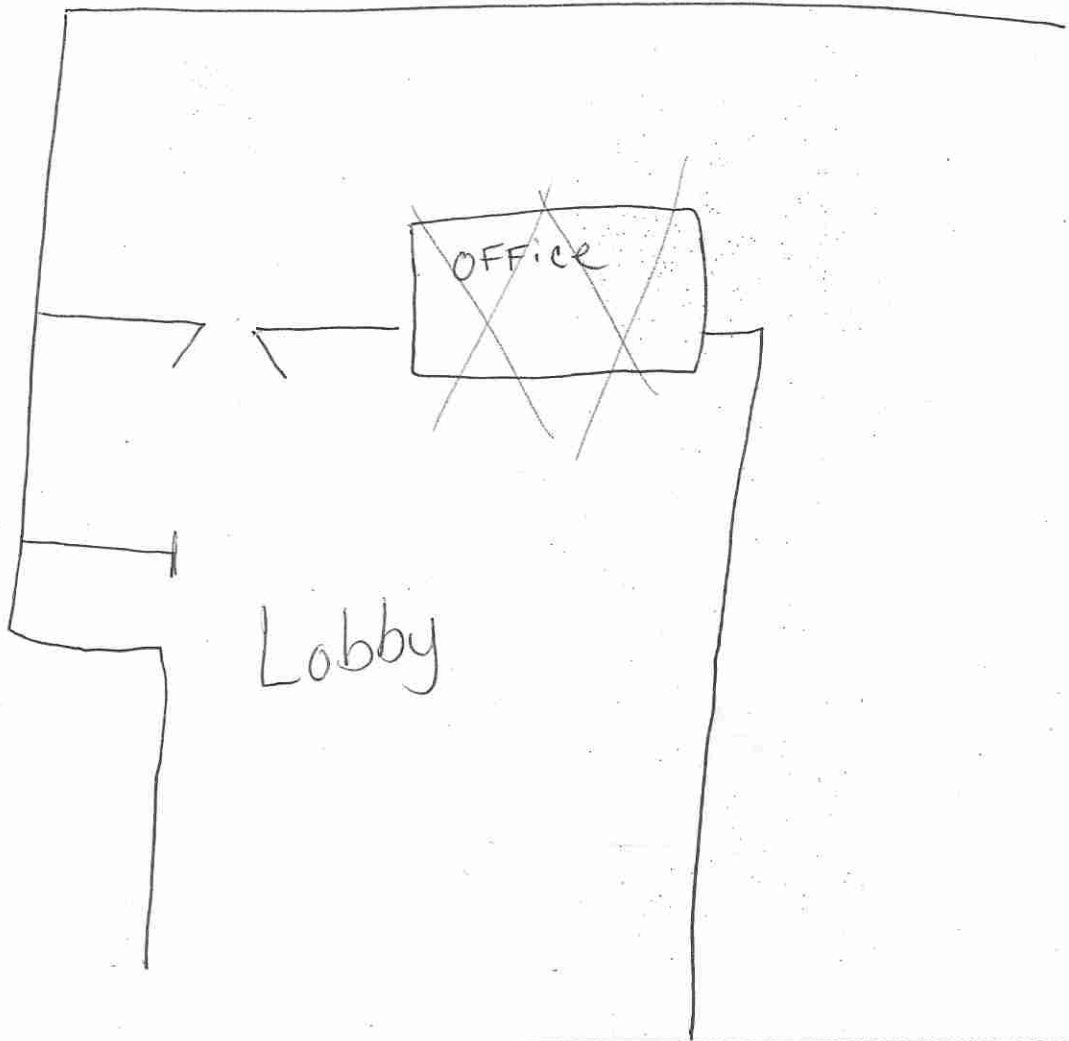
- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain: _____

AEC Site Map

X = AREA
ABATED



Miller Manor
727 Miller Ave
Ann Arbor, MI

NOT TO
SCALE

11/30/15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC

DAILY PROJECT LOG

Date: 12-8-15 Start Time: ~~8~~ 1400 AEC Representative: FIALEY

Site Name: Miller Manor

Site's Full Address: 717 Miller RD Ann Arbor

Work Areas (Be Specific): 606

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EMF

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:
- | | | | |
|---|--|------------------------------|---|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Moving in of equipment and supplies |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of poly walls |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of floor and drop cloths |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of signs and barrier tape labeled with appropriate contaminant |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Isolation of HVAC system and shutdown |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All points of potential fiber release sealed (doors, windows, etc.) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Water available |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Containment sealed with no breaches |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Negative pressure established |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A | Set up of decontamination unit |
| | | | <input type="checkbox"/> Remote or <input type="checkbox"/> Attached to containment |
| | | | (Airlocks, water filtration, 3 chambers w/shower, negative air, signs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other: _____ |

Date: 12-8-15

Containment:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Dry wall compound</u>	<u>606</u>	<u>4 Sq. ft.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 12-8-15

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

- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A
- Yes No N/A

- Abatement/remediation being conducted
- Gross clean up and material bagging
- Bag out activities
- All surfaces wet cleaned and/or HEPA vacuumed
- All tools, ladders, etc. cleaned with no visible contamination
- Final cleaning after all abatement is complete
- Final lockdown
- Project teardown (after all clearances and inspections pass applicable standards)
- Other: _____

Waste handling and disposal

- No waste generated
- Number of bags, drums, or dumpsters utilized during shift: _____
- Lined dumpster on site
- Disposal by contractor off site
- Designated storage area on site (other than dumpster); describe: _____
- Material double bagged, fiber drums
- Material labeled with appropriate labels
- Material wetted
- Waste generated was disposed of on site as general construction debris
- Other: _____

Personal protective equipment

Are workers performing activities in which personal protective equipment is required: Yes No

If no, please explain _____

- Respiratory protection (check all that apply):
- Half face negative pressure air purifying respirator
 - Full face negative pressure air purifying respirator
 - Positive pressure air purifying respirator
 - Other: _____

Date: 12-8-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

Baseline air samples
Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

Set up samples
 Work area samples
Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored

Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 12-8-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Chris Treglow
Andrew Garza

A36314
A45727

Date: 12-8-15

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: Ron Fraley
Printed Name

Ron Fraley
Signature

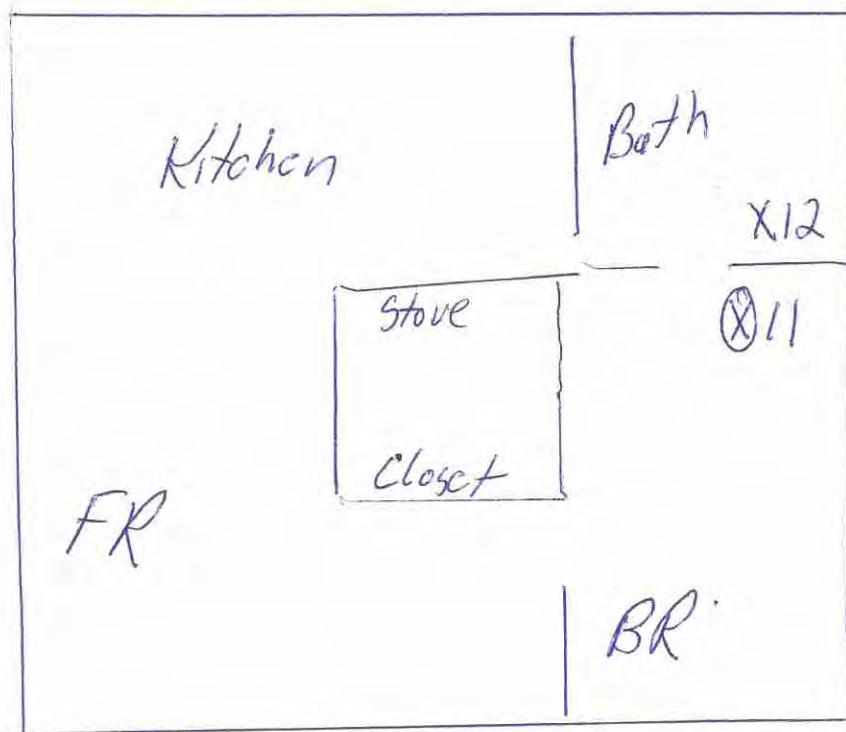
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Pot
Printed Name

[Signature]
Signature

12/14/15
Date

AEC Site Map



Miller Mannor / 606 / Fialey / 12-8-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC DAILY PROJECT LOG

Date: 12-9-15 Start Time: 1400 AEC Representative: F. ALEY

Site Name: Miller Manor

Site's Full Address: 717 Miller RD Ann Arbor

Work Areas (Be Specific): 606-506-406

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: Em E

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:
- | | | |
|---|--|------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- Moving in of equipment and supplies
- Set up of poly walls
- Set up of floor and drop cloths
- Set up of signs and barrier tape labeled with appropriate contaminant
- Isolation of HVAC system and shutdown
- All points of potential fiber release sealed (doors, windows, etc.)
- Water available
- Containment sealed with no breaches
- Negative pressure established
- Set up of decontamination unit
 - Remote or Attached to containment
- (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
- Other: _____

Date: 12-9-15

Containment: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Sealed poly walls and ceilings
 Sealed floor and drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 All points of potential fiber release sealed (doors, windows, etc.)
 Water available in containment
 Containment sealed with no breaches
 Negative pressure established
 Decontamination unit
 Remote or Attached to containment
 (Airlocks, water filtration, 3 chambers w/shower, negative air, signs)
 Other: _____

Glovebags: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Drop cloths
 Signs and barrier tape labeled with appropriate contaminant
 HVAC system shutdown and isolated
 Glovebags sealed with amended water and negative air
 Other: _____

Clean up: N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

HEPA vacuums utilized
 Wet methods utilized
 Work area demarcated and isolated from general traffic
 Other: _____

Please describe any other work area conditions that exist not outlined above: _____

Abatement/remediation activities

Abatement/remediation activities conducted No abatement/remediation activities conducted

Please list the contaminant removed, the location from which it was removed and the quantity removed from each area:

Contaminant:	Location:	Quantity:
<u>Dry wall compound</u>	<u>606</u>	<u>4 Sq</u>
<u>Dry wall compound</u>	<u>506</u>	<u>4 Sq</u>
<u>Dry wall compound</u>	<u>406</u>	<u>4 Sq</u>

Were wet methods utilized for the removal of the contaminant: Yes No
 If no, please explain _____

Date: 12-9-15

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

<input type="checkbox"/>		Abatement/remediation being conducted
<input checked="" type="checkbox"/>	Yes	Gross clean up and material bagging
<input type="checkbox"/>	No	Bag out activities
<input type="checkbox"/>	N/A	All surfaces wet cleaned and/or HEPA vacuumed
<input checked="" type="checkbox"/>	Yes	All tools, ladders, etc. cleaned with no visible contamination
<input type="checkbox"/>	No	Final cleaning after all abatement is complete
<input checked="" type="checkbox"/>	Yes	Final lockdown
<input type="checkbox"/>	No	Project teardown (after all clearances and inspections pass applicable standards)
<input type="checkbox"/>	N/A	Other: _____
<input checked="" type="checkbox"/>	Yes	
<input type="checkbox"/>	No	
<input type="checkbox"/>	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: 12-9-15

Other personal protective equipment (check all that apply):

- Disposable clothing
- Washable clothing
- Hoods
- Safety glasses
- Other: _____
- Boots
- Gloves
- Hard hats
- Safety harnesses, lanyards, tie offs

Please list any other equipment utilized by workers and/or other safety precautions taken: _____

Consultant activities

Contaminant(s): Asbestos

Were the air monitoring samples analyzed: on site , taken to laboratory , or office

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

Types of air monitoring performed (check all that apply):

- Baseline air samples
- Was any significant level of the contaminant identified in the sampling: Yes No

If yes, please explain: _____

- Set up samples
- Work area samples
- Were samples below allowable levels for applicable standards: Yes No

If no, please explain: _____

- Ambient air samples
- Clearance samples (see clearance sampling section below)
- Personal samples (see personal sampling section below)
- Other: _____

Were there any other construction activities, carpeting, high traffic areas or increased dust concentrations in the work area or adjacent areas that could affect the sample results (be specific):

Personal sampling

Note: OSHA requires that at least 25% of the work force performing a specific task be monitored
Criteria for worker selection:

- Only worker performing task
- Workers performing same tasks
- 1 worker samples-Represents worst case scenario
- 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: Yes No

If no, please explain _____

Date: 12-9-15

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/mm², utilizing 40 CRF 763 Subpart E Appendix A protocol
- Other: _____

Abatement Personnel Roster

Name:

SSN or State Card Number:

Chris Treglow
Andrew Barza

1436314
1445727

Date: 12-9-15

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: Ron Friley
Printed Name

Ron Friley
Signature

This section is reserved for any additional comments by the reviewer: _____

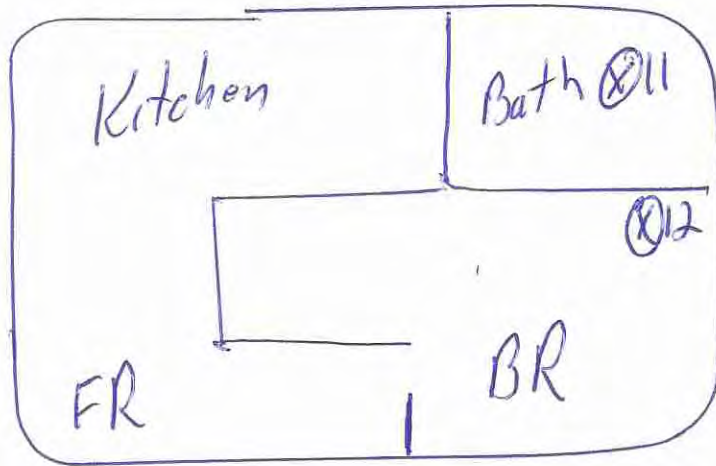
Technical Review By: Jeff Fox
Printed Name

Jeff Fox
Signature

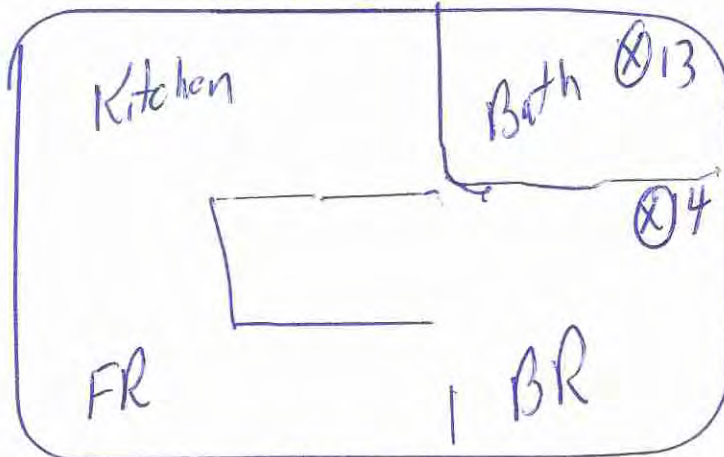
12/14/15
Date

AEC Site Map

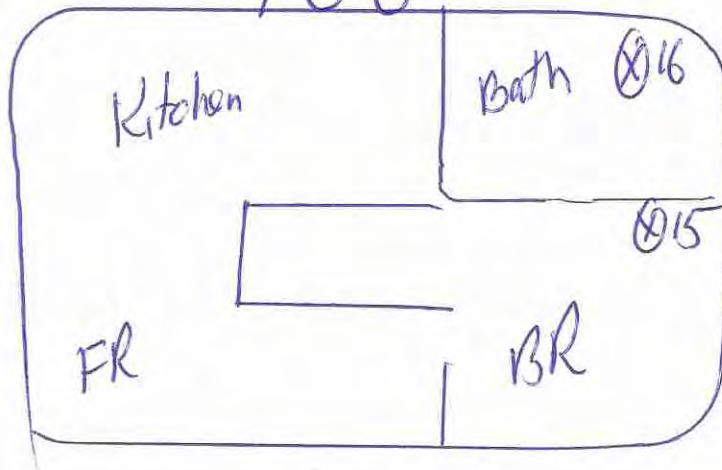
606



506



406



Miller Manor / Fraley / 12-9-15

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141 Office 313.791.2600 - Fax: 313.791.2601

November 13, 2015

Mr. Andy Foerg
Environmental Consulting Solutions
523 West Sunnybrook
Royal Oak, MI 48073

RE: AAHC-River Run Project – Miller Manor
Asbestos Abatement Closeout Documents
EME Job #: 14-553B

Dear Mr. Foerg:

Thank you for the opportunity for Environmental Maintenance Engineers, Inc. (EME) to provide environmental abatement services at the above referenced project.

I have enclosed the following closeout documents for your review and approval:

- Asbestos Abatement Contractor License
- Certificate of Liability Insurance
- State of Michigan Asbestos Notifications
- Daily Construction Reports
- Employee Paperwork
- Waste Manifests

EME is looking forward to working with you in the future. If you have any questions or if I can be of further assistance please do not hesitate to call me at 313.791.2600.

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million (12.5% of the population).

There are a number of reasons for this increase. The most important are:

- The growth of the public sector has been driven by the increasing demand for public services, particularly in health and education.
- The public sector has become a major employer of women, particularly in the health and education sectors.
- The public sector has become a major employer of young people, particularly in the health and education sectors.

The public sector has also become a major employer of people with disabilities, particularly in the health and education sectors.

The public sector has also become a major employer of people from ethnic minorities, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 50 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 65 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 75 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 85 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 90 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 95 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 100 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 105 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 110 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 115 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 120 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 125 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 130 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 135 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 140 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 145 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 150 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 155 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 160 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 165 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 170 years of age, particularly in the health and education sectors.

The public sector has also become a major employer of people who are over 175 years of age, particularly in the health and education sectors.

Environmental Maintenance Engineers, Inc.
25851 Trowbridge Street
Inkster, MI 48141

Contractor Number	Expiration Date
C2684	12/08/2015
<i>State of Michigan</i>	
Department of Licensing and Regulatory Affairs	
Environmental Maintenance Engineers, Inc.	
has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a	
LICENSED ASBESTOS ABATEMENT CONTRACTOR	
Type II (5 + employees)	
The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.	
<small>MIO 3003 (05/2011) Authority: Michigan Public Act 135 of 1986, as amended</small>	<small>113652 1801</small>

MM
11-18-14

The Michigan Department of Licensing and Regulatory Affairs (LARA) has reviewed and approved your application for a Michigan Asbestos Abatement Contractors License. The License Certificate is valid for a period of one year.

The Department is requiring each licensed asbestos abatement contractor to notify the Department of any asbestos abatement project exceeding 10 linear feet or 15 square feet of friable asbestos containing material. This notification must reach the office of the Asbestos Program at least 10 days before the beginning of each project. If for any reason there are revisions or modifications to a notification, your company must notify LARA by FAX or telephone. If the revision is via telephone, your company must follow-up with a formal written revision.

Please be advised, your company must continue to maintain records of post-abatement air monitoring results. LARA can and may request these post asbestos abatement monitoring results periodically. Please be reminded that any additional or new employees must be accredited before they engage in any asbestos abatement activities.

To apply for renewal of this license, please submit an application no sooner than 90 days and no later than 30 days before the license expires. The Department must also be notified of any address or ownership changes. Project notifications and questions regarding your license should be directed to the Michigan Department of Licensing and Regulatory Affairs, CSHD-Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909-8171, 517.322.5806.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: Carolyn Belcher PHONE (A/C, No, Ext): (248) 471-0970 E-MAIL ADDRESS: cbelcher@gswins.com FAX (A/C, No): (248) 471-0641													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Westchester Surplus Lines Insurance</td> <td>10172</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Company of CT</td> <td>25682</td> </tr> <tr> <td>INSURER C: Liberty Mutual Insurance</td> <td>0077</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Westchester Surplus Lines Insurance	10172	INSURER B: Travelers Indemnity Company of CT	25682	INSURER C: Liberty Mutual Insurance	0077	INSURER D:		INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
INSURED Environmental Maintenance Engineers, Inc. 25851 Trowbridge Inkster MI 48141														

COVERAGES **CERTIFICATE NUMBER:** 15-16 Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVC	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	G27138470003	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BA0135C519	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		G27140476003	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC5348542329	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		G27138470003	10/1/2015	10/1/2016	Limit: \$2,000,000
A	Contractor's Pollution		G27138470003	10/1/2015	10/1/2016	Limit: \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: 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/CTB <i>Patrick Williams</i>
--	--

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 and Automobile policies with respect to liability arising out of ongoing & completed operations performed by Named Insured on named project. The Excess Liability policy follows form. Waiver of Subrogation applies to the Automobile and General Liability policies in favor of the Additional Insured(s). Contractual Liability is not excluded and must have a written contract.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1994).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is the decline in the death rate of children under 5 years of age. In 1990, the death rate was 100 per 1,000 live births, but by 2000, it is expected to fall to 60 per 1,000 live births (United Nations 1994).

Another reason is the increase in the number of children in the world who are under 15 years of age. In 1990, there were 1.1 billion children under 15 years of age, but by 2000, it is expected to increase to 1.5 billion (United Nations 1994).

The increase in the number of children in the world is a result of a combination of factors. The decline in the death rate of children under 5 years of age is the most important factor, but the increase in the number of children in the world who are under 15 years of age is also a significant factor.

The increase in the number of children in the world is a cause for concern. It is expected that the number of children in the world who are under 15 years of age will increase from 1.1 billion to 1.5 billion by 2000. This is a significant increase and it is expected to have a major impact on the world's population.

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NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
 Mailing Address: 25851 TROWBRIDGE ST
 City/State/Zip: INKSTER MI 48141-2465
 E-mail: dwatson@teameme.com
 Contact: MIKE KELLY Phone: (313) 791 - 2600

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: () - _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Maple Tower Ann Arbor Limited Divd Housing Assoc., LP
 Mailing Address: 727 Miller Ave.
 City/State/Zip: Ann Arbor MI 48103
 E-mail: _____
 Contact: Robert Nickoloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
 Facility Name: Miller Manor
 Location Address/Description: 727 Miller Ave.
 _____ If Apt. # of units: 128
 City/Twp. Ann Arbor State: MI Zip Code: 48103
 County: WASHTEAW Nearest Crossroad: 7th Street
 Size: (sq. ft.) 105000 No. of Floors: 7 Floor No.: 1
 Age: 65 Present Use: Housing Apartments Prior Use: Same
 Specific Location(s) in Facility: interior Units

Calculate LARA Asbestos Project Fee: (1% Project Fee)
 Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:
 Date of Notification: 11/07/2014
 Date of Revision(s): 11/21/2014
 Notification Type Original Revised Canceled Annual
Mark appropriate boxes: (both DEQ and LARA may apply):
DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]
 Planned Renovation - 10 working days notice
 Emergency Renovation
 Scheduled Demolition - 10 working days notice
 Intentional Burn - 10 working days notice
 Ordered Demolition
LARA (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 calendar days notice
 Emergency Renovation/Encapsulation

7. DISPOSAL SITE:
 Name: Carleton Farms Landfill
 Location Address: 28800 Clark Rd.
 City/State/Zip: New Boston MI 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster MI 48141	Wayne MI 48184
	(734)216-824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation		
+Asb. Removal	11/21/2014	11/26/2014
+Demolition:		
Encapsulation:		

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	MO, TU, WE, TH, FR	8a-4:30p
Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +Include only those dates you are conducting asbestos removal/demo.
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that will not be removed prior to demolition. (NOTE: In a demolition, cementitious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <u>not</u> removed prior to demo.		Units of Measure	
		Category I	Category II	Ln. Ft.	Ln. M.
4800				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A)** for Renovation (asbestos removal/encapsulation) and/or **B)** for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

<input type="checkbox"/> Piping	<input type="checkbox"/> Fittings	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Tanks(s)
<input type="checkbox"/> Beam(s)	<input type="checkbox"/> Duct(s)	<input type="checkbox"/> Tunnel(s)	<input type="checkbox"/> Ceiling Tile(s)
<input type="checkbox"/> Mag Block	<input checked="" type="checkbox"/> Other (describe) Floor Tile Mastic and Drywall Joint Compound		

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

<input type="checkbox"/> Piping	<input type="checkbox"/> Fittings	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Tank(s)
<input type="checkbox"/> Beam(s)	<input type="checkbox"/> Duct(s)	<input type="checkbox"/> Tunnel(s)	<input type="checkbox"/> Ceiling Tile(s)
<input type="checkbox"/> Other (describe)			

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: **A)** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM), Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 04/24/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 11/21/2014

<u>Signature of Owner or Abatement Contractor</u>	<u>Date</u>	<u>Signature of Owner or Demolition Contractor</u>	<u>Date</u>
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17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)
Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

<u>Signature of Building Owner or Lessee</u>	<u>Date</u>	<u>Signature of Asbestos Abatement Contractor Representative</u>	<u>Date</u>
--	-------------	--	-------------

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

<u>Michael Kelly</u>	<u>11/21/2014</u>	<u>Michael Kelly : kellym1991</u>	<u>11/21/2014</u>
<u>Printed Name of Owner/Operator</u>	<u>Date</u>	<u>Signature of Owner/Operator</u>	<u>Date</u>

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8) , mail to address below. For more info visit: http://www.michigan.gov/asbestos	For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M , mail notifications to the appropriate address below (by county of subject facility): For more info visit http://www.michigan.gov/deq click on Air, then Asbestos NESHAP Program.
MIOSHA Asbestos Program LARA, CSHD P.O. Box 30671 Lansing, MI 48909-8171 517.322.1320 (office), 517.322.1713 (fax)	All Counties (except Wayne County) NESHAP Asbestos Program DEQ, AQD P.O. Box 30260 Lansing, MI 48909-7760 517.241.7463 (Office) 517.373.7064 (Revision Line)
	Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD Cadillac Place, Suite 2-300 3058 West Grand Boulevard Detroit, MI 48202

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553A
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
 Mailing Address: 25851 TROWBRIDGE ST
 City/State/Zip: INKSTER, MI, 48141-2465
 E-mail: dwatson@teameme.com
 Contact: MIKE KELLY Phone: (313) 791 - 2600

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: () - _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Maple Tower Ann Arbor Limited Divd Housing Assoc., LP
 Mailing Address: 727 Miller Ave.
 City/State/Zip: Ann Arbor, MI, 48103
 E-mail: _____
 Contact: Robert Nickoloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
 Facility Name: Miller Manor
 Location Address/Description: 727 Miller Ave.
 _____ If Apt. # of units: 128
 City/Twp. Ann Arbor State: MI Zip Code: 48103
 County: WASHTENAW Nearest Crossroad: 7th Street
 Size: (sq. ft.) 105000 No. of Floors: 7 Floor No.: 1
 Age: 65 Present Use: Housing Apartments Prior Use: Same
 Specific Location(s) in Facility: Interior Units 5th floor

Calculate LARA Asbestos Project Fee: (1% Project Fee)
 Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:
 Date of Notification: 01/21/2015
 Date of Revision(s): 02/12/2015
 Notification Type Original Revised Canceled Annual
Mark appropriate boxes: (both DEQ and LARA may apply):
DEQ (NESHAP) [260 In. ft./160 sq. ft. or more is threshold]
 Planned Renovation – 10 **working** days notice
 Emergency Renovation
 Scheduled Demolition – 10 **working** days notice
 Intentional Burn – 10 **working** days notice
 Ordered Demolition
LARA (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (> 10 In. ft./15 sq. ft.) 10 **calendar** days notice
 Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	<u>02/04/2015</u>	<u>02/18/2015</u>
+Demolition:	_____	_____
Encapsulation:	_____	_____

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>MO, TU, WE, TH, FR</u>	<u>8a-4:30p</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

* includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +Include **only** those dates you are conducting asbestos removal/demo.
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

7. DISPOSAL SITE:
 Name: Carleton Farms Landfill
 Location Address: 28800 Clark Rd.
 City/State/Zip: New Boston, MI, 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster MI 48141	Wayne MI 48184
	(734)216-824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

10. IS ASBESTOS PRESENT? Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo.		Units of Measure	
		Category I	Category II	Ln. Ft.	Ln. M.
1050				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) Floor Tile Mastic and Drywall Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe)

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM), Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 04/24/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 02/12/2015

Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)
 Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee Date

Signature of Asbestos Abatement Contractor Representative Date

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

Michael Kelly 02/12/2015

Printed Name of Owner/Operator Date

Michael Kelly : kellym1991 02/12/2015

Signature of Owner/Operator Date

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: <http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program
 LARA, CSHD
 P.O. Box 30671
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deq> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
 DEQ, AQD
 P.O. Box 30260
 Lansing, MI 48909-7760

517.241.7463 (Office)
 517.373.7064 (Revision Line)

Wayne County Only

NESHAP Asbestos Program
 Detroit Field Office, DEQ, AQD
 Cadillac Place, Suite 2-300
 3058 West Grand Boulevard
 Detroit, MI 48202

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553B
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
 Mailing Address: 25851 TROWBRIDGE ST
 City/State/Zip: INKSTER MI 48141-2465
 E-mail: dwatson@teameme.com
 Contact: MIKE KELLY Phone: (313) 791 - 2800

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: () -

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Maple Tower Ann Arbor Limited Divd Housing Assoc., LP
 Mailing Address: 727 Miller Ave.
 City/State/Zip: Ann Arbor MI 48103
 E-mail: _____
 Contact: Robert Nickoloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
 Facility Name: Miller Manor
 Location Address/Description: 727 Miller Ave.
 _____ If Apt. # of units: 128
 City/Twp. Ann Arbor State: MI Zip Code: 48103
 County: WASHTENAW Nearest Crossroad: 7th Street
 Size: (sq. ft.) 105000 No. of Floors: 7 Floor No.: 1
 Age: 65 Present Use: Housing Apartments Prior Use: Same
 Specific Location(s) in Facility: Interior Units 4th floor

7. DISPOSAL SITE:
 Name: Carleton Farms Landfill
 Location Address: 28800 Clark Rd.
 City/State/Zip: New Boston MI 48164

8. WASTE TRANSPORTER 1: Environmental Maintenance Engineers 25851 Trowbridge Inkster MI 48141	WASTE TRANSPORTER 2: Republic Services - Wayne 5400 Cogswell Wayne MI 48184 (734)216-824
---	---

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

Calculate LARA Asbestos Project Fee: (1% Project Fee)
 Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:
 Date of Notification: 02/13/2015
 Date of Revision(s): 03/10/2015
 Notification Type Original Revised Canceled Annual
Mark appropriate boxes: (both DEQ and LARA may apply):
DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]
 Planned Renovation - 10 working days notice
 Emergency Renovation
 Scheduled Demolition - 10 working days notice
 Intentional Burn - 10 working days notice
 Ordered Demolition
LARA (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 calendar days notice
 Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	03/16/2015	03/27/2015
+Demolition:	_____	_____
Encapsulation:	_____	_____

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	MO, TU, WE, TH, FR	8a-4:30p
Demolition:	_____	_____
Encapsulation:	_____	_____

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +Include only those dates you are conducting asbestos removal/demo.
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that will not be removed prior to demolition. (NOTE: In a demolition, cementitious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <u>not</u> removed prior to demo.		Units of Measure	
		Category I	Category II	Ln. Ft.	Ln. M.
1250				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) Floor Tile Mastic and Drywall Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe)

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM), Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 04/24/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____
 Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 03/10/2015

Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor Date

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)
 Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee Date

Signature of Asbestos Abatement Contractor Representative Date

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.


18. I certify that the above information is correct:

Michael Kelly 03/10/2015

Printed Name of Owner/Operator Date

Michael Kelly : kellym1991

Signature of Owner/Operator

 03/10/2015

Date

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (B), mail to address below. For more info visit: <http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program
 LARA, CSHD
 P.O. Box 30671
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deq> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
 DEQ, AQD
 P.O. Box 30260
 Lansing, MI 48909-7760

517.241.7463 (Office)
 517.373.7064 (Revision Line)

Wayne County Only

NESHAP Asbestos Program
 Detroit Field Office, DEQ, AQD
 Cadillac Place, Suite 2-300
 3058 West Grand Boulevard
 Detroit, MI 48202

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553C
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
 Mailing Address: 25851 TROWBRIDGE ST
 City/State/Zip: INKSTER MI 48141-2465
 E-mail: dwatson@teameme.com
 Contact: MIKE KELLY Phone: (313) 791 - 2600

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: () - _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Maple Tower Ann Arbor Limited Divd Housing Assoc., LP
 Mailing Address: 727 Miller Ave.
 City/State/Zip: Ann Arbor MI 48103
 E-mail: _____
 Contact: Robert Nickloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
 Facility Name: Miller Manor
 Location Address/Description: 727 Miller Ave.
 _____ If Apt. # of units: 128
 City/Twp. Ann Arbor State: MI Zip Code: 48103
 County: WASHTENAW Nearest Crossroad: 7th Street
 Size: (sq. ft.) 105000 No. of Floors: 7 Floor No.: 1
 Age: 65 Present Use: Housing Apartments Prior Use: Same
 Specific Location(s) in Facility: Interior Units 3rd & 2nd floors

7. DISPOSAL SITE:
 Name: Carleton Farms Landfill
 Location Address: 28800 Clark Rd.
 City/State/Zip: New Boston MI 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster MI 48141	Wayne MI 48184
	(734)216-824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

Calculate LARA Asbestos Project Fee: (1% Project Fee)
 Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:
 Date of Notification: 03/31/2015
 Date of Revision(s): 04/14/2015
 Notification Type Original Revised Canceled Annual
Mark appropriate boxes: (both DEQ and LARA may apply):
DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]
 Planned Renovation - 10 **working** days notice
 Emergency Renovation
 Scheduled Demolition - 10 **working** days notice
 Intentional Burn - 10 **working** days notice
 Ordered Demolition
LARA (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
 Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	<u>04/14/2015</u>	<u>05/08/2015</u>
+Demolition:	_____	_____
Encapsulation:	_____	_____

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week	Work Hours
Asb. Removal:	<u>MO, TU, WE, TH, FR 8a-4:30p</u>
Demolition:	_____
Encapsulation:	_____

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +Include **only** those dates you are conducting asbestos removal/demo.
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

	RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo.		Units of Measure	
			Category I	Category II	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
	<u>2450</u>				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
					<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

<input type="checkbox"/> Piping	<input type="checkbox"/> Fittings	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Tanks(s)
<input type="checkbox"/> Beam(s)	<input type="checkbox"/> Duct(s)	<input type="checkbox"/> Tunnel(s)	<input type="checkbox"/> Ceiling Tile(s)
<input type="checkbox"/> Mag Block	<input checked="" type="checkbox"/> Other (describe) Floor Tile Mastic and Drywall Joint Compound		

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

<input type="checkbox"/> Piping	<input type="checkbox"/> Fittings	<input type="checkbox"/> Boiler(s)	<input type="checkbox"/> Tank(s)
<input type="checkbox"/> Beam(s)	<input type="checkbox"/> Duct(s)	<input type="checkbox"/> Tunnel(s)	<input type="checkbox"/> Ceiling Tile(s)
<input type="checkbox"/> Other (describe)			

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM), Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 04/24/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 04/14/2015

<u>Signature of Owner or Abatement Contractor</u>	<u>Date</u>	<u>Signature of Owner or Demolition Contractor</u>	<u>Date</u>
---	-------------	--	-------------

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)
Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

<u>Signature of Building Owner or Lessee</u>	<u>Date</u>	<u>Signature of Asbestos Abatement Contractor Representative</u>	<u>Date</u>
--	-------------	--	-------------

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

<u>Michael Kelly</u>	<u>04/14/2015</u>	<u>Michael Kelly : kellym1991</u>	<u>04/14/2015</u>
<u>Printed Name of Owner/Operator</u>	<u>Date</u>	<u>Signature of Owner/Operator</u>	<u>Date</u>

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: http://www.michigan.gov/asbestos	For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit http://www.michigan.gov/deg click on Air, then Asbestos NESHAP Program.
MIOSHA Asbestos Program LARA, CSHD P.O. Box 30671 Lansing, MI 48909-8171	All Counties (except Wayne County) NESHAP Asbestos Program DEQ, AQD P.O. Box 30260 Lansing, MI 48909-7760 517.241.7463 (Office) 517.373.7064 (Revision Line)
517.322.1320 (office), 517.322.1713 (fax)	Wayne County Only NESHAP Asbestos Program Detroit Field Office, DEQ, AQD Cadillac Place, Suite 2-300 3058 West Grand Boulevard Detroit, MI 48202

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

Calculate LARA Asbestos Project Fee: (1% Project Fee)

Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:

Date of Notification: 05/06/2015
 Date of Revision(s): 05/29/2015
 Notification Type Original Revised Canceled Annual
Mark appropriate boxes: (both DEQ and LARA may apply):
DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]
 Planned Renovation - 10 **working** days notice
 Emergency Renovation
 Scheduled Demolition - 10 **working** days notice
 Intentional Burn - 10 **working** days notice
 Ordered Demolition
LARA (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
 Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation		
+Asb. Removal	<u>05/20/2015</u>	<u>06/05/2015</u>
+Demolition:		
Encapsulation:		

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>MO, TU, WE, TH, FR</u>	<u>8a-4:30p</u>
Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +Include **only** those dates you are conducting asbestos removal/demo.

Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553E
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
 Mailing Address: 25851 TROWBRIDGE ST
 City/State/Zip: INKSTER MI 48141-2465
 E-mail: dwatson@teameme.com
 Contact: MIKE KELLY Phone: (313) 791 - 2600

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: () - _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Maple Tower Ann Arbor Limited Divd Housing Assoc., LP
 Mailing Address: 727 Miller Ave.
 City/State/Zip: Ann Arbor MI 48103
 E-mail: _____
 Contact: Robert Nickoloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
 Facility Name: Miller Manor
 Location Address/Description: 727 Miller Ave
 _____ If Apt. # of units: 128
 City/Twp. Ann Arbor State: MI Zip Code: 48103
 County: WASHTENAW Nearest Crossroad: 7th Street
 Size: (sq. ft.) 105000 No. of Floors: 7 Floor No.: 1
 Age: 65 Present Use: Housing Apartments Prior Use: Same
 Specific Location(s) in Facility: Interior Units 2nd, 1st floors & Store Rooms

7. DISPOSAL SITE:
 Name: Carleton Farms Landfill
 Location Address: 28800 Clark Rd.
 City/State/Zip: New Boston MI 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster MI 48141	Wayne MI 48184
	(734)216-824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

10. IS ASBESTOS PRESENT?

Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo.		Units of Measure	
		Category I	Category II	Ln. Ft.	Ln. M.
2195				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

One Stop ID: 355563

Previous Doc#: 271749

Doc #: 274996

(continued on reverse side)

Business Name: ENVIRONMENTAL MAINTENANCE ENGINEERS,

Submitter ID: kellym1991

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A)** for Renovation (asbestos removal/encapsulation) and/or **B)** for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) Floor Tile Mastic and Drywall Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Mini enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal,

Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: _____

Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy (PLM),

Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 04/24/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 05/29/2015

Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee Date

Signature of Asbestos Abatement Contractor Representative Date

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

Michael Kelly 05/29/2015
Printed Name of Owner/Operator Date

Michael Kelly : kellym1991 05/29/2015
Signature of Owner/Operator Date

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8)**, mail to address below. For more info visit: <http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program
LARA, CSHD
P.O. Box 30671
Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deg> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
DEQ, AQD
P.O. Box 30260
Lansing, MI 48909-7760

517.241.7463 (Office)
517.373.7064 (Revision Line)

Wayne County Only

NESHAP Asbestos Program
Detroit Field Office, DEQ, AQD
Cadillac Place, Suite 2-300
3058 West Grand Boulevard
Detroit, MI 48202

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553F
 Name: ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
 Mailing Address: 25851 TROWBRIDGE ST
 City/State/Zip: INKSTER MI 48141-2465
 E-mail: dwatson@teameme.com
 Contact: MIKE KELLY Phone: (313) 791 - 2600

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: () - _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: Maple Tower Ann Arbor Limited Divd Housing Assoc., LP
 Mailing Address: 727 Miller Ave.
 City/State/Zip: Ann Arbor MI 48103
 E-mail: _____
 Contact: Robert Nickoloff Phone: (313) 749 - 7692

6. FACILITY DESCRIPTION:
 Facility Name: Miller Manor
 Location Address/Description: 727 Miller Ave
 If Apt. # of units: 128
 City/Twp. Ann Arbor State: MI Zip Code: 48103
 County: WASHTENAW Nearest Crossroad: 7th Street
 Size: (sq. ft.) 105000 No. of Floors: 7 Floor No.: 1
 Age: 65 Present Use: Housing Apartments Prior Use: Same
 Specific Location(s) in Facility: Interior Units 1st floor office & Store Room

7. DISPOSAL SITE:
 Name: Carleton Farms Landfill
 Location Address: 28800 Clark Rd.
 City/State/Zip: New Boston MI 48164

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Environmental Maintenance Engineers	Republic Services - Wayne
25851 Trowbridge	5400 Cogswell
Inkster MI 48141	Wayne MI 48184
	(734)216-.824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

Calculate LARA Asbestos Project Fee: (1% Project Fee)
 Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:
 Date of Notification: 07/08/2015
 Date of Revision(s): _____
 Notification Type Original Revised Canceled Annual
Mark appropriate boxes: (both DEQ and LARA may apply):
DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]
 Planned Renovation - 10 working days notice
 Emergency Renovation
 Scheduled Demolition - 10 working days notice
 Intentional Burn - 10 working days notice
 Ordered Demolition
LARA (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 calendar days notice
 Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	<u>07/27/2015</u>	<u>07/31/2015</u>
+Demolition:	_____	_____
Encapsulation:	_____	_____

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>MO, TU, WE, TH, FR</u>	<u>8a-4:30p</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +include only those dates you are conducting asbestos removal/demo.
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

	RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <u>not</u> removed prior to demo.		Units of Measure	
			Category I	Category II	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
	<u>995</u>				<input checked="" type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
					<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) Floor Tile Mastic and Drywall Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Negative Pressure Containment, Cut into sections and removed, Hand Scraping, Full Enclosure for Ceiling tiles Mini enclosures for cutting out drywall, vent fans & plumbing tie-ins

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: Water spray used to control dust, Place in leak tight containers until proper disposal, Adequately wet material

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: Stop Work, Wet material, Revise notification

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): All suspect materials sampled and analyzed using Polarized Light Microscopy(PLM), Point Counting

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, (313)491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 04/24/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly : kellym1991 07/08/2015

Signature of Owner or Abatement Contractor *Date*

Signature of Owner or Demolition Contractor *Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)
Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee *Date*

Signature of Asbestos Abatement Contractor Representative *Date*

NOTE: It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

Michael Kelly 07/08/2015

Printed Name of Owner/Operator *Date*

Michael Kelly : kellym1991 

Signature of Owner/Operator

07/08/2015

Date

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: <http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program
 LARA, CSHD
 P.O. Box 30671
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deg> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
 DEQ, AQD
 P.O. Box 30260
 Lansing, MI 48909-7760

517.241.7463 (Office)
 517.373.7064 (Revision Line)

Wayne County Only

NESHAP Asbestos Program
 Detroit Field Office, DEQ, AQD
 Cadillac Place, Suite 2-300
 3058 West Grand Boulevard
 Detroit, MI 48202



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S 11/3/14** Job #: **14-5536**
 Week Ending Date: **11/9/14** Job Name: **Norstar AAHC**
 Truck #/Driver: **36/MATT** **(ACM) Mold / Lead / Other**
 Work Area: **713, 714 & 715 Miller Manor**
Kitchens & Bathrooms

Daily Construction Report

General Work Description:	The type of abatement-conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **Acc** Visual/Testing: **Accreditation Number:**

Representative Name: **Comments: Removed VAT: Contained Mastic. Hcpa vacbed Whole Room**

Employee Name	Accred. #	Class	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
MATT Kelly	A34636	S	700	1200	1230	600	10 1/2	<i>[Signature]</i>
Danny Carvalho	A39854	W	800	1200	1230	430	8	<i>[Signature]</i>
Michael v. Hale	A40612	W	800	1200	1230	430	8	<i>[Signature]</i>
Antjuan Browder	A45793	W	800	1200	1230	430	8	<i>[Signature]</i>

Safety Issues: Grinder Saffty, electrical Saffty.	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---			
	3 Bags		<input checked="" type="checkbox"/>		Status of Job
	3 Drums				Project On-going - someone to return
					Note:
					Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: *[Signature]*



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 #: **14-553 B**
 Week Ending Date: **11/19/14** Job Name: **Norstar MAHC**
 Truck #/Driver: **36/mazzu** ACM Mold Lead Other

Daily Construction Report

Work Area: **Dumpster In**
packu bt Miller Manor

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																							
<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input 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Consultant Firm: _____ Visual/Testing: _____
 Representative Name: _____ Accreditation Number: _____

Comments: **Removed All VAT & ACM Waste From Norstar Dumpster**

Employee Name	Accred. #	Class	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<i>Matt Cheng</i>	<i>A-22225</i>	<i>J</i>	<i>800</i>	<i>1200</i>	<i>1230</i>	<i>430</i>	<i>8</i>	<i>[Signature]</i>
<i>Mike Perez</i>	<i>A-52487</i>	<i>W</i>	<i>800</i>	<i>1200</i>	<i>1230</i>	<i>430</i>	<i>8</i>	<i>[Signature]</i>

Safety Issues: load out ? Hand Safety	Asbestos Waste	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	Status of Job		
	Bags 3	Project On-going - someone to return		
	Drums 7	Note:		
	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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 11/4/14** Job #: **14-553 B**
 Week Ending Date: **11/9/14** Job Name: **NORSTAR AAHL**
 Truck #/Driver: **30/MATT K** **ACM** Mold / Lead / Other
 Work Area: **710 711 715 716**

Daily Construction Report

Kitchen: Baths Miller Manic

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **Acc** Visual/Testing:
 Representative Name: **MATT** Accreditation Number:

Comments: **Removed VAT ? Grinded Mastic**

Employee Name	Accred. #	Class	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
MATT Kelly	A34636	S	700	1200	1230	530	10	<i>[Signature]</i>
Danny Carvalho	A39856	W	800	1200	1230	530	9	<i>[Signature]</i>
JOE MICHAELS	A44626	W	800	1200	1230	530	9	<i>[Signature]</i>
Zachary Bess	A44677	W	800	1200	1230	530	9	<i>[Signature]</i>

Safety Issues: Grinder ? Electrical	Asbestos Waste	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
Safety	---Friable---	---Non-Friable---	Status of Job	
	6 Bags		<input checked="" type="checkbox"/> Project On-going - someone to return	
	4 Drums		Note:	
			<input type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: **S M T W T F S 11/15/14** Job #: **14-553 B**
 Week Ending Date: **11/19/14** Job Name: **Norstar AAHL**
 Truck #/Driver: **36/Matt K** **(ACM)** Mold / Lead / Other
 Work Area: **7th floor**

Daily Construction Report

Kitchen ? BATHS Miller Manor

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave <input checked="" type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **Acc** Visual/Testing:
 Representative Name: **Matt** Accreditation Number:

Comments: **Grind out mastic and removed all VAT**

Employee Name	Accred. #	Class	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Matt Kelly	A34636	S	700	1200	1230	530	10	<i>[Signature]</i>
Matt Cherry	A-22225	S	800	200	1230	430	8	<i>[Signature]</i>
Mike Perez	A32487	W	800	1200	1230	530	9	<i>[Signature]</i>
Danny Carvalho	A39856	W	800	1200	1230	530	9	<i>[Signature]</i>

Safety Issues: Grinder Salty	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job		
	7 Bags		<input checked="" type="checkbox"/>	Project On-going - someone to return	
	4 Drums		Note:		
			<input checked="" type="checkbox"/>	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: **SMTWTF S 11-6-11** Job #: **14-553 B**
 Week Ending Date: **11-9-11** Job Name: **Norstar**
 Truck #/Driver: **30 mclary** ACM / Mold / Lead / Other
 Work Area: **7th floor - AAHC - Maple Towers Miller Manor**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines 4
Half-Face/Full-Face/PAPR's	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AOC MATT** Visual/Testing: **Air Samples 16 clearance**
 Representative Name: **MATT** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Martinez	A22275	S	7:00	11:00	12:30	5:30	10	[Signature]
Mike Perez	A-32887	W	8:00	11:00	12:30	4:30	8	[Signature]
Anthony Brando	X45793	W	8:00	11:00	12:30	4:30	8	[Signature]
Drew Garza	A45727	W	8:00	11:00	12:30	4:30	8	[Signature]

Safety Issues:	Asbestos Waste		<input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job
	Bags 10	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return
	Drums	Drums	Note:
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: **[Signature]**



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Today's Date/Day: **SMTWTFS 11-7-14** Job #: **14-553 B**
 Week Ending Date: **11-9-14** Job Name: **NYSER**
 Truck #/Driver: **36 mChery** ACM / Mold / Lead / Other
 Work Area: **7th Floor - AATC - Made Towers**
Miller Manor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair <input checked="" type="checkbox"/>	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> # of Neg. Air Machines
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Lidizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety in Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **Acc** Visual/Testing: **A.i sample / clearance**
 Representative Name: **Mont** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Matthew	A-2225	S	7:00	12:00	12:30	5:30	1.0	Matthew
Mike Pacer	A-3247	W	8:00	12:00	12:30	5:00	8.5	Mike Pacer
Arturo Browder	A45793	W	8:00	12:00	12:30	3:00	8.5	Arturo Browder
Drew Garza	A45727	W	8:00	12:00	12:30	3:00	1.5	Drew Garza

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	10	Bags	<input checked="" type="checkbox"/> 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: **[Handwritten Signature]**



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Today's Date/Day:
S M T W T F S 11-10-14

Job #: 14-553B

Week Ending Date:
11-17-14

Job Name:
Nistar Building Corp

Truck #/Driver:
43-mchery

ACM / Mold / Lead / Other

Work Area:
6th + 7th floor - AAHC - Maple
Miller Manor Tower 5

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <u>Sinks</u> <input checked="" type="checkbox"/>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <u>6</u>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AEC Visual/Testing: Air samples
 Representative Name: Matt Accreditation Number:

Comments: All sinks removed from 7th floor

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <u>Matt Chery</u>	<u>A-22225</u>	<u>S</u>	<u>700</u>	<u>1200</u>	<u>1230</u>	<u>530</u>	<u>10</u>	<u>[Signature]</u>
<u>Chris Trogdon</u>	<u>A36314</u>	<u>W</u>	<u>800</u>	<u>1200</u>	<u>1230</u>	<u>500</u>	<u>8.5</u>	<u>[Signature]</u>
<u>Matt Kelly</u>	<u>A34636</u>	<u>W</u>	<u>800</u>	<u>1200</u>	<u>1230</u>	<u>500</u>	<u>8.5</u>	<u>[Signature]</u>
<u>Drew Grafz</u>	<u>A45727</u>	<u>W</u>	<u>800</u>	<u>1200</u>	<u>1230</u>	<u>500</u>	<u>8.5</u>	<u>[Signature]</u>

Safety Issues:	Asbestos Waste	Dumpster	Onsite
	---Friable---	<input checked="" type="checkbox"/> EME	
	Bags	Status of Job	
	Drums	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Bundles	Note: Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: [Signature]



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Today's Date/Day: **S M T W T F S 11-11-14** Job #: **14-553B**
 Week Ending Date: **11-17-14** Job Name: **Miller Manor Building Corp**
 Truck #/Driver: **43-mchery** **ACM / Mold / Lead / Other**
 Work Area: **6th Floor - AAHC - Maple Towers**
Miller Manor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input checked="" type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing: **Air Samples / Clearance**
 Representative Name: **Matt** 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 Chery	A22225	S	700	1000	1130	1230	8.5	<i>[Signature]</i>
Matt Kelly	A34626	W	800	1230	100	430	8	<i>[Signature]</i>
Chris Tregburn	A36314	W	800	1230	100	430	8	<i>[Signature]</i>
Drew Garza	A45727	W	800	1230	100	430	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---		Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> 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: _____



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Today's Date/Day: S M T **(W)** T F S 11-12-14

Job #: 14-553B

Week Ending Date: 11-17-14

Job Name: Norster Building Corp

Truck #/Driver: 33-mchee

ACM / Mold / Lead / Other

Work Area: 6th floor - AATC - Maple Towers

Miller Manor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety in Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AEC

Visual/Testing: Air samples/clearance

Representative Name: LANCE

Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <i>Matchey</i>	A-22225	S	700	1200	1230	530	10	<i>[Signature]</i>
<i>Chris Trejban</i>	A36314	W	800	1200	1230	430	8	<i>[Signature]</i>
<i>A. Pfski</i>	A25587	W	800	1200	1230	430	8	<i>[Signature]</i>
<i>Drew Garza</i>	A45727	W	800	1200	1230	430	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite
	~Friable~	~Non-Friable~
	Bags 24	Bags <input checked="" type="checkbox"/> Project On-going - someone to return
	Drums 7	Drums Note:
	Bundles	Bundles Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S M T W T F S 11-13-14
 Week Ending Date: 11-17-14
 Truck #/Driver: 53-Mchaezy

Job #: 14-553 B
 Job Name: Norster Building Corp
 ACM / Mold / Lead / Other

Work Area: 6th Floor / 7th Floor (Bathrooms) AATC

Daily Construction Report

Miller Manor Made Towers

General Work Description:			The type of abatement conducted:			Set-up procedures conducted:		
Y	N	n/a	Y	N	n/a	Y	N	n/a
ACM Pipe/Fitting			Removal	X		Signs/Banner Tape	X	
ACM Boiler/Tanks/Breeching			Encapsulation			Criticals Set-up	X	
ACM Acoustical Ceiling			Patch/Repair			Full/Mini Enclosure	X	
ACM Ceiling Tiles/Glue Pods			Glove-bag Removal			Plywood 2"x4" Structures	X	
VAT Mastic Carpet	X		Enclosure	X		AFD's Set-up Vented	X	
Transite Siding/			Removal/Replacement			Isolation of HVAC system	X	
Insulation/Vermiculite			LBP Removal Chemical			Poly Walls Floors Drops	X	
Lead Based Paint			LBP HEPA Power Tools			Portable/Full Decon Chamber		
Mold Remediation			Dry Ice Blasting			Water System Set-up	X	
Industrial/Universal Waste			Aggressive Hand Cleaning	X		Electric GFCI's/Temp. Panel	X	
Other			Selective Demolition			Scaffold/Bakers/5'x7'/Manlift	X	

Personal protective equipment:			Clean-up activities:			Inspections:		
Y	N	n/a	Y	N	n/a	Y	N	n/a
Respiratory protection	X		Gross/Final Clean-up	X		# of Neg. Air Machines	6	
Half-Face/Full-Face/PAPR's	X		Load Out Activities	X		Barriers Intact And Sound	X	
Disposable Suits	X		Surfactants/Ledizolv			DECON/Shower Inspection		
Steel Toe/Rubber Boots	X		Wet Methods IAQ Shockwave			Employee PPE Used	X	
Gloves Rubber/Cotton	X		HEPA Vacuum Sequence	X		Electrical Safety In Place	X	
Safety Glasses/Full Face	X		All Equip./Tools Cleaned	X		OSHA Inspection Site Review		
Hard hats/Hearing Protection			Final Lockdown	X		Consultant/EME Monitoring	X	
Fall Protection			Work Area Teardown	X		Consultant/Supervisor Visual	X	
Scaffold Safety Rails/Manlift			Final Worksite Walk-Thru	X		Personnel Decontaminated	X	
						Work Area Inspected/Secure	X	

Consultant Firm: AEC Visual/Testing: Air Samples/Clearance
 Representative Name: LANCE Accreditation Number:

Comments: Worked on 7th floor today - removed tile/mastic were toilers were removed

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Matt Chaezy	A-22225	S	700	1230	100	530	10	
Chris Traskow	A-36314	W	800	1230	100	430	8	
A. P. TRAK	A-25597	W	800	1230	100	430	8	
DREW GARZA	A-45727	W	730	1230	100	430	8.5	

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---		Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> 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:



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Today's Date/Day: **S M T W T F S 11-14-14**
Week Ending Date: **11-17-14**
Truck #/Driver: **34-Matthew**
Work Area: **Garage / AATE - Maple Towns**

Job #: **14-553B**
Job Name: **Norstar Building corp**
ACM / Mold / Lead / Other

Daily Construction Report

Miller Manor

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input checked="" type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing: **Air samples / clearance**
 Representative Name: **Matt R** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Matthew	A-2225	S	7:00	1:00	1:30	3:30	8.5	<i>[Signature]</i>
A. Pak	A25587	L	8:00	12:30	1:00	4:30	8	<i>[Signature]</i>
Drew Garza	A45727	L	8:00	12:30	1:00	5:00	8.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Dumpster <input type="checkbox"/> EME <input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job <input checked="" type="checkbox"/> Project On-going - someone to return Note: <input type="checkbox"/> Complete - no one will need to return
	Bags	10	
	Drums	5	
	Bundles		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: S M T W T F S 11-20-14	Job #: 14-553
Week Ending Date: 11-23-14	Job Name: Abraxas Building Corp
Truck #/Driver: 36 - mcheney	ACM / Mold / Lead / Other
Work Area: 6th floor - AARC - Miller Manor 727 Miller Ave, Ann Arbor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breaching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: Acc Visual/Testing: Air samples / clearance
 Representative Name: Loose Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: <u>Matt Cheney</u>	<u>A12225</u>	<u>S</u>	<u>700</u>	<u>1200</u>	<u>1230</u>	<u>530</u>	<u>10</u>	<u>[Signature]</u>
<u>Danny Carvalho</u>	<u>A39856</u>	<u>W</u>	<u>800</u>	<u>1200</u>	<u>1230</u>	<u>430</u>	<u>8</u>	<u>[Signature]</u>
<u>Drew Garza</u>		<u>W</u>	<u>100</u>	<u>1200</u>	<u>1230</u>	<u>430</u>	<u>8</u>	
<u>Derrick Little</u>		<u>W</u>	<u>800</u>	<u>1200</u>	<u>1230</u>	<u>430</u>	<u>8</u>	

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> 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: _____



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Today's Date/Day: S M T W T F S 11-21-14	Job #: 14-553
Week Ending Date: 11-23-14	Job Name: Norsor Building Corp
Truck #/Driver: 36-mchery	ACM / Mold / Lead / Other
Work Area: 6th / 7th floor - AAHC Miller Manor 727 Miller Ave, Ann Arbor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal <input checked="" type="checkbox"/>	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other Drywall <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines 4 <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety in Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AEC
 Representative Name: Kevin
 Visual/Testing: Air samples / Clearance
 Accreditation Number:

Comments: removed Drywall on 7th floor in bathrooms

Employee Name	Accred. #	Class	Time S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:									
Supervisor: M. Matchery	A22225	S	800	1200	1230	530	10		<i>[Signature]</i>
A. Ptak	A25587	W	800	1200	1230	500	8.5		<i>[Signature]</i>
Chris Treglan	ABC314	W	800	1200	1230	500	8.5		<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---			
	8 Bags	10 Bags	<input checked="" type="checkbox"/>		Status of Job
	Drums	3 Drums			Project On-going - someone to return
	Bundles	Bundles			Note: Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: _____



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Today's Date/Day:
S M T W T F S 11-24-14
Week Ending Date:
11-30-14
Truck #/Driver:
36-mchery

Job #: 14-553
Job Name: Miller
Abrstar - Manor
ACM / Mold / Lead / Other

Work Area:
6th floor - 727 Miller Ave
Ann Arbor, MI 48103

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pads	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: AEC
Representative Name: Lance
Visual/Testing: Air samples / clearance
Accreditation Number:

Comments: Started Drywall removal on 6th floor Bathrooms - Cont. Flooring

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	7:00	12:00	12:30	5:30	10	<i>Matt Cherry</i>
Chris Trogian		W	8:00	12:00	12:30	4:30	8	<i>Chris Trogian</i>
A Ptak	A25587	L	8:00	12:00	12:30	4:30	8	<i>A Ptak</i>
Matt Kelly	A34636	L	8:00	12:00	12:30	4:30	8	<i>Matt Kelly</i>

Safety Issues:	Asbestos Waste	Dumpster	Onsite										
	<table border="1"> <tr> <th>~Friable~</th> <th>~Non-Friable~</th> </tr> <tr> <td>4 Bags</td> <td>3 Bags</td> </tr> <tr> <td></td> <td>10 Drums</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	~Friable~	~Non-Friable~	4 Bags	3 Bags		10 Drums					<input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite	Status of Job
~Friable~	~Non-Friable~												
4 Bags	3 Bags												
	10 Drums												
		<input checked="" type="checkbox"/> Project On-going - someone to return <input type="checkbox"/> Complete - no one will need to return	Note:										

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
Signature: *Matt Cherry*



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Today's Date/Day: S M <u>W</u> T F S 11-25-14	Job #: 14-553
Week Ending Date: 11-30-14	Job Name: Miller Narstar - Manor
Truck #/Driver: 36-Mcherey	ACM / Mold / Lead / Other
Work Area: 6th floor - 727 Miller Ave Ann Arbor MI 48103	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Peds	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety in Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing: Air samples / clearance
 Representative Name: Lance Accreditation Number:

Comments: Finished Available Drywall Areas - Loaded equipment - EME to return →

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Mart Chery	A22225	S	6:30	12:00	1:30	5:00	10	<i>[Signature]</i>
Matt Kelly	A34636	W	7:30	12:00	1:30	4:00	9	<i>[Signature]</i>
A. Pfab	A25587	W	7:30	12:00	1:30	4:00	9	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite											
	<table border="1"> <tr> <th>~Friable~</th> <th>~Non-Friable~</th> </tr> <tr> <td>8 Bags</td> <td>2 Bags</td> </tr> <tr> <td>Drums</td> <td>5 Drums</td> </tr> <tr> <td>Bundles</td> <td>Bundles</td> </tr> </table>	~Friable~	~Non-Friable~	8 Bags	2 Bags	Drums	5 Drums	Bundles	Bundles	<table border="1"> <tr> <th>Status of Job</th> </tr> <tr> <td><input checked="" type="checkbox"/> Project On-going - someone to return</td> </tr> <tr> <td><input type="checkbox"/> Complete - no one will need to return</td> </tr> </table>	Status of Job	<input checked="" type="checkbox"/> Project On-going - someone to return	<input type="checkbox"/> Complete - no one will need to return
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**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: **SMTWTFSS 12-8-14** Job #: **14-553**
 Week Ending Date: **12-14-14** Job Name: **Miller Norstar - Mand**
 Truck #/Driver: **36-mchenry** **ACM / Mold / Lead / Other**
 Work Area: **6th floor - 727 Miller Ave, Ann Arbor MI**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																				
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Consultant Firm: **AEC** Visual/Testing: **Air samples / clearance**
 Representative Name: _____ Accreditation Number: _____

Comments: **Drywall spots and Mastic and tile where tiles removed**

Employee Name	Accred. #	Class	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> Matt Cheney	A-22225	S	630	1200	1270	500	10	<i>[Signature]</i>
A. P. take	A 25587	W	730	1200	1230	400	8	<i>[Signature]</i>
Chris Treslow	A36314	W	730	1200	1230	400	8	<i>[Signature]</i>

Safety Issues: _____

Asbestos Waste	<input checked="" type="checkbox"/> Friable	<input checked="" type="checkbox"/> Non-Friable	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
Status of Job			Project On-going - someone to return		
6	Bags	11	Drums	Note:	
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I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: _____



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Today's Date/Day: **S M T W T F S 12-9-14**

Job #: **14-553**

Week Ending Date: **12-14-14**

Job Name: **Norstar - Miller Manor**

Truck #/Driver: **36-Mcherey**

ACM / Mold / Lead / Other

Work Area: **6th Floor - 727 Milwaukee Ave**

Ann Arbor MI

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Consultant Firm: **Aec** Visual/Testing: **Aec samples / clearance**
 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 Cherey	A-2225	S	630	1200	1230	500	10	<i>[Signature]</i>
Chris Tregloan	A36314	W	730	1100	1230	400	8	<i>[Signature]</i>
A. Ptak	A25587	W	730	1200	1230	400	8	<i>[Signature]</i>

Safety Issues:

Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
---Friable---	---Non-Friable---	Status of Job	
Bags 1	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
Drums 2	Drums	Note:	
Bundles	Bundles	<input type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: _____



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T (W) T F S 12-10-14**

Job #: **14-553**

Week Ending Date: **12-14-14**

Job Name: **North Star - Milk Room**

Truck #/Driver: **36 - Mchery**

ACM Mold Lead Other

Work Area: **6th Floor - 727 Milk Ave**

Am Arbor ME

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other Sinks <input checked="" type="checkbox"/>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>

Consultant Firm: **ACC** Visual/Testing: **Air Samples / Clearance**
 Representative Name: **Lance** Accreditation Number:

Comments: **EME had a delay in morning - Plumber needed to do some work before ->**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Mchery	A22225	S	630	1200	1230	320	10	<i>[Signature]</i>
Chris Tregburn	A36314	L	730	1200	1230	400	8	<i>[Signature]</i>
A. Ptak	A25587	L	730	1200	1230	400	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/> EME	Onsite
	---Friable---	Status of Job	
	Bags 5	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums 2	Note:	
	Bundles	<input checked="" type="checkbox"/> 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: **12-11-14** Job #: **14-553**
 Week Ending Date: **12-14-14** Job Name: **Inkster - Miller Main**
 Truck #/Driver: **36 McHenry** **ACM / Mold / Lead / Other**
 Work Area: **6th Floor - 727 Miller Ave**
Ann Arbor MI

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustic Ceiling <input checked="" type="checkbox"/>	Patch/Repair <input type="checkbox"/>	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal <input type="checkbox"/>	Plywood 2"x4" Structures <input type="checkbox"/>
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input type="checkbox"/>
Transite Siding/	Removal/Replacement <input type="checkbox"/>	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical <input type="checkbox"/>	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting <input type="checkbox"/>	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input type="checkbox"/>
Other	Selective Demolition <input type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift <input type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines 2
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave <input type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input type="checkbox"/>
Hard hats/Hearing Protection <input type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection <input type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **ACC** Visual/Testing: **As Samples / Clean**
 Representative Name: **Lance** Accreditation Number:

Comments: **Completed Dry wall removal, Tile/Mastic, and SURFS - we had to go back ->**

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor Matt Chong	A22225	S	6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
A. Ptak	A25587	W	7:30	12:00	12:00	4:00	3	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster <input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite <input type="checkbox"/>
	---Friable---	---Non-Friable---	Status of Job
	Bags 6	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return
	Drums	Drums	Note:
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: *[Signature]*



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 1-27-15	Job #: 14-553
Week Ending Date: 2-1-15	Job Name: NORSTAR
Truck #/Driver: 34-Michael	ACM / Mold / Lead / Other
Work Area: 5th Floor / 6th Floor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
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Consultant Firm: *ACC SCFFS* Visual/Testing: *Ar chance*
 Representative Name: *SCFFS* Accreditation Number:

Comments: *Removed Drywell on 6th floor - unboxed equipment - mobilized to 5th*

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor: Matt cheng</i>	<i>A-22225</i>	<i>5</i>	<i>6:30</i>	<i>12:00</i>	<i>12:00</i>	<i>4:30</i>	<i>9.5</i>	<i>[Signature]</i>
<i>A. Phik</i>	<i>A-25587</i>	<i>6</i>	<i>7:30</i>	<i>12:00</i>	<i>12:00</i>	<i>4:00</i>	<i>8</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job	
	1 Bags	2 Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W TF S 1-29-15	Job #: 14-553
Week Ending Date: 2-1-15	Job Name: Norstar
Truck #/Driver: 95 Mcheney	ACM / Mold / Lead / Other
Work Area: 5th Floor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **ACC** Visual/Testing: **Air Samples**
 Representative Name: **Matt R** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Martcheny	A-2225	S	630	1200	1230	430	9.5	[Signature]
A. Ptak	A25587	W	730	1200	1230	400	8	[Signature]
JOE MICHAELS	A44626	W	730	1200	1230	400	8	[Signature]
Chris Treglown	A36314	W	730	1200	1230	400	8	[Signature]

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/>	Project On-going - someone to return	
	Drums	Drums	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: _____



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S M T W T F S 1-30-15	Job #: 14-553
Week Ending Date: 2-1-15	Job Name: Norstar
Truck #/Driver: pukol - Chris T	ACM / Mold / Lead / Other
Work Area: 5th Floor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: ACC Representative Name: Mgt R Visual/Testing: Air Samples / Clearance Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptaic	A-25587	S	700	1200	1230	400	8.5	
Joe Michaels	A-44626	W	730	1200	1230	400	8	
Chris Taylor	A-36314	W	630	1200	1230	430	9.5	

Safety Issues:	Asbestos Waste	Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	~Friable~	~Non-Friable~	Status of Job	
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input type="checkbox"/> 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
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ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S M <u>T</u> W T F S <u>2-3-15</u>	Job #: <u>14-553</u>
Week Ending Date: <u>2-8-15</u>	Job Name: <u>A/D: 502</u>
Truck #/Driver: <u>35-Mchery</u>	<input checked="" type="checkbox"/> ACM / <input type="checkbox"/> Mold / <input type="checkbox"/> Lead / <input type="checkbox"/> Other
Work Area: <u>5th Floor - 502, 503, 504</u>	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <u>Drywall</u> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	<u>4</u> # of Neg. Air Machines
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety in Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AEC Visual/Testing: Air samples / clearance
 Representative Name: Matt Rodgers Accreditation Number:

Comments: Cont - Floor Tile / Mastic - Drywall removal

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<u>Matt Chery</u>	<u>A-22225</u>	<u>S</u>	<u>630</u>	<u>1200</u>	<u>1230</u>	<u>500</u>	<u>10</u>	<u>[Signature]</u>
<u>Chris Treglow</u>	<u>A36314</u>	<u>IN</u>	<u>730</u>	<u>1200</u>	<u>1230</u>	<u>410</u>	<u>8</u>	<u>[Signature]</u>
<u>Andrew Ptak</u>	<u>A25587</u>	<u>IN</u>	<u>730</u>	<u>1201</u>	<u>1230</u>	<u>410</u>	<u>8</u>	<u>[Signature]</u>

Safety Issues:	Asbestos Waste	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job	
	Bags <u>8</u>	Bags <input checked="" type="checkbox"/>	Project On-going - someone to return	
	Drums <u>5</u>	Drums <input type="checkbox"/>	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: _____



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S M T W T F S 2-4-15	Job #: 14-553
Week Ending Date: 2-8-15	Job Name: A/Inkster
Truck #/Driver: 35-mchery	ACM / Mold / Lead / Other
Work Area: 5th floor - 503, 504, 505	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: *AEC* Visual/Testing: *Arsomus / Cleland*
 Representative Name: *Matt Rogers* Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<i>Matthery</i>	<i>A-22225</i>	<i>S</i>	<i>630</i>	<i>1200</i>	<i>1230</i>	<i>500</i>	<i>10</i>	<i>[Signature]</i>
<i>A. Prak</i>	<i>A25587</i>	<i>w</i>	<i>730</i>	<i>1200</i>	<i>1230</i>	<i>430</i>	<i>8.5</i>	<i>[Signature]</i>
<i>Chris Treglown</i>	<i>A36314</i>	<i>w</i>	<i>730</i>	<i>1200</i>	<i>1230</i>	<i>430</i>	<i>8.5</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	/ EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	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: _____



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Today's Date/Day: S M T W T F S 2-5-15	Job #: 14-553
Week Ending Date: 2-8-15	Job Name: Alustal
Truck #/Driver: 33 Treglown	ACM Mold / Lead / Other
Work Area: 5th floor 505 506 507	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC
 Representative Name: Matt Rodgers
 Visual/Testing: A.S. samples/cleaned
 Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	11:30	12:00	4:00	9	[Signature]
Chris Treglown	A36314		6:30	11:30	12:00	5:00	10	[Signature]
JOE MICHAELS	A44626		7:30	11:30	12:00	4:00	8	[Signature]

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



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Today's Date/Day: S M T W T F S 2-6-15	Job #: 14-553
Week Ending Date: 2-8-15	Job Name: Moister
Truck #/Driver: 35 - Treglown	ACM / Mold / Lead / Other
Work Area: 5th floor 506 507 508 509	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	4 # of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety in Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Representative Name: **Matt Rodgers** 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
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptak	A25587		7:30	12:30	12:00	5:00	9	<i>Andrew Ptak</i>
Chris Treglown	A35314		6:30	11:30	12:00	5:00	10	<i>Chris Treglown</i>
Joe Michaels	A44626		7:30	11:30	12:00	4:00	8	<i>Joe Michaels</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	15	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	4	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> 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*



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 2-9-15	Job #: 14-553
Week Ending Date: 2-15-15	Job Name: Norstar
Truck #/Driver: 35 - Treglown	ACM Mold / Lead / Other
Work Area: 5 th floor Rooms 508, 509, 510	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures completed:																																																																																																																																				
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Consultant Firm: *AFC* Representative Name: *Matt Rodgers* Visual/Testing: *Air/clearance* Accreditation Number: _____

Comments: _____

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	12:00	12:30	5:00	10	<i>Andrew Ptak</i>
Chris Treglown	A36314		6:30	12:00	12:30	5:00	10	<i>Chris Treglown</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>Joe Michaels</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Andrew Ptak*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **SMTWTFSS** 2-10-15 Job #: **14-553**
 Week Ending Date: **2-15-15** Job Name: **Asbestos**
 Truck #/Driver: **35-Treglow** **ACM / Mold / Lead / Other**
 Work Area: **5th floor 510, 511, 512**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry Wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal Protective Equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing: **Air/Clearence**
 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
<i>Project Manager:</i>								
<i>Supervisor:</i> A Ptak	A25587		6:30	12:00	12:30	3:30	8.5	<i>Andrew</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	3:30	2.5	<i>Joe</i>
Chris Treglow	A35314		6:30	12:00	12:30	3:30	8.5	<i>Chris</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/>	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*



**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 2-10-15** Job #: **14 553**
 Week Ending Date: **2-15-15** Job Name: **Novak 6**
 Truck #/Driver: **35 Tregloun** **(ACM)** Mold / Lead / Other
 Work Area: **Kitchen Room 608**

Daily Construction Report

General Work Description:			The type of abatement conducted:			Set-up procedures conducted:		
Y	N	n/a	Y	N	n/a	Y	N	n/a
ACM Pipe/Fitting			Removal	<input checked="" type="checkbox"/>		Signs/Banner Tape	<input checked="" type="checkbox"/>	
ACM Boiler/Tanks/Breeching			Encapsulation	<input checked="" type="checkbox"/>		Criticals Set-up	<input checked="" type="checkbox"/>	
ACM Acoustical Ceiling			Patch/Repair			Full/Mini Enclosure	<input checked="" type="checkbox"/>	
ACM Ceiling Tiles/Glue Pods			Glove-bag Removal			Plywood 2"x4" Structures		
VAT Mastic Carpet			Enclosure	<input checked="" type="checkbox"/>		AFD's Set-up Vented	<input checked="" type="checkbox"/>	
Transite Siding/			Removal/Replacement			Isolation of HVAC system	<input checked="" type="checkbox"/>	
Insulation/Vermiculite			LBP Removal Chemical			Poly Walls Floors Drops	<input checked="" type="checkbox"/>	
Lead Based Paint			LBP HEPA Power Tools			Portable/Full Decon Chamber	<input checked="" type="checkbox"/>	
Mold Remediation			Dry Ice Blasting			Water System Set-up	<input checked="" type="checkbox"/>	
Industrial/Universal Waste			Aggressive Hand Cleaning			Electric GFCI's/Temp. Panel	<input checked="" type="checkbox"/>	
Other Asbestos	<input checked="" type="checkbox"/>		Selective Demolition	<input checked="" type="checkbox"/>		Scaffold/Bakers/5'x7'/Manlift		
Personal Protective Equipment:			Clean-up activities:			Inspections:		
Y	N	n/a	Y	N	n/a	Y	N	n/a
Respiratory protection	<input checked="" type="checkbox"/>		Gross/Final Clean-up	<input checked="" type="checkbox"/>		# of Neg. Air Machines		
Half-Face/Full-Face/PAPR's	<input checked="" type="checkbox"/>		Load Out Activities	<input checked="" type="checkbox"/>		Barriers Intact And Sound	<input checked="" type="checkbox"/>	
Disposable Suits	<input checked="" type="checkbox"/>		Surfactants/Ledizolv			DECON/Shower Inspection	<input checked="" type="checkbox"/>	
Steel Toe/Rubber Boots	<input checked="" type="checkbox"/>		Wet Methods IAQ Shockwave			Employee PPE Used	<input checked="" type="checkbox"/>	
Gloves Rubber/Cotton	<input checked="" type="checkbox"/>		HEPA Vacuum Sequence	<input checked="" type="checkbox"/>		Electrical Safety In Place	<input checked="" type="checkbox"/>	
Safety Glasses/Full Face	<input checked="" type="checkbox"/>		All Equip./Tools Cleaned	<input checked="" type="checkbox"/>		OSHA Inspection Site Review		
Hard hats/Hearing Protection	<input checked="" type="checkbox"/>		Final Lockdown	<input checked="" type="checkbox"/>		Consultant/EME Monitoring	<input checked="" type="checkbox"/>	
Fall Protection			Work Area Teardown	<input checked="" type="checkbox"/>		Consultant/Supervisor Visual	<input checked="" type="checkbox"/>	
Scaffold Safety Rails/Manlift			Final Worksite Walk-Thru	<input checked="" type="checkbox"/>		Personnel Decontaminated	<input checked="" type="checkbox"/>	

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
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptak	A25587		3:30	5:30			2	<i>[Signature]</i>
JOE MICHAELS	A44626		3:30	5:30			2	<i>[Signature]</i>
Chris Tregloun	A36314		3:30	6:30			3	<i>[Signature]</i>

Safety Issues:

Asbestos Waste		Dumpster	EME	Onsite
---Friable---	---Non-Friable---	Status of Job		
Bags	2	Bags	<input checked="" type="checkbox"/>	Project On-going - someone to return
Drums	3	Drums		<i>Note:</i>
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 [Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **2-11-15** Job #: **14553**
 Week Ending Date: **2-15-15** Job Name: **Norstar**
 Truck #/Driver: **35 - Treglown** **ACM** / Mold / Lead / Other
 Work Area: **5th floor Rooms 511, 512, 515, 517**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>dry wall</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Final site conditions:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AFC** 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:								
<i>A. Pfale</i>	<i>A 25587</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>5:00</i>	<i>10</i>	<i>Anders</i>
<i>JOE MICHAELS</i>	<i>A44626</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>Joe Michaels</i>
<i>Anthony Conley</i>	<i>A44625</i>	<i>W</i>	<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>Anthony Conley</i>
<i>Chris Treglown</i>	<i>A36314</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>5:00</i>	<i>10</i>	<i>Chris Treglown</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~ Non-Friable ~			
	Bags	<i>9</i>	Bags	Status of Job	
	Drums	<i>5</i>	Drums	Project On-going - someone to return	
	Bundles		Bundles	Note:	
				Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Anders*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W **TF** S 2/12-13
 Job #: 14-553
 Week Ending Date: 2-15-15
 Job Name: *Naestel*
 Truck #/Driver: 35/Treglow
 (ACM) Mold / Lead / Other
 Work Area: 6th Floor Kitchen 601, 602
 603, 604

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td>ACM Pipe/Fitting</td><td></td><td></td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td></td><td></td></tr> <tr><td>Transite Siding/</td><td></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td></tr> <tr><td>Other <i>Personal</i></td><td><input checked="" type="checkbox"/></td><td></td></tr> </table>	Y	N	n/a	ACM Pipe/Fitting			ACM Boiler/Tanks/Breeching			ACM Acoustical Ceiling			ACM Ceiling Tiles/Glue Pods			VAT Mastic Carpet			Transite Siding/			Insulation/Vermiculite			Lead Based Paint			Mold Remediation			Industrial/Universal Waste			Other <i>Personal</i>	<input checked="" type="checkbox"/>		<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td>Removal</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Encapsulation</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td></tr> <tr><td>Enclosure</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Selective Demolition</td><td><input checked="" type="checkbox"/></td><td></td></tr> </table>	Y	N	n/a	Removal	<input checked="" type="checkbox"/>		Encapsulation	<input checked="" type="checkbox"/>		Patch/Repair			Glove-bag Removal			Enclosure	<input checked="" type="checkbox"/>		Removal/Replacement			LBP Removal Chemical			LBP HEPA Power Tools	<input checked="" type="checkbox"/>		Dry Ice Blasting			Aggressive Hand Cleaning	<input checked="" type="checkbox"/>		Selective Demolition	<input checked="" type="checkbox"/>		<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td>Signs/Banner Tape</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Criticals Set-up</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Full/Mini Enclosure</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Plywood 2"x4" Structures</td><td></td><td></td></tr> <tr><td>AFD's Set-up Vented</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Isolation of HVAC system</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Poly Walls Floors Drops</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Portable/Full Decon Chamber</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Water System Set-up</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Electric GFCI's/Temp. Panel</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Scaffold/Bakers/5'x7'/Manlift</td><td></td><td></td></tr> </table>	Y	N	n/a	Signs/Banner Tape	<input checked="" type="checkbox"/>		Criticals Set-up	<input checked="" type="checkbox"/>		Full/Mini Enclosure	<input checked="" type="checkbox"/>		Plywood 2"x4" Structures			AFD's Set-up Vented	<input checked="" type="checkbox"/>		Isolation of HVAC system	<input checked="" type="checkbox"/>		Poly Walls Floors Drops	<input checked="" type="checkbox"/>		Portable/Full Decon Chamber	<input checked="" type="checkbox"/>		Water System Set-up	<input checked="" type="checkbox"/>		Electric GFCI's/Temp. Panel	<input checked="" type="checkbox"/>		Scaffold/Bakers/5'x7'/Manlift		
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Consultant Firm: *AEC* Visual/Testing: *Air Clearance*
 Representative Name: *Matt Rodgers* Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor</i> A. Ptak	A25587		6:30	12:00	12:30	4:00	9	<i>[Signature]</i>
Chris Treglow	A36314		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---			
	Bags	Bags	<input checked="" type="checkbox"/>	Project On-going - someone to return	
	Drums	Drums	Note:	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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 2-12-15 Job #: 14553
 Week Ending Date: 2-15-15 Job Name: Noister
 Truck #/Driver: 35/Treglow (ACM) Mold Lead Other
 Work Area: 5th floor 513, 514, 515, 517

Daily Construction Report

General Work Description: **The type of abatement conducted:** **Set-up procedures conducted:**

General Work Description			The type of abatement conducted			Set-up procedures conducted					
	Y	N	n/a		Y	N	n/a		Y	N	n/a
ACM Pipe/Fitting				Removal	✓			Signs/Banner Tape	✓		
ACM Boiler/Tanks/Breeching				Encapsulation	✓			Criticals Set-up	✓		
ACM Acoustical Ceiling				Patch/Repair				Full/Mini Enclosure	✓		
ACM Ceiling Tiles/Glue Pods				Glove-bag Removal				Plywood 2"x4" Structures			
VAT Mastic Carpet	✓			Enclosure	✓			AFD's Set-up Vented	✓		
Transite Siding/				Removal/Replacement				Isolation of HVAC system	✓		
Insulation/Vermiculite				LBP Removal Chemical				Poly Walls Floors Drops	✓		
Lead Based Paint				LBP HEPA Power Tools	✓			Portable/Full Decon Chamber	✓		
Mold Remediation				Dry Ice Blasting				Water System Set-up	✓		
Industrial/Universal Waste				Aggressive Hand Cleaning	✓			Electric GFCI's/Temp. Panel	✓		
Other Dry Wall	✓			Selective Demolition	✓			Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment: **Clean-up activities:** **Inspections:**

Personal protective equipment			Clean-up activities			Inspections					
	Y	N	n/a		Y	N	n/a		Y	N	n/a
Respiratory protection	✓			Gross/Final Clean-up	✓			# of Neg. Air Machines	4		
Half-Face/Full-Face/PAPR's	✓			Load Out Activities	✓			Barriers Intact And Sound	✓		
Disposable Suits	✓			Surfactants/Ledizolv				DECON/Shower Inspection	✓		
Steel Toe/Rubber Boots	✓			Wet Methods IAQ Shockwave				Employee PPE Used	✓		
Gloves Rubber/Cotton	✓			HEPA Vacuum Sequence	✓			Electrical Safety In Place	✓		
Safety Glasses/Full Face	✓			All Equip./Tools Cleaned	✓			OSHA Inspection Site Review			
Hard hats/Hearing Protection	✓			Final Lockdown	✓			Consultant/EME Monitoring	✓		
Fall Protection				Work Area Teardown	✓			Consultant/Supervisor Visual	✓		
Scaffold Safety Rails/Manlift				Final Worksite Walk-Thru	✓			Personnel Decontaminated	✓		

Consultant Firm: AEC Representative Name: Matt Rodgers Visual/Testing: Air 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:								
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	[Signature]
Anthony Conley	A44625	W	7:30	12:00	12:30	4:00	8	[Signature]

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



**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 2-13-15	Job #: 14-553
Week Ending Date: 2-16-15	Job Name: Norstar
Truck #/Driver: 35 / Treglow	ACM / Mold / Lead / Other
Work Area: 5th floor 513 514	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
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Consultant Firm: *AFC* 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:								
<i>JOE MICHAELS</i>	<i>A44626</i>	<i>W</i>	<i>8:00</i>	<i>12:00</i>	<i>12:30</i>	<i>3:00</i>	<i>6.5</i>	<i>[Signature]</i>
<i>Anthony Conley</i>	<i>A44625</i>	<i>W</i>	<i>8:00</i>	<i>12:00</i>	<i>12:30</i>	<i>3:00</i>	<i>6.5</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	✓	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job			
	Bags	<i>14</i>	Bags	✓	Project On-going - someone to return	
	Drums	<i>4</i>	Drums	Note:	Complete - no one will need to return	
	Bundles		Bundles			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Andrew [Signature]*



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 2-13-15 Job #: 14-553
 Week Ending Date: 2-15-15 Job Name: Nprsta
 Truck #/Driver: 35/Tregloewa ACM | Mold | Lead | Other
 Work Area: Cth floor 604, 605, 606, 607

Daily Construction Report

General Work Description:	Type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other Dry Wall <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AFC Representative Name: Matt Rodgers Visual/Testing: A. Clearence Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		8:00	12:00	12:30	4:00	7.5	<i>[Signature]</i>
Chris Tregloewa	A36314		8:00	12:00	12:30	4:00	7.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	3	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
Drums		Drums	Note:		
Bundles		Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: S M T W T F S 2-16-15	Job #: 14553
Week Ending Date: 2-22-15	Job Name: A010791
Truck #/Driver: 35 Treglowan	ACM / Mold / Lead / Other
Work Area: 6th floor 607, 609, 610, 611	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other D1-76211	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEL Visual/Testing: Air Clearance
 Representative Name: Matt Rodgers Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Hall	A25587		7:30	12:00	12:30	5:00	9	<i>[Signature]</i>
Chris Treglowan	A36314		8:30	12:00	12:30	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		<input checked="" type="checkbox"/> Dumpster <input type="checkbox"/> EME <input type="checkbox"/> Onsite
	<input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Status of Job	
	Bags: 5 Drums: 2 Bundles:	Bags: 1 Drums: Note: Bundles:	<input checked="" type="checkbox"/> Project On-going - someone to return <input type="checkbox"/> Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: S M <u>T</u> W T F S 2-17-15	Job #: 14-53-3
Week Ending Date: 2-22-15	Job Name: N/A
Truck #/Driver: 35 / Treglown	ACM / Mold / Lead / Other
Work Area: 6th floor 612, 613, 614, 615	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
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Consultant Firm: AEC Visual/Testing: A-1 Clearance
 Representative Name: Matt Rodgers Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<u>A. Ptak</u>	<u>A25587</u>		<u>7:30</u>	<u>12:00</u>	<u>12:30</u>	<u>2:00</u>	<u>6</u>	<u>[Signature]</u>
<u>Chris Treglown</u>	<u>A36314</u>		<u>6:30</u>	<u>12:00</u>	<u>12:30</u>	<u>2:00</u>	<u>7</u>	<u>[Signature]</u>

Safety Issues:	Asbestos Waste	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job	
	Bags	<u>6</u> Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



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 2-17-15	Job #: 14-553
Week Ending Date: 2-22-15	Job Name: Norstar
Truck #/Driver: 35/Treglow	ACM Mold / Lead / Other
Work Area: 5th floor	515 - Extra

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	N n/a
ACM Pipe/Fitting	Removal	
ACM Boiler/Tanks/Breeching	Encapsulation	
ACM Acoustical Ceiling	Patch/Repair	
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	
VAT Mastic Carpet	Enclosure	
Transite Siding/	Removal/Replacement	
Insulation/Vermiculite	LBP Removal Chemical	
Lead Based Paint	LBP HEPA Power Tools	
Mold Remediation	Dry Ice Blasting	
Industrial/Universal Waste	Aggressive Hand Cleaning	
Other Drywall	Selective Demolition	

Personal protective equipment:	Clean-up activities:	Visual/Testing:
Y N n/a	Y N	n/a
Respiratory protection	Gross/Final Clean-up	Consultant/Supervisor Visual
Half-Face/Full-Face/PAPR's	Load Out Activities	Personnel Decontaminated
Disposable Suits	Surfactants/Ledizolv	Work Area Inspected/Secure
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	
Gloves Rubber/Cotton	HEPA Vacuum Sequence	
Safety Glasses/Full Face	All Equip./Tools Cleaned	
Hard hats/Hearing Protection	Final Lockdown	
Fall Protection	Work Area Teardown	
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	

Consultant Firm: AEC Representative Name: Matt Rodgers Visual/Testing: Air 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:								
A. Ptak	A25587		2:00	-	-	4:00	2	[Signature]
Chas Treglowa	A36314		2:00	-	-	4:00	2	[Signature]

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	2	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S M T W T F S 2-18-15	Job #: 14-553
Week Ending Date: 2-22-15	Job Name: Noistar
Truck #/Driver: 35 / Treglown	ACM Mold / Lead / Other
Work Area: 6th floor 616, 617	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Decontam</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: *AEC* Visual/Testing: *Air Clearance*
 Representative Name: *Matt Rodgers* Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>6:30</i>	<i>—</i>		<i>11:30</i>	<i>5</i>	<i>[Signature]</i>
<i>Chris Treglown</i>	<i>A36314</i>		<i>6:30</i>	<i>—</i>		<i>11:30</i>	<i>5</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	<i>3</i> Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	--- Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**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 #: 14583
Week Ending Date: 2-22-15	Job Name: Naistat
Truck #/Driver: 35/Treglown	ACM Mold / Lead / Other
Work Area: 5th floor 517 Bathroom Drywall removal for plumbing access	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input checked="" type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	
Transite Siding/	Removal/Replacement	
Insulation/Vermiculite	LBP Removal Chemical	
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	
Mold Remediation	Dry Ice Blasting	
Industrial/Universal Waste	Aggressive Hand Cleaning <input checked="" type="checkbox"/>	
Other <u>drywall</u>	Selective Demolition <input checked="" type="checkbox"/>	

Personal protective equipment:	Clean-up activities:	n/a
Y N n/a	Y N	n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input checked="" type="checkbox"/>	
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave <input checked="" type="checkbox"/>	
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	

Extra

Consultant Firm: AEC Matt Rodgers Visual/Testing: Air Clearance
 Representative Name: Matt Rodgers Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<u>A. Plak</u>	<u>A25587</u>		<u>1:00</u>	<u>—</u>	<u>—</u>	<u>2:00</u>	<u>1</u>	<u>[Signature]</u>
<u>Chris Treglown</u>	<u>A36314</u>		<u>1:00</u>	<u>—</u>	<u>—</u>	<u>2:00</u>	<u>1</u>	<u>[Signature]</u>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	<input checked="" type="checkbox"/> Bags	Project On-going - someone to return		
	Drums	Drums	Note:	<input checked="" type="checkbox"/> Complete - no one will need to return	
	Bundles	Bundles			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



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Today's Date/Day: **S M T W T F S 2-18-15** Job #: **14553**
 Week Ending Date: **2-22-15** Job Name: **Noister**
 Truck #/Driver: **35 / Treglow** **ACM / Mold / Lead / Other**
 Work Area: **5th floor 501 - Drywall**

Daily Construction Report

removal for electrical relocation (Kitchen) 1/27/15

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	
VAT Mastic Carpet	Enclosure	
Transite Siding/	Removal/Replacement	
Insulation/Vermiculite	LBP Removal Chemical	
Lead Based Paint	LBP HEPA Power Tools	
Mold Remediation	Dry Ice Blasting	
Industrial/Universal Waste	Aggressive Hand Cleaning	
Other <u>Drywall</u>	Selective Demolition	

Extra

Personal protective equipment:	Clean-up activities:
Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up
Half-Face/Full-Face/PAPR's	Load Out Activities
Disposable Suits	Surfactants/Ledizolv
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave
Gloves Rubber/Cotton	HEPA Vacuum Sequence
Safety Glasses/Full Face	All Equip./Tools Cleaned
Hard hats/Hearing Protection	Final Lockdown
Fall Protection	Work Area Teardown
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru

Consultant Firm: **AEL Matt Rodgers** Accreditation Number: **102211**
 Representative Name: **AEL Matt Rodgers**

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptala	A25587		2:00	—	4:00	2	2	<i>Andrew Ptala</i>
Chris Treglow	A363124		2:00	—	4:00	2	2	<i>Chris Treglow</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---			
	Bags	3	Bags	Status of Job	
	Drums		Drums	Project On-going - someone to return	
	Bundles		Bundles	Note:	Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Andrew Ptala*



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Today's Date/Day: **S (M T W T F S) 3-16-15**
Week Ending Date: **3-22-15**
Truck #/Driver: **24/Tim**
Work Area: **411, 412, 413, 414, 415**

Job #: **14-553**
Job Name: **Norstar**
ACM Mold / Lead / Other

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other Floors Tile <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	4 # of Neg. Air Machines
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AFC** Visual/Testing:
Representative Name: **Matt Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	11:30	12:00	4:00	9	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	11:30	12:00	4:00	8	<i>[Signature]</i>
KEVIN MADDOX	A31162		7:30	11:30	12:00	4:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6:30	11:30	12:00	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	---Non-Friable---	Status of Job		
	Bags 3	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
Signature: *[Signature]*



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Today's Date/Day: **S M T W T F S 3-17-15**

Job #: **14-553**

Week Ending Date: **3-22-15**

Job Name: **Norstar**

Truck #/Driver: **24/Tim**

ACM / Mold / Lead / Other

Work Area: **413, 414, 415**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VA Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other 1-100' Tile	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	2 # of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Matt Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A Ptok	A25587		6:30	12:00	12:30	4:00	9	<i>[Signature]</i>
Faithy Highland	A42977		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Kevin Madlock	A31162		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	~Friable~	~Non-Friable~	Status of Job	
	Bags	3	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return
	Drums		Drums	Note:
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: **S M T W T F S 3-18-15** Job #: **14-553**
 Week Ending Date: **3-22-15** Job Name: **No. 1st**
 Truck #/Driver: **24/T.M.** **ACM / Mold / Lead / Other**
 Work Area: **410, 411, 412, 413, 414**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT/Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Flow Tile <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines 2
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Matt Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A 25587		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Kevin Maddipati	A 31162		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highbird	A42977		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input checked="" type="checkbox"/>
	---Friable---	---Non-Friable---	Status of Job	
	Bags 3	Bags 1	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: **S M T W T F S** 3-14-15 Job #: **14553**
 Week Ending Date: **3-22-15** Job Name: **Noistar**
 Truck #/Driver: **24/Tim** **ACM** / Mold / Lead / Other
 Work Area: **407, 410, 411, 416, 417**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic/Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other floor tile	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC** Representative Name: **Matt Rodgers** Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		7:30	12:00	12:30	5:30	9.5	<i>[Signature]</i>
JOE MICHAELS	A441626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:00	5:30	10.5	<i>[Signature]</i>
Kevin Maddox	A31162		7:30	12:00	12:30	4	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input type="checkbox"/>	Onsite <input type="checkbox"/>
	~Friable~	~Non-Friable~	Status of Job	
	Bags 6	Bags	Project On-going - someone to return	
	Drums 7	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: S M T W T F S 3-20-15 Job #: 14 553
 Week Ending Date: 3-22-15 Job Name: Norstal
 Truck #/Driver: 24/Tim (ACM) Mold / Lead / Other
 Work Area: 401, 402, 403, 410, 416, 417

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Fluoride</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: *AEC* Visual/Testing:
 Representative Name: *Matt Rodgers* Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>8.5</i>	<i>[Signature]</i>
<i>Kevin Maddox</i>	<i>A31162</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>[Signature]</i>
<i>JOE MICHAELS</i>	<i>A44026</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>8</i>	<i>[Signature]</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	✓	Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	<i>3</i>	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: 3-23-15
S M T W T F S

Job #: 14-553

Week Ending Date: 3-24-15

Job Name: No 1st fl

Truck #/Driver: 24/Timmy

ACM Mold Lead Other

Work Area: 402, 403, 405, 406, 407

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic/Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/ <u>Drum</u> <input checked="" type="checkbox"/>	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <u>Flag Tile</u> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift
Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AEC Visual/Testing: 1
 Representative Name: Matt Rodgers Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
JOE MICHAEAS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Kevin Anderson	A31162		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> 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: Audra Ptak



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **S M T W T F S 3-24-15** Job #: **14-553**
 Week Ending Date: **3-24-15** Job Name: **Noistay**
 Truck #/Driver: **24/Tim** **(ACM)** Mold / Lead / Other
 Work Area: **402, 403, 404, 405, 406**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Drywall	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Floor Tile	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptak	A25587		7:30	12:00	12:30	5:00	9	Andrew Ptak
Kevin Madrup	A31162		7:30	12:00	12:30	4:00	8	Kevin Madrup
Timothy Highland	A42977		6:30	12:00	12:30	4:00	8	Timothy Highland
JOE MICHAELS	A44626		7:30	12:00	12:30	5:00	10	Joe Michaels

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job	
	Bags 9	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums 9	Drums	Note:	
	Bundles	Bundles	<input type="checkbox"/> 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



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Today's Date/Day: **S M T (W) T F S** 3-25-15 Job #: 14553
 Week Ending Date: 3-24-15 Job Name: *W/Star*
 Truck #/Driver: 24/Tim **ACM** Mold / Lead / Other
 Work Area: 401, 405, 406, 404, 409

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VA Mastic Carpet <input checked="" type="checkbox"/>	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/ <i>Dry wall</i> <input checked="" type="checkbox"/>	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite <input checked="" type="checkbox"/>	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Final TIE</i> <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	2 # of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AFC** Visual/Testing:
 Representative Name: *Lance Hassell* Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		7 ³⁰	12 ⁰⁰	12 ³⁰	4 ³⁰	8.5	<i>Andrew Ptak</i>
JOE MICHAELS	A44626		7 ³⁰	12 ⁰⁰	12 ³⁰	4 ⁰⁰	8	<i>Joe Michaels</i>
Timothy Highland	A42977		6 ³⁰	12 ⁰⁰	12 ³⁰	4 ³⁰	9.5	<i>Timothy Highland</i>
KEVIN W. MANDLOS	A31162		7 ³⁰	12 ⁰⁰	12 ³⁰	4 ⁰⁰	8	<i>Kevin Mandlos</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite
	---Friable---	---Non-Friable---	Status of Job	
	Bags	6 Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> 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*



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Today's Date/Day: S M T W T F S 3-26-15 Job #: 14-553
 Week Ending Date: 3-29-15 Job Name: Norstal
 Truck #/Driver: 24/Tim (ACM) Mold / Lead / Other
 Work Area: 401, 404, 405, 408, 409

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastics/Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Drywall	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Floor Tile	Selective Demolition	Scaffold/Bakers/5x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Representative Name: Laura Hassell Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Andrew Ptak	A25587		7:30	12:00	12:30	5:00	9	Andrew Ptak
Kevin Madrup	K21162		7:30	12:00	12:30	4:00	8	Kevin Madrup
Timothy Highland	A42977		6:30	12:00	12:30	5:00	10	Timothy Highland
JOE MICHAELS	A141626		7:30	12:00	12:30	4:00	8	Joe Michaels

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input type="checkbox"/> EME <input type="checkbox"/> Onsite <input type="checkbox"/>
	--Friable-- Bags: 3 Drums: 2 Bundles:	--Non-Friable-- Bags: Drums: Bundles:
	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



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Today's Date/Day: S M T W T F S 3-28-15	Job #: 14-553B
Week Ending Date: 3-29-15	Job Name: Norstar
Truck #/Driver: 24/Tim	<input checked="" type="checkbox"/> ACM / <input type="checkbox"/> Mold / <input type="checkbox"/> Lead / <input type="checkbox"/> Other
Work Area: 408,409	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures <input checked="" type="checkbox"/>
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/ <u>Drywall</u>	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel <input checked="" type="checkbox"/>
Other <u>Fluoride</u>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift <input checked="" type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines <input checked="" type="checkbox"/> Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input checked="" type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: AEC Visual/Testing: _____
 Representative Name: Lance Hassell Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		7 ³⁰	12 ⁰⁰	12 ³⁰	5:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6 ³⁰	12 ⁰⁰	12 ³⁰	5:00	9	<i>[Signature]</i>
Zachary Bass	A44677		7 ³⁰	12 ⁰⁰	12 ³⁰	4:00	8	<i>[Signature]</i>
JOE MICHAELS	A44620		7 ³⁰	12 ⁰⁰	12 ³⁰	4:00	8	<i>[Signature]</i>

* Note: Andrew Ptak and Tim Highland spent 1 Hr at 14-554

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input checked="" type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job	
	Bags 10	Bags	Project On-going - someone to return	
	Drums 4	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: S M T W (F) S 4-2-15	Job #: 14553
Week Ending Date: 4-5-15	Job Name: Miller Manor
Truck #/Driver: 34/Tim	ACM / Mold / Lead / Other
Work Area: 414 Bathroom	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry Wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		6 ³⁰	-		10 ³⁰	4	<i>Andrew Ptak</i>
JASON HIGHLAND	A47041		7 ³⁰	-		10 ³⁰	3	<i>Jason Highland</i>
Timothy Highland	A42927		6 ³⁰	-		10 ³⁰	4	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	1	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> 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*



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Today's Date/Day: S <u>(M)</u> T W T F S 4-8-15	Job #: 14-553
Week Ending Date: 4-12-15	Job Name: Miller
Truck #/Driver: 34/T.M	<input checked="" type="radio"/> Mold / Lead / Other
Work Area: 3rd Floor	

Daily Construction Report

General Work Description: **The type of abatement conducted:** **Set-up procedures conducted:**

General Work Description			The type of abatement conducted			Set-up procedures conducted		
Y	N	n/a	Y	N	n/a	Y	N	n/a
			Removal	<input checked="" type="checkbox"/>		Signs/Banner Tape	<input checked="" type="checkbox"/>	
			Encapsulation			Criticals Set-up	<input checked="" type="checkbox"/>	
			Patch/Repair			Full/Mini Enclosure	<input checked="" type="checkbox"/>	
			Glove-bag Removal			Plywood 2"x4" Structures		
			Enclosure	<input checked="" type="checkbox"/>		AFD's Set-up Vented	<input checked="" type="checkbox"/>	
			Removal/Replacement			Isolation of HVAC system	<input checked="" type="checkbox"/>	
			LBP Removal Chemical			Poly Walls Floors Drops	<input checked="" type="checkbox"/>	
			LBP HEPA Power Tools	<input checked="" type="checkbox"/>		Portable/Full Decon Chamber	<input checked="" type="checkbox"/>	
			Dry Ice Blasting			Water System Set-up	<input checked="" type="checkbox"/>	
			Aggressive Hand Cleaning			Electric GFCI's/Temp. Panel		
			Selective Demolition	<input checked="" type="checkbox"/>		Scaffold/Bakers/5'x7'/Manlift		

Personal protective equipment: **Clean-up activities:** **Inspections:**

Personal protective equipment			Clean-up activities			Inspections		
Y	N	n/a	Y	N	n/a	Y	N	n/a
			Gross/Final Clean-up	<input checked="" type="checkbox"/>		2	# of Neg. Air Machines	
			Load Out Activities	<input checked="" type="checkbox"/>			Barriers Intact And Sound	<input checked="" type="checkbox"/>
			Surfactants/Ledizolv				DECON/Shower Inspection	<input checked="" type="checkbox"/>
			Wet Methods IAQ Shockwave				Employee PPE Used	<input checked="" type="checkbox"/>
			HEPA Vacuum Sequence	<input checked="" type="checkbox"/>			Electrical Safety In Place	<input checked="" type="checkbox"/>
			All Equip./Tools Cleaned	<input checked="" type="checkbox"/>			OSHA Inspection Site Review	
			Final Lockdown				Consultant/EME Monitoring	<input checked="" type="checkbox"/>
			Work Area Teardown				Consultant/Supervisor Visual	<input checked="" type="checkbox"/>
			Final Worksite Walk-Thru	<input checked="" type="checkbox"/>			Personnel Decontaminated	<input checked="" type="checkbox"/>
							Work Area Inspected/Secure	<input checked="" type="checkbox"/>

Consultant Firm: AEC **Visual/Testing:**
Representative Name: Jeff Fox **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>A. Patrick</i>	<i>A25587</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>9</i>	<i>Andrew Patrick</i>
<i>Chris Treglow</i>	<i>A36314</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	
<i>JOE MICHAELS</i>	<i>A44626</i>		<i>7:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:00</i>	<i>8</i>	<i>Joe Michaels</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>4:30</i>	<i>9.5</i>	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	---Non-Friable---	Status of Job	
	Bags	<i>5</i> Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input type="checkbox"/> 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 Patrick*



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Today's Date/Day: S M T W Th S 4-9-15	Job #: 14-553
Week Ending Date: 4-12-15	Job Name: Miller
Truck #/Driver: 34/Tim	ACM / Mold / Lead / Other
Work Area: 3rd Floor	
	213 Kitchen

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breaching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/ Floor Tile <input checked="" type="checkbox"/>	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input checked="" type="checkbox"/>
Mold Remediation	Dry Ice Blasting	Water System Set-up <input checked="" type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hessel** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor A. Ptak	A25587		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Dan W. Alers	A10014	W	7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Joe Michaels	A44626	W	7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: *[Signature]*



**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 4-10-15 Job #: 14-553
 Week Ending Date: 4-12-15 Job Name: Miller
 Truck #/Driver: 34/Tim ACM, Mold / Lead / Other
 Work Area: 3rd floor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Flow T. le	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing:
 Representative Name: Matt Rodgers Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Pfab	A25587		6:30	12:00	12:30	4:00	9	Andrew Pfab
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	Joe Michaels
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	Timothy Highland
DAN WARE	A10018		7:30	12:00	12:30	4:00	8	Dan Ware

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: Andrew Pfab



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **S M T W T F S 4-13-15** Job #: **14-5536**
 Week Ending Date: **4-19-15** Job Name: **Miller**
 Truck #/Driver: **34/T.m.** **ACM** Mold / Lead / Other
 Work Area: **3rd floor**

Daily Construction Report

General Work Description:				The type of abatement conducted:				Set-up procedures conducted:			
Y	N	n/a		Y	N	n/a		Y	N	n/a	
ACM Pipe/Fitting				Removal	<input checked="" type="checkbox"/>			Signs/Banner Tape	<input checked="" type="checkbox"/>		
ACM Boiler/Tanks/Breeching				Encapsulation				Criticals Set-up	<input checked="" type="checkbox"/>		
ACM Acoustical Ceiling				Patch/Repair				Full/Mini Enclosure	<input checked="" type="checkbox"/>		
ACM Ceiling Tiles/Glue Pods				Glove-bag Removal				Plywood 2"x4" Structures			
VAT Mastic Carpet				Enclosure	<input checked="" type="checkbox"/>			AFD's Set-up Vented	<input checked="" type="checkbox"/>		
Transite Siding/ Fluor Tile	<input checked="" type="checkbox"/>			Removal/Replacement				Isolation of HVAC system	<input checked="" type="checkbox"/>		
Insulation/Vermiculite				LBP Removal Chemical				Poly Walls Floors Drops	<input checked="" type="checkbox"/>		
Lead Based Paint				LBP HEPA Power Tools				Portable/Full Decon Chamber	<input checked="" type="checkbox"/>		
Mold Remediation				Dry Ice Blasting				Water System Set-up	<input checked="" type="checkbox"/>		
Industrial/Universal Waste				Aggressive Hand Cleaning				Electric GFCI's/Temp. Panel			
Other Drywall	<input checked="" type="checkbox"/>			Selective Demolition	<input checked="" type="checkbox"/>			Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:				Clean-up activities:				Inspections:				
Y	N	n/a		Y	N	n/a		2	# of Neg. Air Machines	Y	N	n/a
Respiratory protection	<input checked="" type="checkbox"/>			Gross/Final Clean-up	<input checked="" type="checkbox"/>			Barriers Intact And Sound	<input checked="" type="checkbox"/>			
Half-Face/Full-Face/PAPR's	<input checked="" type="checkbox"/>			Load Out Activities				DECON/Shower Inspection	<input checked="" type="checkbox"/>			
Disposable Suits	<input checked="" type="checkbox"/>			Surfactants/Ledizolv				Employee PPE Used	<input checked="" type="checkbox"/>			
Steel Toe/Rubber Boots	<input checked="" type="checkbox"/>			Wet Methods IAQ Shockwave				Electrical Safety In Place	<input checked="" type="checkbox"/>			
Gloves Rubber/Cotton	<input checked="" type="checkbox"/>			HEPA Vacuum Sequence	<input checked="" type="checkbox"/>			OSHA Inspection Site Review	<input checked="" type="checkbox"/>			
Safety Glasses/Full Face	<input checked="" type="checkbox"/>			All Equip./Tools Cleaned	<input checked="" type="checkbox"/>			Consultant/EME Monitoring	<input checked="" type="checkbox"/>			
Hard hats/Hearing Protection	<input checked="" type="checkbox"/>			Final Lockdown				Consultant/Supervisor Visual	<input checked="" type="checkbox"/>			
Fall Protection				Work Area Teardown				Personnel Decontaminated	<input checked="" type="checkbox"/>			
Scaffold Safety Rails/Manlift				Final Worksite Walk-Thru	<input checked="" type="checkbox"/>			Work Area Inspected/Secure	<input checked="" type="checkbox"/>			

Consultant Firm: **AEC** Visual/Testing: _____
 Representative Name: **Matt Rodgers** Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
DAN WAZENSKI	A10018		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A12977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **4/14/15** Job #: **14-553B**
 S M T W T F S
 Week Ending Date: **4-14-15** Job Name: **Miller**
 Truck #/Driver: **34/Tim** **ACM Mold / Lead / Other**
 Work Area: **3rd floor**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Floor Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	2 # of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **ABC** Visual/Testing:
 Representative Name: **Lance Hessel** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Pisk	A25587		7:30	12:00	12:30	4:00	8	<i>Andrew Pisk</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>Timothy Highland</i>
JOEL MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>Joel Michaels</i>
DAN WALENSKI	A10014		7:30	12:00	12:30	4:00	8	<i>Dan Walenski</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	--Friable--	-- Non-Friable--	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/>		Project On-going - someone to return
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/>		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 Pisk*



**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 <u>4-15-15</u>	Job #: <u>14-553B</u>
Week Ending Date: <u>4-14-15</u>	Job Name: <u>Miller</u>
Truck #/Driver: <u>34/Tim</u>	<input checked="" type="checkbox"/> ACM <input type="checkbox"/> Mold <input type="checkbox"/> Lead <input type="checkbox"/> Other
Work Area: <u>3rd floor</u>	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td>ACM Pipe/Fitting</td><td></td><td></td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td></td><td></td></tr> <tr><td>Transite Siding/ <u>Fiberglass Tile</u></td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td></tr> <tr><td>Other <u>Dry Wall</u></td><td><input checked="" type="checkbox"/></td><td></td></tr> </table>	Y	N	n/a	ACM Pipe/Fitting			ACM Boiler/Tanks/Breeching			ACM Acoustical Ceiling			ACM Ceiling Tiles/Glue Pods			VAT Mastic Carpet			Transite Siding/ <u>Fiberglass Tile</u>	<input checked="" type="checkbox"/>		Insulation/Vermiculite			Lead Based Paint			Mold Remediation			Industrial/Universal Waste			Other <u>Dry Wall</u>	<input checked="" type="checkbox"/>		<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td>Removal</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Encapsulation</td><td></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td></tr> <tr><td>Enclosure</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td></td><td></td></tr> <tr><td>Selective Demolition</td><td><input checked="" type="checkbox"/></td><td></td></tr> </table>	Y	N	n/a	Removal	<input checked="" type="checkbox"/>		Encapsulation			Patch/Repair			Glove-bag Removal			Enclosure	<input checked="" type="checkbox"/>		Removal/Replacement			LBP Removal Chemical			LBP HEPA Power Tools	<input checked="" type="checkbox"/>		Dry Ice Blasting			Aggressive Hand Cleaning			Selective Demolition	<input checked="" type="checkbox"/>		<table border="1"> <tr><th>Y</th><th>N</th><th>n/a</th></tr> <tr><td>Signs/Banner Tape</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Criticals Set-up</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Full/Mini Enclosure</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Plywood 2"x4" Structures</td><td></td><td></td></tr> <tr><td>AFD's Set-up Vented</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Isolation of HVAC system</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Poly Walls Floors Drops</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Portable/Full Decon Chamber</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Water System Set-up</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Electric GFCI's/Temp. Panel</td><td><input checked="" type="checkbox"/></td><td></td></tr> <tr><td>Scaffold/Bakers/5x7'/Manlift</td><td><input checked="" type="checkbox"/></td><td></td></tr> </table>	Y	N	n/a	Signs/Banner Tape	<input checked="" type="checkbox"/>		Criticals Set-up	<input checked="" type="checkbox"/>		Full/Mini Enclosure	<input checked="" type="checkbox"/>		Plywood 2"x4" Structures			AFD's Set-up Vented	<input checked="" type="checkbox"/>		Isolation of HVAC system	<input checked="" type="checkbox"/>		Poly Walls Floors Drops	<input checked="" type="checkbox"/>		Portable/Full Decon Chamber	<input checked="" type="checkbox"/>		Water System Set-up	<input checked="" type="checkbox"/>		Electric GFCI's/Temp. Panel	<input checked="" type="checkbox"/>		Scaffold/Bakers/5x7'/Manlift	<input checked="" type="checkbox"/>	
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Consultant Firm: AEC Representative Name: Lance Hassell Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptek	A 25587		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
Timothy Highland	A 42977		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
Bob MICHAELS	A 44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Dan WALCENSKI	A 10018		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---		Status of Job		
	Bags	19	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	8	Drums	Note:	
	Bundles		Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: *[Signature]*



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** 4-16-15 Job #: 141-5530
 Week Ending Date: 4-19-15 Job Name: Miller
 Truck #/Driver: 34/Tim ACM / Mold / Lead / Other
 Work Area: 108

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Extra
ACM Boiler/Tanks/Breeching	Encapsulation	
ACM Acoustical Ceiling	Patch/Repair	
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	
VAT Mastic Carpet	Enclosure	
Transite Siding/ Floor Tile	Removal/Replacement	
Insulation/Vermiculite	LBP Removal Chemical	
Lead Based Paint	LBP HEPA Power Tools	
Mold Remediation	Dry Ice Blasting	
Industrial/Universal Waste	Aggressive Hand Cleaning	
Other <i>Decont</i>	Selective Demolition	

Personal protective equipment:	Clean-up activities:	Inspection:
Y N n/a	Y N n/a	N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
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Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A Prah	A25587		7:30	—	—	11:30	4	<i>[Signature]</i>
DANWA-CASIN	A10018		7:30	—	—	11:30	4	<i>[Signature]</i>

Safety Issues:	Asbestos Waste	<input checked="" type="checkbox"/>	Dumpster	<input checked="" type="checkbox"/>	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job			
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return			
	Drums	Drums	Note:			
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

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 4-16-15	Job #: 14-553 B
Week Ending Date: 4-19-15	Job Name: Miller
Truck #/Driver: 34/Tim	ACM, Mold Lead Other
Work Area: 3rd floor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
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Work Area Inspected/Secure																																																																																																																														

Consultant Firm: _____ Visual/Testing: _____
 Representative Name: _____ Accreditation Number: _____

Comments: _____

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A#25587		11:30	12:00	12:30	5:00	5	<i>[Signature]</i>
Dan Wazirani	A#10018		11:30	12:00	12:30	4:00	4	<i>[Signature]</i>
Joe Michaels	A#44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A#2977		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: _____



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** 4-16-15 Job #: 14-553B
 Week Ending Date: 4-19-15 Job Name: Miller
 Truck #/Driver: 34/Tim **ACM** / Mold / Lead / Other
 Work Area: 405 409 509

Daily Construction Re

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			

Extra

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:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Daniel W. Karsenty	A10016	EW	7 ³⁰	12 ⁰⁰	12 ³⁰	4 ⁰⁰	8	<i>[Signature]</i>
JOE MICHAELS	A44626		7 ³⁰	12 ⁰⁰	12 ³⁰	4 ⁰⁰	8	<i>[Signature]</i>

Safety Issues:

Asbestos Waste	✓	Dumpster	EME	Onsite
---Friable---				
Bags	10	Bags		
Drums	4	Drums		
Bundles		Bundles		

Status of Job
 Project On-going - someone to return
 Note:
 Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **4-17-15** Job #: **14553 B**
 S M T W T F S
 Week Ending Date: **4-19-15** Job Name: **Miller**
 Truck #/Driver: **341 / Tim** **ACM / Mold / Lead / Other**
 Work Area: **3rd fl 1001**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <i>Floor Tile</i>	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Drywall</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: _____ Visual/Testing: _____
 Representative Name: _____ Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A Ptk	A 25587		6:30	12:00	12:30	4:00	9	<i>Andrew Ptk</i>
Tim Highland	A 42972		6:30	12:00	12:30	4:30	9.5	

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> 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 Ptk*



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Today's Date/Day: **S (M) T W T F S 4-20-15** Job #: **14553B**
 Week Ending Date: **4-26-15** Job Name: **Miller**
 Truck #/Driver: **38/Tim 35/Anthony** **ACM / Mold / Lead / Other**
 Work Area: **3rd fl/001**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Floor Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Lidizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety in Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	<i>Andrew Ptak</i>
DAN WACERWITZ	A10018		9:30	12:00	12:30	4:00	6	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
JOE MICHAELS	A44626		9:30	12:00	12:30	4:00	6	<i>[Signature]</i>
Anthony Conley	A44625	W	6:30	12:00	12:30	4:30	9.5	<i>Anthony Conley</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	31	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	10	Drums	Note:	
	Bundles		Bundles	<input checked="" type="checkbox"/> 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*



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Today's Date/Day: **4-20-15** Job #: **14-553B**
 S M T W T F S
 Week Ending Date: **4-26-15** Job Name: **Miller**
 Truck #/Driver: **38/Tim** ACM Mold Lead Other
 Work Area: **405**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>ACM Pipe/Fitting</td><td></td><td></td><td></td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td></td><td></td><td></td></tr> <tr><td>Transite Siding/</td><td></td><td></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td><td></td></tr> <tr><td>Other <i>Demol</i></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </table>		Y	N	n/a	ACM Pipe/Fitting				ACM Boiler/Tanks/Breeching				ACM Acoustical Ceiling				ACM Ceiling Tiles/Glue Pods				VAT Mastic Carpet				Transite Siding/				Insulation/Vermiculite				Lead Based Paint				Mold Remediation				Industrial/Universal Waste				Other <i>Demol</i>	<input checked="" type="checkbox"/>			<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Removal</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Encapsulation</td><td></td><td></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td><td></td></tr> <tr><td>Enclosure</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td></td><td></td><td></td></tr> <tr><td>Selective Demolition</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </table>		Y	N	n/a	Removal	<input checked="" type="checkbox"/>			Encapsulation				Patch/Repair				Glove-bag Removal				Enclosure	<input checked="" type="checkbox"/>			Removal/Replacement				LBP Removal Chemical				LBP HEPA Power Tools	<input checked="" type="checkbox"/>			Dry Ice Blasting				Aggressive Hand Cleaning				Selective Demolition	<input checked="" type="checkbox"/>			<table border="1"> <tr><td></td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>Signs/Banner Tape</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Criticals Setup</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> </table> <p style="font-size: 2em; margin-left: 100px;">Extra</p>		Y	N	n/a	Signs/Banner Tape	<input checked="" type="checkbox"/>			Criticals Setup	<input checked="" type="checkbox"/>		
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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:								
<i>DAN WACRENE</i>	<i>A100016</i>		<i>7:30</i>	<i>9:30</i>	<i>—</i>	<i>—</i>	<i>2</i>	<i>[Signature]</i>
<i>JOE MICHAELS</i>	<i>A44626</i>		<i>7:30</i>	<i>9:30</i>	<i>—</i>	<i>—</i>	<i>2</i>	<i>[Signature]</i>

Safety Issues: _____

Asbestos Waste		Dumpster	EME	Onsite
~Friable~	~Non-Friable~		<input checked="" type="checkbox"/>	
Bags	Bags		Status of Job	
Drums	Drums		Project On-going - someone to return	
Bundles	Bundles		Note:	
			Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **S M T W T F S** 4-21-15 Job #: **14-5530**
 Week Ending Date: 4-26-15 Job Name: **Miller**
 Truck #/Driver: **34/Tim** **ACM / Mold / Lead / Other**
 Work Area: **2nd + 3rd floor**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Setup procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Floor Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drum	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **MEC** Visual/Testing:
 Representative Name: **Kance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor</i> A. Pisk	A25587		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
Anthony Conroy	A44625	LW	7:00	12:00	12:30	4:00	8.5	<i>[Signature]</i>
DAN VALENTI	A10018	W	7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **S M T W T F S 4-22-15** Job #: **14-553B**
 Week Ending Date: **4-26-15** Job Name: **Muller**
 Truck #/Driver: **35/Tim** ACM / Mold / Lead / Other
 Work Area: **2nd floor**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ <i>Floor Tile</i>	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>dry wall</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AFC** Visual/Testing:
 Representative Name: **Lance Hassall** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	12:00	12:30	2:00	7	<i>[Signature]</i>
Timothy Highland	A10077		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
DAN WALKERS	A10018		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Anthony Conley	A44625	W	8:00	12:00	12:30	2:00	5.5	<i>[Signature]</i>
JOE MICHAELS	A44626	W	7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~			
	Bags	Bags	Status of Job		
	Drums	Drums	Project On-going - someone to return		
	Bundles	Bundles	Note: Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: _____



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Today's Date/Day: S M T W T F S 4-23-15 Job #: 14-553B
 Week Ending Date: 4-26-15 Job Name: Miller
 Truck #/Driver: 35/T.M. (ACM) Mold / Lead / Other
 Work Area: 2nd floor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Floor/Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: AEC Representative Name: Lance Hassell Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptek	A25587		6:30	12:00	12:30	4:00	9	[Signature]
DAN WALCERSKY	A100146		2:00			4:00	2	[Signature]
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	[Signature]
JOE MICHAELS	A44626		2:00			4:00	2	[Signature]

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



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Today's Date/Day: S M T W T F S 4-23-15 Job #: 14 5530
 Week Ending Date: 4-26-15 Job Name: Miller
 Truck #/Driver: 35/Tim **ACM** Mold / Lead / Other
 Work Area: 305, 112, 211

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Extra
ACM Boiler/Tanks/Breeching	Encapsulation	
ACM Acoustical Ceiling	Patch/Repair	
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	
VAT Mastic Carpet	Enclosure	
Transite Siding/	Removal/Replacement	
Insulation/Vermiculite	LBP Removal Chemical	
Lead Based Paint	LBP HEPA Power Tools	
Mold Remediation	Dry Ice Blasting	
Industrial/Universal Waste	Aggressive Hand Cleaning	
Other Drywall	Selective Demolition	

Personal protective equipment:	Clean-up activities:
Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up
Half-Face/Full-Face/PAPR's	Load Out Activities
Disposable Suits	Surfactants/Ledizolv
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave
Gloves Rubber/Cotton	HEPA Vacuum Sequence
Safety Glasses/Full Face	All Equip./Tools Cleaned
Hard hats/Hearing Protection	Final Lockdown
Fall Protection	Work Area Teardown
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru

Consultant Firm: **AEC** Representative Name: **Lance Hassell** Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
Dan WALTERSKI	A1001K		7:30	-		1:30	6	<i>[Signature]</i>
JOE MICHAELS	A446260		7:30	-		1:30	6	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: **S M T W T F S** 4-24-15 Job #: 14-553B
 Week Ending Date: 4-26-15 Job Name: Miller
 Truck #/Driver: 35/Tim (ACM) Mold / Lead / Other
 Work Area: 2nd floor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Fiberglass Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptak	A25587		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
Timothy Highland	A42177		6:30	12:00	12:30	5:00	10	<i>[Signature]</i>
JOE MICHAELS	A446076		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
DAW WALKERSON	A10816		7:30	12:00	12:00	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job	
	Bags 34	Bags	Project On-going - someone to return	
	Drums 6	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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Today's Date/Day: S M T W T F S 4-27-15	Job #: 14-553B
Week Ending Date: 5-3-15	Job Name: Miller
Truck #/Driver: 35/Tim	ACM / Mold / Lead / Other
Work Area: 2nd floor	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
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Consultant Firm: AEC Visual/Testing:
 Representative Name: Lance Hassell Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptas	A25587		6:30	12:00	12:30	4:00	9	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Morgan Usisher	A36739		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
JOE MICHAELS	A141626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	-	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job			
	Bags	Bags	Project On-going - someone to return			
	Drums	Drums	Note:			
	Bundles	Bundles	Complete - no one will need to return			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



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 4-28-15

Job #: 14-55-38

Week Ending Date: 5-3-15

Job Name: M. He

Truck #/Driver: 35/T.M

ACM Mold Lead Other

Work Area: 2nd floor

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
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Consultant Firm: AEC Lance Haskell
 Representative Name: Lance Haskell
 Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Platt	A25587		7:30	12:00	12:30	5:00	9	Charles Platt
Morgan Sieber	A36739		7:30	12:00	12:30	4:00	8	Morgan Sieber
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	Joe Michaels
Timothy Highland	A42977		6:30	12:00	12:30	5:00	10	Timothy Highland

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input type="checkbox"/> EME <input type="checkbox"/> Onsite											
	<table border="1"> <tr><th>---Friable---</th><th>--- Non-Friable---</th></tr> <tr><td>Bags</td><td>15</td></tr> <tr><td>Drums</td><td>6</td></tr> <tr><td>Bundles</td><td></td></tr> </table>	---Friable---	--- Non-Friable---	Bags	15	Drums	6	Bundles		<table border="1"> <tr><th>Status of Job</th></tr> <tr><td><input type="checkbox"/> Project On-going - someone to return</td></tr> <tr><td><input checked="" type="checkbox"/> Complete - no one will need to return</td></tr> </table>	Status of Job	<input type="checkbox"/> Project On-going - someone to return	<input checked="" type="checkbox"/> Complete - no one will need to return
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I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: Andrew Platt



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 4-29-15
 Week Ending Date: 5-3-15
 Truck #/Driver: 35/Tim
 Work Area: 2nd

Job #: 14-553B
 Job Name: Miller
 (ACM) Mold / Lead / Other

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Floor Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry Wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: Visual/Testing: Representative Name: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		7:30	12:00	12:30	5:00	9	<i>Andrew Ptak</i>
Morgan Sieber	A36739		7:30	12:00	12:30	4:00	8	<i>Morgan Sieber</i>
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Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---	---Non-Friable---	Status of Job	
	Bags 12	Bags	Project On-going - someone to return	
	Drums 2	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> 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*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 5-8-15	Job #: 14-553B
Week Ending Date: 5-10-15	Job Name: Miller
Truck #/Driver: 42/Tim	<input checked="" type="checkbox"/> ACM <input type="checkbox"/> Mold <input type="checkbox"/> Lead <input type="checkbox"/> Other
Work Area: 301	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation <input type="checkbox"/>	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair <input type="checkbox"/>	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal <input type="checkbox"/>	Plywood 2"x4" Structures <input type="checkbox"/>
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement <input type="checkbox"/>	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical <input type="checkbox"/>	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber <input type="checkbox"/>
Mold Remediation	Dry Ice Blasting <input type="checkbox"/>	Water System Set-up <input type="checkbox"/>
Industrial/Universal Waste	Aggressive Hand Cleaning <input type="checkbox"/>	Electric GFCI's/Temp. Panel <input type="checkbox"/>
Other Drywall	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift <input type="checkbox"/>

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input type="checkbox"/>
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Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input type="checkbox"/>	Final Lockdown <input type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection <input type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC** Visual/Testing: _____
 Representative Name: **Lance Hassell** Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	—	9:30	9:30	3	[Signature]
Timothy Highland	A42977		6:30	—	9:30	9:30	3	[Signature]
Chris Tregdown	A36314		7:30	—	9:30	9:30	2	[Signature]

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---		Status of Job		
	Bags	2	Bags	Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: **[Signature]**



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S 5-18-15** Job #: **14-553B**
 Week Ending Date: **5-24-15** Job Name: **Miller**
 Truck #/Driver: **42/Tim** **ACM / Mold / Lead / Other**
 Work Area: **2nd floor**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
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Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
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Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
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Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>12:00</i>	<i>-</i>	<i>4:30</i>	<i>4:30</i>	<i>4.5</i>	<i>[Signature]</i>
<i>Chris Trogdon</i>	<i>A36314</i>		<i>12:00</i>	<i>-</i>	<i>4:30</i>	<i>4:30</i>	<i>4.5</i>	<i>[Signature]</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>12:00</i>	<i>-</i>	<i>4:30</i>	<i>4:30</i>	<i>4.5</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **5-19-15** Job #: **14-553B**
 Week Ending Date: **5-24-15** Job Name: **Miller**
 Truck #/Driver: **38/Chris** ACM Mold Lead Other
 Work Area: **114 117**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
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Consultant Firm: *Lance Hassell AEC* 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
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	<i>Andrew Ptak</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>Joe Michaels</i>
Chris Treglow	A36314		6:30	12:00	12:30	4:30	9.5	<i>Chris Treglow</i>
Timothy Highland	A42977		7:30	12:00	12:30	2:00	6	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job	
	Bags 6	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums 1	Drums	Note:	
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I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Andrew Ptak*



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Today's Date/Day: **S M T W T F S 5-20-15** Job #: **14-553 B**
 Week Ending Date: **5-24-15** Job Name: **G. Miller**
 Truck #/Driver: **42/Chris** **ACM** Mold / Lead / Other
 Work Area: **2nd floor**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
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Transite Siding/ <i>Flow tile</i>	Removal/Replacement	Isolation of HVAC system
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Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
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Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Lance Hassell** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
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**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

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Today's Date/Day: S M T W T F S 5-21-15	Job #: 14-553B
Week Ending Date: 5-24-15	Job Name: Miller
Truck #/Driver: 42/Tim	ACM / Mold / Lead / Other
Work Area: 2nd Floor	

Daily Construction Report

General Work-Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
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Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Jeff Fox** 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. Pfgala	A25587		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Chris Tregloan	A36314		7:30	12:00	12:30	4:30	8.5	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	Onsite
	---Friable---		Status of Job		
	Bags	6	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	5	Drums	Note:	
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 5-22-15	Job #: 14-553B
Week Ending Date: 5-24-15	Job Name: Miller
Truck #/Driver: 42/Tim	ACM / Mold / Lead / Other
Work Area: 2nd floor + 116	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Drywall	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Floor Tile	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: _____ 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. Patak	A25577		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
JOE MICHAELS	A44026		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Chris Troy Brown	A36317		7:30	12:00	12:30	4:30	8.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job	
	Bags 7	Bags	Project On-going - someone to return	
	Drums 2	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S** 5-26-15 Job #: 14-553B
 Week Ending Date: 6-31-15 Job Name: Miller
 Truck #/Driver: 42/Tim ACMA Mold / Lead / Other
 Work Area: 201 115 116

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
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Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <u>Floor Tile</u>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
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Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing: Jeff Fox
 Representative Name: Jeff Fox Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	<i>Andrew Ptak</i>
Chris Trejlow	A30314		7:30	12:00	12:30	4:00	8	<i>Chris Trejlow</i>
De Michael	A44626		7:30	12:00	12:30	4:00	8	<i>De Michael</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>Timothy Highland</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job		
	Bags 3	Bags	<input type="checkbox"/> Project On-going - someone to return		
	Drums 1	Drums	Note: <input checked="" type="checkbox"/> Complete - no one will need to return		
	Bundles	Bundles			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: Andrew Ptak



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Today's Date/Day: **S M T W T F S 5-27-15** Job #: **14553B**
 Week Ending Date: **5-31-15** Job Name: **Miller**
 Truck #/Driver: **42/ Kim** **ACM** Mold / Lead / Other
 Work Area: **115 116**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																												
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Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Jody** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptaszk	A25587		6:30	12:00	12:30	4:30	9.5	<i>Andrew Ptaszk</i>
Chris Treglown	A36314		7:30	12:00	12:30	4:00	8	<i>Chris Treglown</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	<i>Timothy Highland</i>
Joe Michaels	A44626		7:30	12:00	12:30	4:00	8	<i>Joe Michaels</i>

Safety Issues:	Asbestos Waste		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return		
	Drums	Drums	Note:		
	Bundles	Bundles	<input checked="" type="checkbox"/> 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 Ptaszk*



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 O F S** 5-28-15 Job #: **14-5538**
 Week Ending Date: **5-31-15** Job Name: **Miller**
 Truck #/Driver: **24/Chris** **ACM / Mold / Lead / Other**
 Work Area: **115 116**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Drywall	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing: **Jody**
 Representative Name: **Jody** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Chris Trogdown	A36314		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
Timothy Highland	A42977		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>
JOE MICHAELS	A44626		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	121	Bags	Project On-going - someone to return	
	Drums	1	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T (F) S 5-29-15 Job #: 14553B
 Week Ending Date: 5-31-15 Job Name: Miller
 Truck #/Driver: 24/Chris (ACM) Mold / Lead / Other

Work Area: 112 115 116
 2nd floor laundry

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Dry wall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing: Tody 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. Ptasak	A25587		6:30	12:00	12:30	2:30	7.5	<i>A. Ptasak</i>
Chris Tregdown	A36314		6:30	12:00	12:30	3:30	8.5	<i>Chris Tregdown</i>
Tom Ptasak	A16288		7:30	12:00	12:30	3:30	7.5	<i>Tom Ptasak</i>
Joe Michaels	A44626		7:30	12:00	12:30	2:30	6.5	<i>Joe Michaels</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable---	Status of Job		
	Bags	17	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums		Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> 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: *A. Ptasak*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S** 6-15-15 Job #: 14-553B
 Week Ending Date: 6-22-15 Job Name: Miller
 Truck #/Driver: 38/Tim (ACM) Mold / Lead / Other
 Work Area: Elevator, RM 112

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Floor Tile	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	Employee PPE Used <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Electrical Safety In Place <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC Lance Hassell** Visual/Testing: _____
 Representative Name: _____ Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptas	A25587		10 ³⁰	12 ⁰⁰	12 ³⁰	4:30	3.5	<i>Andrew Ptas</i>
Timothy Highland	A42977		10 ³⁰	12 ⁰⁰	12 ³⁰	4:30	5	<i>Timothy Highland</i>
Joe Michaels	A44626		10 ³⁰	12 ⁰⁰	12 ³⁰	4:00	5	<i>Joe Michaels</i>

Safety Issues: _____ Asbestos Waste Dumpster EME Onsite

---Friable--- ---Non-Friable---

Bags 4 Bags _____
 Drums _____ Drums _____
 Bundles _____ Bundles _____

Status of Job: Project On-going - someone to return
 Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Andrew Ptas*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S** 6-16-15 Job #: 14-5538
 Week Ending Date: 6-22-15 Job Name: Miller
 Truck #/Driver: 38/Tim **ACM** Mold / Lead / Other
 Work Area: 112 110

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
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Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AEC Visual/Testing:
 Representative Name: Lance Hissell Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor</i> A. Ptak	A25587		6:30	12:00	12:30	4:00	9	<i>[Signature]</i>
Timothy Highland	A12977		6:30	12:00	12:30	4:30	9.5	<i>[Signature]</i>
JOE MICHAELS	A146260		7:30	12:00	12:30	4:00	8	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	Bags	Bags	Project On-going - someone to return		
	Drums	Drums	Note:	Complete - no one will need to return	
	Bundles	Bundles			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



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Today's Date/Day: **S M T W T F S** 6-17-15 Job #: 14-553B
 Week Ending Date: 6-22-15 Job Name: Miller
 Truck #/Driver: 38/Jim **ACM** Mold / Lead / Other
 Work Area: 112 110

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Drywall	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Floor Tile	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEC** Visual/Testing:
 Representative Name: **Math Rodgers** Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. P. P. P.	A 25587		6:30	12:00	12:30	4:30	9.5	<i>Andrew P...</i>
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.2	<i>Timothy Highland</i>
JOE MICHAELS	A144626		7:30	12:00	12:30	4:00	8	<i>Joe Michaels</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	---Friable---	--- Non-Friable---			
	Bags	10	Bags		Project On-going - someone to return
	Drums	2	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 P...*



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Today's Date/Day: **S M T W T F S** 6-18-15 Job #: 14 5538
 Week Ending Date: 6-22-15 Job Name: Miller
 Truck #/Driver: 38/Tim **ACM** Mold / Lead / Other
 Work Area: 108' 110 112

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <u>Dry Wall</u>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Legizoly	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety in Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: AFC Visual/Testing:
 Representative Name: Matt Rodgers Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<u>A. Ptas</u>	<u>A25587</u>		<u>6:30</u>	<u>12:00</u>	<u>12:30</u>	<u>3:30</u>	<u>8.5</u>	<u>Andrew Ptas</u>
<u>Timothy Highland</u>	<u>A4247</u>		<u>6:30</u>	<u>12:00</u>	<u>12:30</u>	<u>3:30</u>	<u>8.5</u>	<u>Timothy Highland</u>
<u>Joel MICHAELS</u>	<u>A44626</u>		<u>7:30</u>	<u>12:00</u>	<u>12:30</u>	<u>3:00</u>	<u>7</u>	<u>Joel Michaels</u>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	---Non-Friable---	Status of Job	
	Bags <u>15</u>	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> 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 Ptas



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Today's Date/Day: S M T W T F S 7-1-15	Job #: 14-553B
Week Ending Date: 7-5-17	Job Name: Milleo
Truck #/Driver: 35/Tregburn	ACM / Mold / Lead / Other
Work Area: 108 110 112	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <u>Demolition</u>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: AFC M.H. Rodgers Visual/Testing: _____
 Representative Name: AFC M.H. Rodgers Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<u>A Patak</u>	<u>A25587</u>		<u>6:30</u>	<u>12:00</u>	<u>12:30</u>	<u>5:00</u>	<u>10</u>	<u>[Signature]</u>
<u>Chris Tregburn</u>	<u>A30314</u>		<u>6:30</u>	<u>12:00</u>	<u>12:30</u>	<u>5:00</u>	<u>10</u>	<u>[Signature]</u>
<u>Alex Sweet</u>	<u>A45787</u>	<u>W</u>	<u>10:30</u>	<u>12:00</u>	<u>12:30</u>	<u>4:00</u>	<u>5</u>	<u>[Signature]</u>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite <input type="checkbox"/>
	--Friable--	Status of Job
	<u>15</u> Bags	<input checked="" type="checkbox"/> Project On-going - someone to return
	Drums	Note:
	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: [Signature]



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Today's Date/Day:
S M T W T F S 7-2-15

Job #: 14-553 B

Week Ending Date:
7-5-15

Job Name: Miller

Truck #/Driver:
35/Treglow

ACM / Mold / Lead / Other

Work Area:
112

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
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Consultant Firm: **AEC** Representative Name: *Matt Rodgers* Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. P. [Signature]	A25587		6:30			1:00	6.5	[Signature]
J. Treglow	A36314		6:30			1:00	6.5	[Signature]

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	---Non-Friable---	Status of Job	
	Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-13-15	Job #: 14 553
Week Ending Date: 7-19-15	Job Name: Miller
Truck #/Driver: 34 / Tregbun	ACM Mold / Lead / Other
Work Area: 113	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																																
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Consultant Firm: AEC Matt Rodgers Visual/Testing: _____
 Representative Name: AEC Matt Rodgers Accreditation Number: _____

Comments: _____

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25582		6 ⁰⁰	12 ⁰⁰	12 ³⁰	5 ¹⁵	10.75	<i>[Signature]</i>
Chris Tregbun	A36314		6 ³⁰	12 ⁰⁰	12 ³⁰	5 ¹⁵	10.75	<i>[Signature]</i>
Alex Sweet	A45712	u)	7 ³⁰	12 ⁰⁰	12 ³⁰	4 ⁰⁰	8	<i>[Signature]</i>

Safety Issues: _____	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	--- Non-Friable ---	Status of Job		
	Bags	6	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	1	Drums	Note: _____	
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day:
S M T W T F S 7-16-15

Job #: 14-553

Week Ending Date:
7-19-15

Job Name:
Miller

Truck #/Driver:
24 / Stone

ACM Mold / Lead / Other

Work Area:
110 112 Bathrooms

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																				
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Consultant Firm: AEC Matt Rodgers
 Representative Name: AEC Matt Rodgers
 Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Andrew Plak	A 25387		6:30	12:00	12:30	5:00	10	Andrew Plak
STEVEN LYALL	A 4613	W	6:30	12:00	12:30	5:00	10	Steven Lyall
Timothy Highland	A 42977	W	7:30	12:00	12:30	4:00	8	Timothy Highland

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job	
	57 Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: Andrew Plak



**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 7-20-15** Job #: **14553B**
 Week Ending Date: **7-26-15** Job Name: **Miller**
 Truck #/Driver: **35/Treglow** ACM Mold Lead Other
 Work Area: **215**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Drywall</i>	Selective Demolition	Scaffold/Bakers/5x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AFC** Visual/Testing: **Matthew Rodgers**
 Representative Name: **AFC** Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A Plak	A25587		12 ⁰⁰	-		4 ³⁰	4.5	<i>[Signature]</i>
Timothy Highland	A42977		12 ⁰⁰	-		4 ⁰⁰	4	<i>[Signature]</i>
Chris Treglow	A36314		12 ⁰⁰	-		4 ³⁰	4.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input type="checkbox"/> EME <input type="checkbox"/> Onsite
	--Friable-- 2 Bags Drums Bundles	--Non-Friable-- Bags Drums Bundles
	Status of Job <input type="checkbox"/> Project On-going - someone to return Note: <input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> 7-27-15	Job #: 74-553B
Week Ending Date: 8-2-15	Job Name: Miller
Truck #/Driver: 42/Tim	<input checked="" type="checkbox"/> ACM <input type="checkbox"/> Mold <input type="checkbox"/> Lead <input type="checkbox"/> Other
Work Area: Office	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC Matt Rodgers** Visual/Testing: _____
 Representative Name: **AEC 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. P. Hale	A25587		6:30	12:30	1:00	3:30	8.5	<i>Andrew Hale</i>
Timothy Highland	A42977		10:00			3:30	2.5	<i>Timothy Highland</i>
Stefano Donofrio	A44620		7:30	12:30	1:00	3:30	7	<i>Stefano Donofrio</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	EME	Onsite
	---Friable---	---Non-Friable---	Status of Job		
	6 Bags			Project On-going - someone to return	
	Drums			Note:	
	Bundles			<input checked="" type="checkbox"/> 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 Hale*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **S M T W T F S 7-30-15** Job #: **14-553B**
 Week Ending Date: **8-2-15** Job Name: **Miller**
 Truck #/Driver: **42/Tim** **(ACM)** Mold / Lead / Other
 Work Area: **2nd floor laundry**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Floor Tile	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Demolition	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC Matt Rodgers** Visual/Testing:
 Representative Name: **AEC 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. Plati	A25587		6:30	12:05	12:30	5:00	10	<i>[Signature]</i>
JOE MICHAELS	A44626	W	7:30	12:05	12:30	4:30	9.5	<i>[Signature]</i>
Timothy Highland	A40977	W	6:30	12:05	12:30	5:00	10	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---		Status of Job		
	Bags	19	Bags	<input checked="" type="checkbox"/> Project On-going - someone to return	
	Drums	6	Drums	Note:	
	Bundles		Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: **S M T W T F S 7-31-15** Job #: **14-553B**
 Week Ending Date: **8-2-15** Job Name: **Milled**
 Truck #/Driver: **412 / Tim** **ACM / Mold / Lead / Other**
 Work Area: **2nd Floor Laundry**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/ Fluoride	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC Linnco Hassell** Visual/Testing: **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:00	5:00	10	Andrew Ptak
JOE MICHAELS	A44626	W	7:30	12:00	12:00	4:00	8	Joe Michaels
Timothy Highland	A42977	W	6:30	12:00	12:00	5:00	10	Timothy Highland

Safety Issues:	Asbestos Waste	Dumpster	EME	Onsite
	---Friable---			
	Bags 14			
	Drums 2			
	Bundles			
				Status of Job
				Project On-going - someone to return
				Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: **Andrew Ptak**



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Today's Date/Day: **SMTWTFES** 8-14-15 Job #: **14-553B**
 Week Ending Date: 8-16-15 Job Name: **Miller**
 Truck #/Driver: **35 / J. Highland** **ACM / Mold / Lead / Other**
 Work Area: **Elevators**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Fluoride <input checked="" type="checkbox"/>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv <input checked="" type="checkbox"/>	DECON/Shower Inspection <input checked="" type="checkbox"/>
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave <input checked="" type="checkbox"/>	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection <input checked="" type="checkbox"/>	Final Lockdown <input checked="" type="checkbox"/>	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection <input checked="" type="checkbox"/>	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift <input checked="" type="checkbox"/>	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AEC Matt Rodgers** Visual/Testing: **Accreditation Number:**
 Representative Name: **AEC Matt Rodgers**
 Comments: **Removal rubber Mats and 2 layers of tile**

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A Ptek	A25587		5 ³⁰	-	-	12 ³⁰	6	<i>[Signature]</i>
Saxon/Highland	A47047		6 ³⁰	-	-	12 ³⁰	6	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster <input checked="" type="checkbox"/>	EME <input checked="" type="checkbox"/>	Onsite <input type="checkbox"/>
	---Friable---	--- Non-Friable---	Status of Job	
	Bags 3	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
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Today's Date/Day: S M T W T F S 8-27-15	Job #: 14 553 B
Week Ending Date: 8-30-15	Job Name: Miller
Truck #/Driver: 42/Tim	ACM / Mold / Lead / Other
Work Area: 1st floor Hall	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines Y N n/a
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm:	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	A 25587		6:30	12:00			5.5	<i>[Signature]</i>
Timothy Highland	A 42977		6:30	12:00			5.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite
	---Friable---	Status of Job		
	Bags 4	Project On-going - someone to return		
	Drums	Note:		
	Bundles	Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **SMTWTFSS** 9-8-15 Job #: **14 553B**
 Week Ending Date: 9-13-15 Job Name: **Miller**
 Truck #/Driver: **38/Treglown** **ACM** Mold / Lead / Other
 Work Area: **113 213**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Unjiversal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Debris <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review <input checked="" type="checkbox"/>
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AFC** Visual/Testing: **Accreditation Number:**
 Representative Name: **Math Rodgers**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i> A. Ptak	A25587		6:30	12:00	12:30	3:30	8.5	<i>[Signature]</i>
Chris Treglown	A36314		6:30	12:00	12:30	3:30	8.5	<i>[Signature]</i>

Safety Issues:	Asbestos Waste		Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job		
	5				Project On-going - someone to return
	Bags	Bags			Note:
	Drums	Drums			<input checked="" type="checkbox"/> Complete - no one will need to return
	Bundles	Bundles			

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 9-14-15	Job #: 14553 B
Week Ending Date: 9-20-15	Job Name: Miller
Truck #/Driver: 42/T.M	ACM / Mold / Lead / Other
Work Area: Rooms 115, 116	

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Disposal</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift
Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	# of Neg. Air Machines
Respiratory protection	Gross/Final Clean-up	Barriers Intact And Sound
Half-Face/Full-Face/PAPR's	Load Out Activities	DECON/Shower Inspection
Disposable Suits	Surfactants/Ledizolv	Employee PPE Used
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Electrical Safety In Place
Gloves Rubber/Cotton	HEPA Vacuum Sequence	OSHA Inspection Site Review
Safety Glasses/Full Face	All Equip./Tools Cleaned	Consultant/EME Monitoring
Hard hats/Hearing Protection	Final Lockdown	Consultant/Supervisor Visual
Fall Protection	Work Area Teardown	Personnel Decontaminated
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Work Area Inspected/Secure

Consultant Firm: **AEC** Representative Name: *Matt Rodgers* Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class SW	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>5:00</i>	<i>10</i>	<i>[Signature]</i>
<i>Chris Treglown</i>	<i>A36314</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>5:00</i>	<i>10</i>	<i>[Signature]</i>
<i>Timothy Highland</i>	<i>A42977</i>		<i>6:30</i>	<i>12:00</i>	<i>12:30</i>	<i>5:00</i>	<i>10</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>		Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job		
	<i>23</i>	Bags	Bags	Project On-going - someone to return	
		Drums	Drums	Note:	
		Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S** 9-22-15 Job #: **14 553B**
 Week Ending Date: 9-27-15 Job Name: **Miller**
 Truck #/Driver: **35/Chris** **ACM / Mold / Lead / Other**
 Work Area: **108**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>Asbestos II</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/LedizoiV	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

Consultant Firm: **AEL Matt Rodgers** Visual/Testing: **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
<i>Project Manager:</i>								
<i>Supervisor:</i>								
<i>A. Ptak</i>	<i>A25587</i>		<i>12⁰⁰</i>	<i>-</i>		<i>4³⁰</i>	<i>4.5</i>	<i>[Signature]</i>
<i>M. Stewart</i>	<i>A45497</i>		<i>12⁰⁰</i>	<i>-</i>		<i>4⁰⁰</i>	<i>4</i>	<i>[Signature]</i>
<i>Chris Trogloun</i>	<i>A36314</i>		<i>12⁰⁰</i>	<i>-</i>		<i>4³⁰</i>	<i>4.5</i>	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	<input checked="" type="checkbox"/> EME	<input type="checkbox"/> Onsite
	---Friable---	---Non-Friable---	Status of Job	
	<i>3</i> Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	<input checked="" type="checkbox"/> Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*

the 1990s, and the 1990s have seen a number of studies that have examined the impact of the 1990s on the UK economy.

The first of these studies was by the Office for National Statistics (ONS) in 1995. This study found that the UK economy had grown by 1.1% in 1995, and that the growth rate had risen from 0.7% in 1994 to 1.1% in 1995. The study also found that the unemployment rate had fallen from 7.5% in 1994 to 7.1% in 1995. The study also found that the inflation rate had risen from 2.8% in 1994 to 3.2% in 1995. The study also found that the current account had improved from a deficit of £1.5 billion in 1994 to a surplus of £1.1 billion in 1995.

The second of these studies was by the Bank of England in 1996. This study found that the UK economy had grown by 1.2% in 1996, and that the growth rate had risen from 1.1% in 1995 to 1.2% in 1996. The study also found that the unemployment rate had fallen from 7.1% in 1995 to 6.9% in 1996. The study also found that the inflation rate had risen from 3.2% in 1995 to 3.5% in 1996. The study also found that the current account had improved from a surplus of £1.1 billion in 1995 to a surplus of £1.5 billion in 1996.

The third of these studies was by the Centre for Economic Performance (CEP) in 1997. This study found that the UK economy had grown by 1.3% in 1997, and that the growth rate had risen from 1.2% in 1996 to 1.3% in 1997. The study also found that the unemployment rate had fallen from 6.9% in 1996 to 6.7% in 1997. The study also found that the inflation rate had risen from 3.5% in 1996 to 3.8% in 1997. The study also found that the current account had improved from a surplus of £1.5 billion in 1996 to a surplus of £1.9 billion in 1997.

The fourth of these studies was by the Office for National Statistics (ONS) in 1998. This study found that the UK economy had grown by 1.4% in 1998, and that the growth rate had risen from 1.3% in 1997 to 1.4% in 1998. The study also found that the unemployment rate had fallen from 6.7% in 1997 to 6.5% in 1998. The study also found that the inflation rate had risen from 3.8% in 1997 to 4.1% in 1998. The study also found that the current account had improved from a surplus of £1.9 billion in 1997 to a surplus of £2.3 billion in 1998.

The fifth of these studies was by the Bank of England in 1999. This study found that the UK economy had grown by 1.5% in 1999, and that the growth rate had risen from 1.4% in 1998 to 1.5% in 1999. The study also found that the unemployment rate had fallen from 6.5% in 1998 to 6.3% in 1999. The study also found that the inflation rate had risen from 4.1% in 1998 to 4.4% in 1999. The study also found that the current account had improved from a surplus of £2.3 billion in 1998 to a surplus of £2.7 billion in 1999.

Certification No. 2082
07.07.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Abatement Worker Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Zachary Joseph Bess
SS#

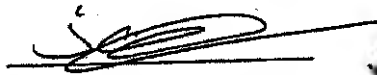
Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Abatement Worker

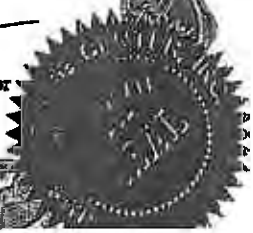
in Accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA
Section 15 (a) (3) i.e. Volume 59.823 M.A.R. & STATE OF MI. Regulations as amended

LOCATION:

2867 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9029 Fax: (313) 870-9041
Alt. Phone: (313) 675-4256


Examination Date: July 22, 2016 Wednesday
SCORE GREATER THAN 70%
COURSE DATES: July 22, 2016 Wednesday
EXPIRATION DATE: July 22, 2016


EPA REG. V #515 Sponsor/Instructor





State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker



Zachary J. Bess





Accreditation Number
A44677

Expiration Date
08/21/2016

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 **117991**

Certification No. 8235
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES

Antjuan Lee Browder
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHRA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI, Regulations as amended

LOCATION

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 28, 2015, Tuesday

Score: > 70%

Course Date: April 28, 2015, Tuesday

Expiration Date: April 28, 2016



E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Antjuan L. Browder



Accreditation Number **A45793**
Expiration Date **05/28/2016**

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

116468

Certification No. 7805
0.02.02.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION


THIS CERTIFIES
Danny Carvalho
SS#:

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA
Section 15 (a) (3) Lc. 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) 873-8256

Examination Date: February 20, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: February 20, 2015 Friday
EXPIRATION DATE: February 20, 2016


EPA REG. V #515 Sponsor / Instr



State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Danny Carvalho



Accreditation Number
A39856

Expiration Date
02/05/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 208 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

115466

Certification No. 6295
05.05.15

JMS Asbestos Training Center & Environmental Service

1 Day (s) 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Matthew Aaron Cheney

SS: 1

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) I.e. Volume 59 #23 M.A.P. & State of Mi. Regulations as amended

LOCATION

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: May 04, 2015, Mon
Score: > 70%
Course Date: May 4, 2015, Mon
Expiration Date: May 4, 2016



E.P.A. Reg. V. #515 Sponsor / Instructor



State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Matthew A. Cheney



DOB:

Accreditation Number
A22225

Expiration Date
05/04/2016

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substance Control Act to be accredited in the above discipline.

Accreditation card is not valid if address

116647

Certification No. 4272
07.07.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Abatement Worker Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Anthony Gene Conley
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Abatement Worker

In Accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA
Section 15 (d) (3) i.e. Volume 29 223 M.S.P. & STATE OF MI. Regulations as amended

LOCATION:

2268 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9077 Fax: (313) 870-9041
Alt. Phone: (313) 673-8256

Examination Date: July 08, 2015 Monday

SCORE GREATER THAN 70%

COURSE DATES: July 05, 2015 Monday

EXPIRATION DATE: July 06, 2016


EPA REG. V #515 Sponsor/Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker



Anthony G. Conley



Accreditation Number
A44625

Expiration Date
08/08/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 208 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

117827

Certification No. 5927
0.02.02.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
40 Hours, 5-Day Asbestos Contractor Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Stefano Partenio Donofrio
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor Supervisor

In accordance with EPA 40 CFR, Part 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:

2568 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone: (313) 873 8256

Examination Date: February 13, 2015 Friday

SCORE GREATER THAN: 70%

COURSE DATES: February 09-13, 2015 Monday- Friday

EXPIRATION DATE: February 13, 2016

EPA REG V #515 Sponsor / Instruct

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Stefano P. D'Onofrio



Accreditation Number
A46920

Expiration Date
02/02/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 205 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

115224

Certification No. 6625
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES
Andrew Michael Garza

SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION

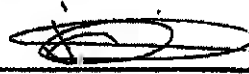
2868 E. Grand Blvd, Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 20, 2015 Monday

Score: > 70%

Course Date: April 20, 2015, Monday

Expiration Date: April 20, 2016



E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Andrew M. Garza



Accreditation Number
A45727

Expiration Date
05/22/2016

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.

116320

Certificate Number: 2014- 283

Detroit Training Center

277 Gratiot Avenue Suite 210
Detroit, Michigan 48226
(313) 221-5876

PRESENTS

Michael Hale

SS#:

with certification for having successfully completed & passed the examination for the 40 hour course which meets the requirements for

Asbestos Abatement Contractor/ Supervisor

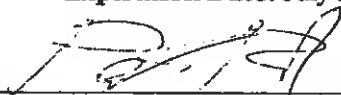
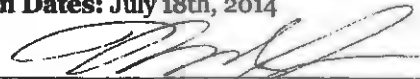
Initial Training Course

Complying with the requirements of MI Public Act 440 of 1988 as amended, OSHA 29 CFR 1926.1101 & 40 CFR Part 763 (AHERA) as required under Title II of the Toxic Substance Control Act (TSCA)

Course Dates: July 14th - July 18th, 2014

Expiration Date: July 18th, 2015

Exam Dates: July 18th, 2014



Marcus Jones, Detroit Training Center Director

Patrick Beal, Authorized Trainer

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Michael V. Hale



Accreditation Number
A46012

Expiration Date
07/31/2015

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

112007

Certification No. 0246
0.03.03.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
40 Hours, 5-Day Asbestos Contractor Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Jason Daniel Highland
SS#:

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor Supervisor

In accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II / ASHARA
Section 15 (a) (3) I.e. Volume 39 #23 M.A.P. & STATE OF MI. Regulations as amended.

LOCATION:

2813 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone: (313) 673-8256

Examination Date March 6, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: March 2-6, 2015 Monday-Friday
EXPIRATION DATE: March 6, 2016


EPA REG. V #515 Sponsor / Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Jason D. Highland



Accreditation Number
A47041

Expiration Date
03/24/2016

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

115690

Certification No. 0091
0.05.05.15

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 Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA
Section 15 (a) (3) 16, Volume 59 823 M.A.P. & STATE OF MI Regulations as amended

LOCATION:

2800 E. Grand Blvd. Detroit, MI 48202
Phone (313) 870-9079 Fax (313) 870-9041
Attn: Ronald (313) 673-4256

Examination Date: May 15, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: May 15, 2015 Friday
EXPIRATION DATE: May 15, 2016


EPA REG. V #515 Sponsor/Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor


Timothy R. Highland

Accreditation Number
A42977

Expiration Date
06/19/2016


DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

116827

Certification No. 6069
0.05.05.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Matthew Lawrence Kelly
SSP

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR, Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/HASHARA
Section 13 (a) (2) i.e. Volume 59 223 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) 673-4256

Examination Date: May 6, 2015 Wednesday
SCORE GREATER THAN: 70%
COURSE DATES: May 6, 2015 Wednesday
EXPIRATION DATE: May 6, 2016


EPA REG. V #515 Sponsor/Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Matthew L. Kelly



Accreditation Number
A34636

Expiration Date
07/28/2016

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

116811

Certification No.0169
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
Derrick John Little
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 39 #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 16, 2014 Friday
SCORE GREATER THAN: 70%
COURSE DATES: May 16, 2014 Friday
EXPIRATION DATE: Mat 16, 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

Derrick J. Little



Accreditation Number
A44330

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

111058

Certification No. 9650
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES

Steven Douglas Lyell
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) i.e Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION

2858 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 20, 2015 Monday

Score: > 70%

Course Date: April 20, 2015, Monday

Expiration Date: April 20, 2016


E.P.A. Reg. V. #515 Soonsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Steven D. Lyell



Accreditation Number

A4613

Expiration Date

08/31/2016

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

117143

Certification No. 4431
05.05.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day 8 Hours Asbestos Abatement Worker Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES
Kevin Dwayne Maddox
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Abatement Worker

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9078 Fax: (313) 870-9041

Examination Date: May 04, 2015, Monday
Score: > 70%
Course Date: May 04, 2015, Monday
Expiration Date: May 04, 2015



E.P.A. Reg. V. #515 Sponsor / Instructor

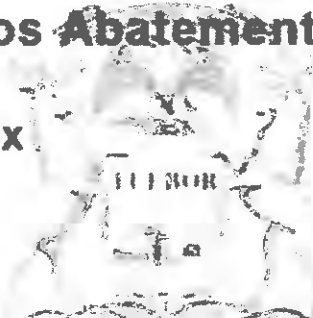
State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Kevin D. Maddox

Asbestos Abatement Worker



Accreditation Number
A31162

Expiration Date
05/16/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

116544

Certification No. 2605
07.07.15

JMS Asbestos Training Center & Environmental Service
TRAINING DIVISION
8 Hours, 1-Day Asbestos Abatement Worker Refresher Course

CERTIFICATE OF COMPLETION


THIS CERTIFIES
Joseph Paul Michaels
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Abatement Worker

In Accordance with EPA 40 CFR Part 763, Michigan Public Act 449 of 1988 as amended and TSCA TITLE II/ASHARA
Section 15 (a) (3) L.C. Volume 39 823 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: July 09, 2015 Thursday
SCORE GREATER THAN: 70%
COURSE DATES: July 09, 2015 Thursday
EXPIRATION DATE: July 09, 2016


EPA REG. V #515 Sponsor/Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker



Joseph P. Michaels



Accreditation Number
A44626

Expiration Date
08/03/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 208 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

117828

Certification No. 5620
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES

Michael David Perez
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 17, 2015, Friday

Score: > 70%

Course Date: April 17, 2015, Friday

Expiration Date: April 17, 2016


E.P.A. Rep. V. #515 Sponsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Michael D. Perez



Accreditation Number
A32487

Expiration Date
10/27/2016

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

116291

Certification No. 9213
0.06.06.15

JMS Asbestos Training Center & Environmental Service
TRAINING DIVISION
40 Hours, 5-Days Asbestos Contractor/Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Andrew Anthony Ptak
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone (313) 870-9079 Fax (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: June 05, 2016 Friday
SCORE GREATER THAN 70%
COURSE DATES: June 01-05, 2016 Monday-Friday
EXPIRATION DATE: June 05, 2016



EPA REG. V #515 Sponsor/Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Andrew A. Ptak



Accreditation Number
A25587

Expiration Date
06/06/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

117387

Certification No. 8953
10.10.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION

8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Tom L. Ptak
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

in accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASBARA
Sections 17121 (3) 18 Volume 59 829 M A P & RT USE OF MS Regulations as amended

LOCATION:

2868 E Grand Blvd, Detroit MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt Phone: (313) 473-8236

Examination Date: October 28, 2015 Wednesday
SCORE GREATER THAN: 70%
COURSE DATES: October 28, 2015 Wednesday
EXPIRATION DATE: October 26, 2016


EPA REG. V #515 Sponsor/Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor


Thomas L. Ptak


Accreditation Number **A16288** Expiration Date **10/15/2017**



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

119293

Certification No. 9645
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s), 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES
Morgan Thomas Sieber
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

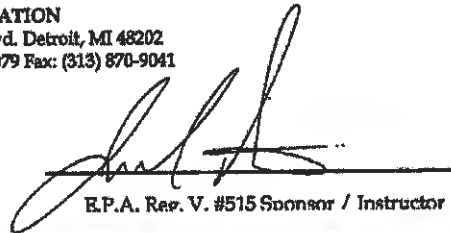
Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and
TSCA TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI.

LOCATION

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 22, 2015, Wednesday
Score: > 70%
Course Date: April 22, 2015, Wednesday
Expiration Date: April 22, 2016



E.P.A. Rev. V. #515 Sponsor / Instructor

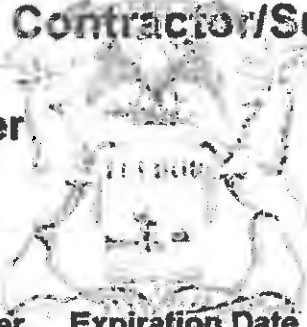
State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor



Morgan T. Sieber



Accreditation Number **Expiration Date**
A36739 **05/20/2016**

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 expires
on the following dates:

116398

Certification No. 2572
0.03.03.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Martin Stewart
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA
Section 15 (a) (3) i.e. Volume 19 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2801 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: March 23, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: March 23, 2015 Monday
EXPIRATION DATE: March 23, 2016


EPA REG. V #515 Sponsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Martin P. Stewart



Accreditation Number
A45497

Expiration Date
03/23/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

115797

Certification No. 1399
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES
Alexander William Sweet
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) I.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 28, 2015, Tuesday

Score: > 70%

Course Date: April 28, 2015, Tuesday

Expiration Date: April 28, 2016

Manisha Saini
E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Alexander W. Sweet



Accreditation Number
A45792

Expiration Date
05/28/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

116465

Certification No. 8137
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#

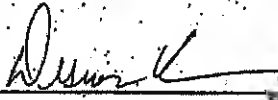
Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Abatement Worker

In accordance with LPA 40 Cf R 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.C.L. & 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



Accreditation Number
A36314

Expiration Date
12/12/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 208 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

114126

Certification No. 9654
06.06.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION

8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Daniel Robert Walerski

SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Part 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE III/ASHARA
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: June 17, 2016 Wednesday

SCORE GREATER THAN: 70%

COURSE DATES: June 17, 2016 Wednesday

EXPIRATION DATE: June 17, 2016



EPA REG. V #515 Sponsor/Instructor



State of Michigan

Department of Licensing and Regulatory Affairs

Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Daniel R. Walerski



Accreditation Number
A10018

Expiration Date
08/13/2016

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

117466

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million (15.5% of the population).

There is a growing awareness of the need to address the health care needs of the elderly population. The Department of Health (1998) has set out a strategy for the care of the elderly, which includes a commitment to improve the health and quality of life of the elderly population. This strategy is based on the following principles:

- To ensure that the elderly population has access to the services and resources they need to live well.
- To ensure that the elderly population is protected from abuse and neglect.
- To ensure that the elderly population is consulted and involved in decisions about their care.

The strategy also sets out a number of key objectives, including the following:

- To reduce the number of elderly people who are dependent on others for their care.
- To improve the health and quality of life of the elderly population.
- To ensure that the elderly population is protected from abuse and neglect.

The strategy also sets out a number of key actions, including the following:

- To improve the health and quality of life of the elderly population by promoting healthy living and preventing illness.
- To ensure that the elderly population has access to the services and resources they need to live well.
- To ensure that the elderly population is protected from abuse and neglect.

The strategy also sets out a number of key indicators, including the following:

- The number of elderly people who are dependent on others for their care.
- The health and quality of life of the elderly population.
- The number of elderly people who are protected from abuse and neglect.

The strategy also sets out a number of key messages, including the following:

- The elderly population is a diverse group of people with different needs and experiences.
- The elderly population has the right to live well and to be consulted and involved in decisions about their care.
- The elderly population is protected from abuse and neglect.

The strategy also sets out a number of key actions, including the following:

- To improve the health and quality of life of the elderly population by promoting healthy living and preventing illness.
- To ensure that the elderly population has access to the services and resources they need to live well.
- To ensure that the elderly population is protected from abuse and neglect.

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553 **B**
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	City of Ann Arbor - Miller Manor PO Box 8647 Ann Arbor, MI 48104	Kathleen Kelchner Contact Telephone # 313.749.7692
--	--	--

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):
<input type="checkbox"/> Friable Asbestos	11/16	Fiber Drums/6 mil bags	
<input type="checkbox"/> Non-Friable Asbestos	19/57	Fiber Drums/6 mil bags	984
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 11-14-13

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: <i>Mark Cheney</i>	Title: Supervisor
Signature:	Date: 11-14-13

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: <i>STEVE J. HILSON</i>	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: <i>Mark</i>	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 #: 14-553 ^B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	City of Ann Arbor - Miller Manor PO Box 8647 Ann Arbor, MI 48104	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	20	BAGS	
<input type="checkbox"/> Non-Friable Asbestos	18/15	Fiber Drums / Bags	
<input type="checkbox"/> Other:			7.97

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: 11-25-14

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: <i>Max Cheney</i>	Title: Supervisor
Signature:	Date: 11-25-14

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: STEVE JOHNSON	Title: Driver
Signature:	Date: 12-4-14

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

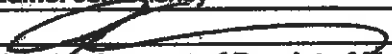


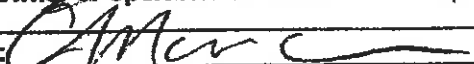

Printed/Typed Name: <i>Max Cheney</i>	Title:
Signature:	Date: 12-4-14

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-553**b**
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name	
Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Ann Arbor Housing Commission PO Box 8647 Ann Arbor, MI 48104	Kathleen Kelchner Contact Telephone # (313) 749-7692	
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):
<input type="checkbox"/> Friable Asbestos	6	6 mil bags	
<input type="checkbox"/> Non-Friable Asbestos	4 / 29	DMAS / 6 mil bags	
<input type="checkbox"/> Other:			5.76
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: 12-11-14		
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: 12-11-14		
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: STEVE TOTHUSOR	Title: Driver		
Signature: 	Date: 12-31-14		
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: 12-31-14		

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-563B

Landfill Approval #: 30891314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name:**

Miller Manor 727 Miller Avenue Ann Arbor, MI 48103	Ann Arbor Housing Commission PO Box 8847 Ann Arbor, MI 48104	Kathleen Kalchner Contact Telephone # (313) 949-7892
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2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	28851 Trowbridge Inkster, MI 48141	(313) 791-2600
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3) **Waste Disposal Site (WDS) Name:** **Waste Disposal Mailing Address:** **Disposal Site Telephone #:**

Creston Farms Landfill	28800 Clark Rd. New Boston, MI 48164	(734) 854-0001
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30026 Lansing, MI 48906

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	1	Bag	
☐ Non-Friable Asbestos	11/28	Bags / Drums	12.88
☐ Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
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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 Chaney	Title: Project Manager
Signature:	Date: 2-16-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.	
Address: 28851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600
Printed/Typed Name: Andrew Plak	Title: Supervisor
Signature:	Date: 2-18-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne	
Address: 6400 Cogewell, Wayne, MI 48164	Phone Number: (734) 216-8240
Printed/Typed Name: Miss Burkus	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: Miss Shuff	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 #: 14-553 *B*
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name
Miller Manor 737 Miller Ave Ann Arbor, MI 48103	Ann Arbor Housing Commission 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone #
		(313) 749-7692

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):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	7, 18	Drums, Bags	5.6
<input type="checkbox"/> Other:			

7) Special Handling Instructions and Additional Information:
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 3-20-15

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:	Date: 3-20-15

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: John Nitecki	Title: Driver
Signature:	Date: 3-25-15

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.	
Printed/Typed Name:	Title:
Signature:	Date: 3-25-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address: Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Owner's Name: City of Ann Arbor - Miller Manor PO Box 8647 Ann Arbor, MI 48104	Contact Name: Kathleen Kelchner Contact Telephone #: 313.749.7692
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2) Operator's Name: Environmental Maintenance Engineers, Inc.	Operator's Address: 25851 Trowbridge Inkster, MI 48141	Operator's Telephone #: (313) 791-2600
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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
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4) Responsible Agency: Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
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5) Description of Materials:		
Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) Containers:	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	24, 15	Bags / Drums	8.16
<input type="checkbox"/> Other:			

7) Special Handling Instructions and Additional Information: Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	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: A Ptak	Title: Supervisor
Signature:	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 JATHSON	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: Seal
Signature:	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 #: 14-553B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	10	Bag 5	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
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8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 4-10-15

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 Palk	Title: Supervisor
Signature:	Date: 4-10-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne	
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240
Printed/Typed Name: Terrence Ewing	Title: Driver
Signature:	Date: 4-29-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 4-24-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553 *B*
Landfill Approval #: 30891314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	13, 29	Drums, Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
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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: 4-17-15

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 Plak	Title: Supervisor
Signature:	Date: 4-17-15

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: 4-22-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 4-23-15

5050

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-5536

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 737 Miller Ave Ann Arbor, MI 48103	Ann Arbor Housing Commission 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # (313) 749-7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	16 69	Drums Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
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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: 4-24-18

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:	Date: 4-24-18

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: 5-9-18

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: 5-4-18

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: City of Ann Arbor - Miller Manor
PO Box 8647
Ann Arbor, MI 48104

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):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	8, 27	Drums Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 4-29-15

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:	Date: 4-29-15

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: John Mitecki	Title: Driver
Signature:	Date: 5-8-15

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 Shultz	Title: Scale house
Signature:	Date: 5-8-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	2	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 5-8-15

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:	Date: 5-8-15

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: John Ditek	Title: Driver
Signature:	Date: 5-29-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 5-29-15

Michigan Department of Natural Resources Air Quality Division

51300
3414

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name:**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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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	8, 19	Drums, 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: 5-22-15

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:	Date: 5-22-15

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: John N. Teck	Title: Driver
Signature:	Date: 5-29-15

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 Stuffs	Title: SAU
Signature:	Date: 5-29-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name:**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner Contact Telephone # 313.749.7692
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2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	2, 141	Drums, Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 5-29-15

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 Ptko	Title: Supervisor
Signature:	Date: 5-29-15

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 Berler	Title: Driver
Signature:	Date: 6/15/15

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: C. Moron	Title:
Signature:	Date: 6-15-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: Maple Tower Ann Arbor Limited Divd Housing
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):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	29	Bags	
<input type="checkbox"/> Other:		Drums	

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: *[Signature]* **Date:** 6-12-15

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: Andrew Katak **Title:** Supervisor
Signature: *[Signature]* **Date:** 6-15-15

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 Burkert **Title:** Driver
Signature: *[Signature]* **Date:** 7/1/15

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 Shultz **Title:** SCAC
Signature: *[Signature]* **Date:** 7-1-15

Michigan Department of Natural Resources Air Quality Division

305

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-5536
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	18	bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
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8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 7-2-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.	
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600
Printed/Typed Name: Andrew Bell	Title: Supervisor
Signature:	Date: 7-2-15

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: Joe Hubowski	Title: Driver
Signature:	Date: 7-8-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name: Michigan Manor	Title: Supervisor
Signature:	Date: 7/15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: Maple Tower Ann Arbor Limited Divd Housing
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):
<input type="checkbox"/> Friable Asbestos	57	Bags	
<input type="checkbox"/> Non-Friable Asbestos	1	Bags, Drums	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 7-16-15

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 Plak	Signature:	Title: Supervisor
		Date: 7-16-15

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 Meeks	Signature:	Title: Driver
		Date: 7/27/15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 7-30-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: Maple Tower Ann Arbor Limited Divd Housing
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):
<input checked="" type="checkbox"/> Friable Asbestos	2	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 7-20-11

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 Plak	Title: Supervisor
Signature:	Date: 7-20-15

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: John Valley	Title: Driver
Signature:	Date: 8-5-15

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: SCOP
Signature:	Date: 8-8

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-553 *B*
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos	6	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature: <i>[Signature]</i>	Date: 7-27-15

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: <i>[Signature]</i>	Date: 7-27-15

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: JOHN TALLEY	Title: Driver
Signature: <i>[Signature]</i>	Date: 8-5-15

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: Delina	Title:
Signature: <i>[Signature]</i>	Date: 8/5/15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553 β
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address: Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Owner's Name: Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Contact Name: Kathleen Keichner 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
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4) Responsible Agency: Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909
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5) Description of Materials:		
Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) Containers:			
	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	33-4	Bags, Drums	
<input type="checkbox"/> Other:			

7) Special Handling Instructions and Additional Information: Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.	
Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 7-31-15

9) Transporter (Acknowledgement of Receipt of Materials):	
Name: Environmental Maintenance Engineers, Inc.	
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600
<input type="checkbox"/> Printed/Typed Name: ANDREW PFAK	Title: Supervisor
<input type="checkbox"/> Signature:	<input type="checkbox"/> Date: 7-31-15

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: JOHN TALLEY	Title: Driver
Signature:	Date: 8-5-15

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: Debra	Title:
Signature:	Date: 8/5/15

Michigan Department of Natural Resources Air Quality Division

Check dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553**B**
Landfill Approval #: 30891314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name:**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone #: 313.749.7692

2) **Operator's Name:** **Operator's Address:** **Operator's Telephone #:**

Environmental Maintenance Engineers, Inc.	25851 Trowbridge Inkster, MI 48141	(313) 791-2600
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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
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4) **Responsible Agency:**

Air Quality Division, Michigan Department of Natural Resources P.O. Box 30028 Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
<input type="checkbox"/> Friable Asbestos			
<input type="checkbox"/> Non-Friable Asbestos	3	Bags	
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
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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: 8-14-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.	
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600
<input type="checkbox"/> Printed/Typed Name: Andrew Glick	Title: Supervisor
<input type="checkbox"/> Signature:	<input type="checkbox"/> Date: 8-14-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne	
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240
Printed/Typed Name: Joe Hrbrowski	Title: Driver
Signature:	Date: 8-28-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name: Megan Smith	Title: Owner
Signature:	Date: 8/28

Michigan Department of Natural Resources Air Quality Division

2012
7-11
14-553B

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553B
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: Maple Tower Ann Arbor Limited Divd Housing
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	4	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: 8-27-15

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:	Date: 8-27-15

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 Keith	Title: Driver
Signature:	Date: 9-2-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 9-2-15

Michigan Department of Natural Resources Air Quality Division

5055
9-11

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: Maple Tower Ann Arbor Limited Divd Housing
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):
<input type="checkbox"/> Friable Asbestos	5	Bags	92
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 9-8-15

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

Signature:

Date: 9-8-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne

Address: 5400 Cogswell, Wayne, MI 48184

Phone Number: (734) 216-8240

Printed/Typed Name: Charles D. Phillip

Signature:

Date: 9-15-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title: 9-15-15
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 #: 14-553 *B*
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name
Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone #
		313 749.7692

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):
<input type="checkbox"/> Friable Asbestos	23	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) Special Handling Instructions and Additional Information:
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 9-12-15

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: Andrew P. H.		Title: Supervisor	
Signature:		Date: 9-14-15	

10) Transporter 2 (Acknowledgement of Receipt of Materials):			
Name: Republic Services - Wayne			
Address: 5408 Cogswell, Wayne, MI 48184		Phone Number: (734) 216-8240	
Printed/Typed Name: Charles D. Phillips		Title: Driver	
Signature:		Date: 9-24-15	

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.	
Printed/Typed Name:	Title:
Signature:	Date: 9-30-15

Michigan Department of Natural Resources Air Quality Division

3078
7-M

Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-5595
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

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):
<input type="checkbox"/> Friable Asbestos	3	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 9-22-15

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:	Date: 9-22-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services Wayne	
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240
Printed/Typed Name: Charles D Phillips	Title: Driver
Signature:	Date: 10-6-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name: William Smith	Title: Scale
Signature:	Date: 10/6



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141 Office 313.791.2600 - Fax: 313.791.2601

January 13, 2016

Mr. Andy Foerg
Environmental Consulting Solutions
523 West Sunnybrook
Royal Oak, MI 48073

RE: AAHC-River Run Project – Miller Manor
December 1 2015, December 8 2015, December 9, 2015
Asbestos Abatement Closeout Documents
EME Job #: 14-553B

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	Expiration Date
C2684	12/08/2016
<i>State of Michigan</i>	
Department of Licensing and Regulatory Affairs	
Environmental Maintenance Engineers, Inc. has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a	
LICENSED ASBESTOS ABATEMENT CONTRACTOR	
Type II (5 + employees)	
The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.	
<small>MIO 3003 (05/2011) Authority: Michigan Public Act 135 of 1986, as amended</small>	2053
<small>119093</small>	

MEM
11-2-15

The Michigan Department of Licensing and Regulatory Affairs (LARA) has reviewed and approved your application for a Michigan Asbestos Abatement Contractors License. The License Certificate is valid for a period of one year.

The Department is requiring each licensed asbestos abatement contractor to notify the Department of any asbestos abatement project exceeding 10 linear feet or 15 square feet of friable asbestos containing material. This notification must reach the office of the Asbestos Program at least 10 days before the beginning of each project. If for any reason there are revisions or modifications to a notification, your company must notify LARA by FAX or telephone. If the revision is via telephone, your company must follow-up with a formal written revision.

Please be advised, your company must continue to maintain records of post-abatement air monitoring results. LARA can and may request these post asbestos abatement monitoring results periodically. Please be reminded that any additional or new employees must be accredited before they engage in any asbestos abatement activities.

To apply for renewal of this license, please submit an application no sooner than 90 days and no later than 30 days before the license expires. The Department must also be notified of any address or ownership changes. Project notifications and questions regarding your license should be directed to the Michigan Department of Licensing and Regulatory Affairs, CSHD-Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909-8171, 517.322.5806.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: Carolyn Belcher PHONE (A/C, No, Ext): (248) 471-0970 E-MAIL ADDRESS: cbelcher@gswins.com	FAX (A/C, No): (248) 471-0641
	INSURER(S) AFFORDING COVERAGE	
INSURED Environmental Maintenance Engineers, Inc. 25851 Trowbridge Inkster MI 48141	INSURER A: Westchester Surplus Lines Insurance NAIC # 10172	
	INSURER B: Travelers Indemnity Company of CT 25682	
	INSURER C: Liberty Mutual Insurance 0077	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 15-16 Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			G27138470003	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA0135C519	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			G27140476003	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC534S542329	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			G27138470003	10/1/2015	10/1/2016	Limit: \$2,000,000
A	Contractor's Pollution			G27138470003	10/1/2015	10/1/2016	Limit: \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Ann Arbor Housing Commission, Various Locations

CERTIFICATE HOLDER Environmental Resources Group LLC 28003 Center Oaks Court Suite 106 Wixom, MI 48393	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Patrick Williams/CTB <i>Patrick Williams</i>

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25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S** 12-1-15 Job #: 14553B
 Week Ending Date: 12-6-15 Job Name: Miller
 Truck #/Driver: 341/Danny HO **ACM** Mold / Lead / Other
 Work Area: First floor lobby office

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal	Signs/Banner Tape
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure	AFD's Set-up Vented
Transite Siding/	Removal/Replacement	Isolation of HVAC system
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops
Lead Based Paint	LBP HEPA Power Tools	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other <i>drywall</i>	Selective Demolition	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection	Gross/Final Clean-up	# of Neg. Air Machines
Half-Face/Full-Face/PAPR's	Load Out Activities	Barriers Intact And Sound
Disposable Suits	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots	Wet Methods IAQ Shockwave	Employee PPE Used
Gloves Rubber/Cotton	HEPA Vacuum Sequence	Electrical Safety In Place
Safety Glasses/Full Face	All Equip./Tools Cleaned	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring
Fall Protection	Work Area Teardown	Consultant/Supervisor Visual
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru	Personnel Decontaminated
		Work Area Inspected/Secure

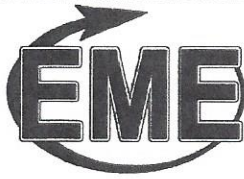
Consultant Firm: **AEL** Representative Name: *Math Rodgers* Visual/Testing: Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
A. Ptak	A25587		6 ⁰⁰	12 ⁰⁰	12 ³⁰	3 ³⁰	8.5	<i>Andrew Ptak</i>
Danny Carvalho	A39856	W	7 ⁰⁰	12 ⁰⁵	12 ³⁰	3 ⁰⁰	2.5	<i>DJ Carvalho</i>
M. Stewart	A45497		7 ³⁰	12 ⁰⁵	12 ³⁰	2 ³⁰	6.5	<i>M Stewart</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite								
	<table border="1"> <tr> <th>~Friable~</th> <th>~Non-Friable~</th> </tr> <tr> <td>25 Bags</td> <td>Bags</td> </tr> <tr> <td>Drums</td> <td>Drums</td> </tr> <tr> <td>Bundles</td> <td>Bundles</td> </tr> </table>	~Friable~	~Non-Friable~	25 Bags	Bags	Drums	Drums	Bundles	Bundles	Status of Job		
~Friable~	~Non-Friable~											
25 Bags	Bags											
Drums	Drums											
Bundles	Bundles											
		Project On-going - someone to return										
		Note:										
		<input checked="" type="checkbox"/> Complete - no one will need to return										

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *Andrew Ptak*



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: **S M T W T F S 12-8-15** Job #: **14 553B**
 Week Ending Date: **12-13-15** Job Name: **Moller**
 Truck #/Driver: **34 / Treglown** **ACM / Mold / Lead / Other**
 Work Area: **606**

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:
Y N n/a	Y N n/a	Y N n/a
ACM Pipe/Fitting	Removal <input checked="" type="checkbox"/>	Signs/Banner Tape <input checked="" type="checkbox"/>
ACM Boiler/Tanks/Breeching	Encapsulation	Criticals Set-up <input checked="" type="checkbox"/>
ACM Acoustical Ceiling	Patch/Repair	Full/Mini Enclosure <input checked="" type="checkbox"/>
ACM Ceiling Tiles/Glue Pods	Glove-bag Removal	Plywood 2"x4" Structures
VAT Mastic Carpet	Enclosure <input checked="" type="checkbox"/>	AFD's Set-up Vented <input checked="" type="checkbox"/>
Transite Siding/	Removal/Replacement	Isolation of HVAC system <input checked="" type="checkbox"/>
Insulation/Vermiculite	LBP Removal Chemical	Poly Walls Floors Drops <input checked="" type="checkbox"/>
Lead Based Paint	LBP HEPA Power Tools <input checked="" type="checkbox"/>	Portable/Full Decon Chamber
Mold Remediation	Dry Ice Blasting	Water System Set-up
Industrial/Universal Waste	Aggressive Hand Cleaning	Electric GFCI's/Temp. Panel
Other Drywall <input checked="" type="checkbox"/>	Selective Demolition <input checked="" type="checkbox"/>	Scaffold/Bakers/5'x7'/Manlift

Personal protective equipment:	Clean-up activities:	Inspections:
Y N n/a	Y N n/a	Y N n/a
Respiratory protection <input checked="" type="checkbox"/>	Gross/Final Clean-up <input checked="" type="checkbox"/>	# of Neg. Air Machines <input checked="" type="checkbox"/>
Half-Face/Full-Face/PAPR's <input checked="" type="checkbox"/>	Load Out Activities <input checked="" type="checkbox"/>	Barriers Intact And Sound <input checked="" type="checkbox"/>
Disposable Suits <input checked="" type="checkbox"/>	Surfactants/Ledizolv	DECON/Shower Inspection
Steel Toe/Rubber Boots <input checked="" type="checkbox"/>	Wet Methods IAQ Shockwave	Employee PPE Used <input checked="" type="checkbox"/>
Gloves Rubber/Cotton <input checked="" type="checkbox"/>	HEPA Vacuum Sequence <input checked="" type="checkbox"/>	Electrical Safety In Place <input checked="" type="checkbox"/>
Safety Glasses/Full Face <input checked="" type="checkbox"/>	All Equip./Tools Cleaned <input checked="" type="checkbox"/>	OSHA Inspection Site Review
Hard hats/Hearing Protection	Final Lockdown	Consultant/EME Monitoring <input checked="" type="checkbox"/>
Fall Protection	Work Area Teardown <input checked="" type="checkbox"/>	Consultant/Supervisor Visual <input checked="" type="checkbox"/>
Scaffold Safety Rails/Manlift	Final Worksite Walk-Thru <input checked="" type="checkbox"/>	Personnel Decontaminated <input checked="" type="checkbox"/>
		Work Area Inspected/Secure <input checked="" type="checkbox"/>

Consultant Firm: **AFC** Visual/Testing: **lan**
 Representative Name: **AFC lan** 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. Piatek	A25587				12:30	5:00	4.5	<i>[Signature]</i>
Chris Treglown	A36314				12:30	5:00	4.5	<i>[Signature]</i>
Drew Garza	A45727				12:30	4:30	4	<i>[Signature]</i>

Safety Issues:	Asbestos Waste <input checked="" type="checkbox"/>	Dumpster	EME	Onsite
	~Friable~	~Non-Friable~	Status of Job	
	4 Bags	Bags	Project On-going - someone to return	
	Drums	Drums	Note:	
	Bundles	Bundles	Complete - no one will need to return	

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.
 Signature: *[Signature]*



25851 Trowbridge St., Inkster, MI 48141
 Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T **W** T F S 12-9-15 Job #: 145530
 Week Ending Date: 12-13-15 Job Name: Miller
 Truck #/Driver: 43/Treglowan **ACM** Mold / Lead / Other
 Work Area: 406 506 606

Daily Construction Report

General Work Description:	The type of abatement conducted:	Set-up procedures conducted:																																																																																																																																				
<table border="1"> <tr><td>ACM Pipe/Fitting</td><td>Y</td><td>N</td><td>n/a</td></tr> <tr><td>ACM Boiler/Tanks/Breeching</td><td></td><td></td><td></td></tr> <tr><td>ACM Acoustical Ceiling</td><td></td><td></td><td></td></tr> <tr><td>ACM Ceiling Tiles/Glue Pods</td><td></td><td></td><td></td></tr> <tr><td>VAT Mastic Carpet</td><td></td><td></td><td></td></tr> <tr><td>Transite Siding/</td><td></td><td></td><td></td></tr> <tr><td>Insulation/Vermiculite</td><td></td><td></td><td></td></tr> <tr><td>Lead Based Paint</td><td></td><td></td><td></td></tr> <tr><td>Mold Remediation</td><td></td><td></td><td></td></tr> <tr><td>Industrial/Universal Waste</td><td></td><td></td><td></td></tr> <tr><td>Other <u>Drywall</u></td><td></td><td></td><td></td></tr> </table>	ACM Pipe/Fitting	Y	N	n/a	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 <u>Drywall</u>				<table border="1"> <tr><td>Removal</td><td>✓</td><td></td><td></td></tr> <tr><td>Encapsulation</td><td></td><td></td><td></td></tr> <tr><td>Patch/Repair</td><td></td><td></td><td></td></tr> <tr><td>Glove-bag Removal</td><td></td><td></td><td></td></tr> <tr><td>Enclosure</td><td>✓</td><td></td><td></td></tr> <tr><td>Removal/Replacement</td><td></td><td></td><td></td></tr> <tr><td>LBP Removal Chemical</td><td></td><td></td><td></td></tr> <tr><td>LBP HEPA Power Tools</td><td>✓</td><td></td><td></td></tr> <tr><td>Dry Ice Blasting</td><td></td><td></td><td></td></tr> <tr><td>Aggressive Hand Cleaning</td><td></td><td></td><td></td></tr> <tr><td>Selective Demolition</td><td>✓</td><td></td><td></td></tr> </table>	Removal	✓			Encapsulation				Patch/Repair				Glove-bag Removal				Enclosure	✓			Removal/Replacement				LBP Removal Chemical				LBP HEPA Power Tools	✓			Dry Ice Blasting				Aggressive Hand Cleaning				Selective Demolition	✓			<table border="1"> <tr><td>Signs/Banner Tape</td><td>✓</td><td></td><td></td></tr> <tr><td>Criticals Set-up</td><td>✓</td><td></td><td></td></tr> <tr><td>Full/Mini Enclosure</td><td>✓</td><td></td><td></td></tr> <tr><td>Plywood 2"x4" Structures</td><td></td><td></td><td></td></tr> <tr><td>AFD's Set-up Vented</td><td>✓</td><td></td><td></td></tr> <tr><td>Isolation of HVAC system</td><td>✓</td><td></td><td></td></tr> <tr><td>Poly Walls Floors Drops</td><td>✓</td><td></td><td></td></tr> <tr><td>Portable/Full Decon Chamber</td><td></td><td></td><td></td></tr> <tr><td>Water System Set-up</td><td></td><td></td><td></td></tr> <tr><td>Electric GFCI's/Temp. Panel</td><td></td><td></td><td></td></tr> <tr><td>Scaffold/Bakers/5'x7'/Manlift</td><td></td><td></td><td></td></tr> </table>	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			
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Consultant Firm: AFC Reg Visual/Testing: _____
 Representative Name: AFC Reg Accreditation Number: _____

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor:								
<u>A Reg</u>	<u>A25587</u>				<u>12:30</u>	<u>5:00</u>	<u>7.5</u>	<u>[Signature]</u>
<u>Chris Treglowan</u>	<u>A36314</u>				<u>12:30</u>	<u>6:20</u>	<u>5.5</u>	<u>[Signature]</u>
<u>Drew Gure</u>	<u>A48727</u>				<u>12:30</u>	<u>5:30</u>	<u>5</u>	<u>[Signature]</u>

Safety Issues: _____

Asbestos Waste ✓		Dumpster	EME	Onsite
~Friable~	~Non-Friable~	Status of Job		
<u>4</u> Bags		Project On-going - someone to return		
		Note:		
		Complete - no one will need to return		

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: [Signature]

Certification No. 7805
0.02.02.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Danny Carvalho
SS#:

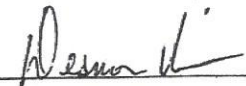
Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: February 20, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: February 20, 2015 Friday
EXPIRATION DATE: February 20, 2016

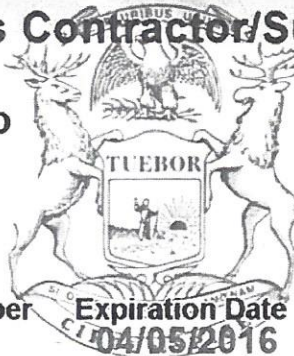

EPA REG. V #515 Sponsor / Instr

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor
Danny Carvalho



Accreditation Number
A39856

Expiration Date
04/05/2016



DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

115466

Certification No. 6625
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES
Andrew Michael Garza
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of Mi. Regulations as amended

LOCATION
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 20, 2015 Monday

Score: > 70%

Course Date: April 20, 2015, Monday

Exolration Date: April 20. 2016


E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Andrew M. Garza



Accreditation Number
A45727

Expiration Date
05/22/2016

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

116320

Certification No. 9213
0.06.06.15

JMS Asbestos Training Center & Environmental Service
TRAINING DIVISION
40 Hours, 5-Days Asbestos Contractor/Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Andrew Anthony Ptak
SS#

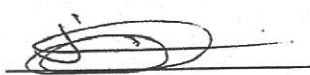
Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE 11/ASHARA
Section 15 (a) (3) Lc. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:

2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: June 05, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: June 01-05, 2015 Monday-Friday
EXPIRATION DATE: June 05, 2016


EPA REG. V #515 Sponsor/Instructor

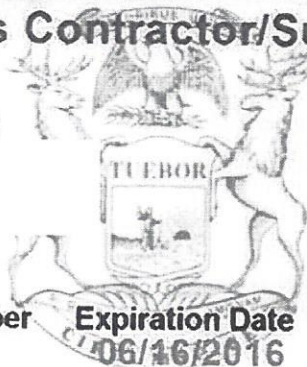
State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Andrew A. Ptak



Accreditation Number
A25587

Expiration Date
06/16/2016



DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is
not valid if altered

117387

Certification No. 2572
0.03.03.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION


THIS CERTIFIES
Martin Stewart
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA
Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2869E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: March 23, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: March 23, 2015 Monday
EXPIRATION DATE: March 23, 2016


EPA REG. V #515 Sponsor / Instructor

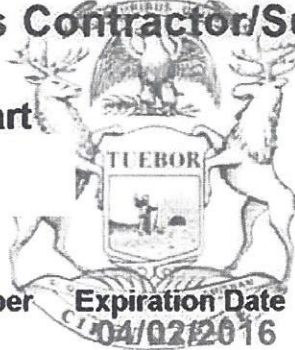
State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Contractor/Supervisor

Martin P. Stewart



Accreditation Number
A45497

Expiration Date
04/02/2016

DOB:!

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

115797

Certification No. 8197
12.11.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day 8 Hours Asbestos Abatement Worker Refresher Course

CERTIFICATE OF COMPLETION
THIS CERTIFIES
Christopher Daniel Treglown
SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Abatement Worker

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA
TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9029 Fax: (313) 870-9041

Examination Date: December 11, 2015, Friday
Score: > 70%
Course Date: December 11, 2015, Friday
Expiration Date: December 11, 2016


E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan

Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program



Asbestos Abatement Worker

Christopher D. Treglown



Accreditation Number **A36314** Expiration Date **01/29/2016**



DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

114126

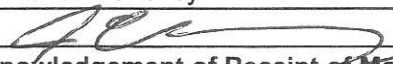
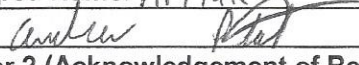
Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-553 *6*

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name	
Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner	
		Contact Telephone #	
		313.749.7692	
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):
<input type="checkbox"/> Friable Asbestos	25	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			
7) Special Handling Instructions and Additional Information:			
Handled in accordance with all EPA, NESHAP, & OSHA Regulations			
8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.			
Printed/Typed Name: Jeff Cheney	Title: Project Manager		
Signature: 	Date: 12-1-18		
9) Transporter (Acknowledgement of Receipt of Materials):			
Name: Environmental Maintenance Engineers, Inc.			
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600	
Printed/Typed Name: A. Pyle	Title: Supervisor		
Signature: 	Date: 12-1-18		
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 #: 14-5536
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** **Owner's Name:** **Contact Name**

Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone # 313.749.7692

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):
<input type="checkbox"/> Friable Asbestos	25	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations
--

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 12-1-16

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.	Phone Number: (313) 791-2600
Address: 25851 Trowbridge, Inkster, MI 48141	
<input type="checkbox"/> Printed/Typed Name: A. Phala	Title: Supervisor
<input type="checkbox"/> Signature:	<input type="checkbox"/> Date: 12-1-16

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne	Phone Number: (734) 216-8240
Address: 5400 Cogswell, Wayne, MI 48184	
<input type="checkbox"/> Printed/Typed Name: Patrick English	Title: Driver
<input type="checkbox"/> Signature:	Date: 12-22-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 12-22-15

Michigan Department of Natural Resources Air Quality Division

Check here if dumpster is located
on a jobsite (not at the office)

Internal Job #: 14-553 *B*
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:	Owner's Name:	Contact Name
Miller Manor 727 Miller Ave. Ann Arbor, MI 48103	Maple Tower Ann Arbor Limited Divd Housing 727 Miller Ave. Ann Arbor, MI 48103	Kathleen Kelchner
		Contact Telephone #
		313.749.7692
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)
<input type="checkbox"/> Friable Asbestos	<i>8</i>	<i>Bags</i>
<input type="checkbox"/> Non-Friable Asbestos		
<input type="checkbox"/> Other:		
7) Special Handling Instructions and Additional Information:		
Handled in accordance with all EPA, NESHAP, & OSHA Regulations		
8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.		
Printed/Typed Name: Jeff Cheney	Title: Project Manager	
Signature: <i>[Signature]</i>	Date: 12-9-15	
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: <i>Andrew Ptak</i>	Title: Supervisor	
Signature: <i>[Signature]</i>	Date: 12-9-15	
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 #: 14-5536
Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:** Miller Manor
727 Miller Ave.
Ann Arbor, MI 48103

Owner's Name: Maple Tower Ann Arbor Limited Divd Housing
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):
<input type="checkbox"/> Friable Asbestos	4	Bags	
<input type="checkbox"/> Non-Friable Asbestos			
<input type="checkbox"/> Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney | **Title:** Project Manager
Signature: *[Signature]* | **Date:** 12-9-15

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 Patak | **Title:** Supervisor
Signature: *[Signature]* | **Date:** 12-9-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**
Name: Republic Services - Wayne
Address: 5400 Cogswell, Wayne, MI 48184 | **Phone Number:** (734) 216-8240
Printed/Typed Name: TERRENCE EDWARDS | **Title:** Driver
Signature: *[Signature]* | **Date:** 1-5-16

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 Shurtz | **Title:** Steve
Signature: *[Signature]* | **Date:** 1-5-16

ATTACHMENT 3

TABLE SUMMARIZING REMAINING ACMS

Miller Manor Remaining Asbestos Containing Material

Unit #	Asbestos Containing Material						
	Joint Compound	Mastic Under 12x12 Floor Tile	12x12 Floor Tile and Mastic	Sink Glazing	Grey Cement Caulk	2x4 Pinhole Fissured Ceiling Tile	Roofing Material
108	X						
110	X						
112	X						
113	X						
114	X						
115	X						
116	X						
201	X						
202	X						
203	X						
204	X						
205	X						
206	X						
207	X						
208	X						
209	X						
210	X						
211	X						
212	X						
213	X						
214	X						
215	X						
216	X						
Laundry	X						
301	X						
302	X						
303	X						
305	X						
306	X						
307	X						
308	X						
309	X						
310	X						
311	X						
312	X						
313	X						
314	X						
315	X						
316	X						
317	X						
401	X						

Miller Manor Remaining Asbestos Containing Material

Unit #	Asbestos Containing Material						
	Joint Compound	Mastic Under 12x12 Floor Tile	12x12 Floor Tile and Mastic	Sink Glazing	Grey Cement Caulk	2x4 Pinhole Fissured Ceiling Tile	Roofing Material
402	X						
403	X						
405	X						
406	X						
407	X						
408	X						
409	X						
410	X						
411	X						
412	X						
413	X						
414	X						
416	X						
417	X						
501	X						
502	X						
503	X						
504	X						
505	X						
506	X						
507	X						
508	X						
509	X						
510	X						
511	X						
512	X						
513	X						
514	X						
515	X						
517	X						
601	X						
602	X						
603	X						
604	X						
605	X						
606	X						
607	X						
609	X						
610	X						
611	X						
612	X						
613	X						

Miller Manor Remaining Asbestos Containing Material

Unit #	Asbestos Containing Material						
	Joint Compound	Mastic Under 12x12 Floor Tile	12x12 Floor Tile and Mastic	Sink Glazing	Grey Cement Caulk	2x4 Pinhole Fissured Ceiling Tile	Roofing Material
614	X						
615	X						
616	X						
617	X						
701	X						
702	X						
703	X						
704	X						
705	X						
706	X						
707	X						
708	X						
710	X						
711	X						
712	X						
713	X						
714	X						
715	X						
716	X						
717	X						
Office							
Exterior					X		X
X= Asbestos Containing Material present							

ATTACHMENT 4

**ANN ARBOR HOUSING COMMISSION
ASBESTOS OPERATIONS AND MAINTENANCE PLAN**

**OPERATIONS AND MAINTENANCE
PROGRAM MANUAL**

A GUIDANCE DOCUMENT FOR MANAGING ASBESTOS

AT

**THE ANN ARBOR
HOUSING COMMISSION**

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- Form D-1 Class IV Asbestos Work Misc. OSHA & EPA Recordkeeping
- Form D-2 Class I, II, III & IV Asbestos Work Misc. OSHA & EPA Recordkeeping
- Form D-3 Employer/Employee/Tenant Notification
- Form D-4 Contractor Certification of Asbestos-Free Product Installation
- Form D-5 Proof of Asbestos Training 2-Hour Course (Class IV Work)
- Form D-6 Proof of Asbestos Generic Material Training 8-Hour Course (Class II Work)
- Form D-7 Proof of O & M Training 16-Hour Course (Class III Work)
- Form D-8 Asbestos Worker Training Program 32-Hour Course (Class I and II Work)
- Form D-9 Contractor Supervisor Training Program 40-Hour Course (Class IV Work)
- Form D-10 Warning Label Installation

Appendix C - Medical Surveillance Forms

Appendix D - Glossary of Terms

OVERVIEW OF THE OPERATIONS AND MAINTENANCE PROGRAM

This is the Operations and Maintenance Program Manual for:

THE ANN ARBOR HOUSING COMMISSION

The Operations and Maintenance Program (commonly referred to as an O & M Program) is a set of work practices and procedures designed to minimize or eliminate the exposure of building occupants to asbestos fibers. It is not presently feasible for **ANN ARBOR HOUSING COMMISSION** to remove all of the asbestos-containing materials (ACM) from our housing units. However, it is feasible to implement an O & M Program to maintain and manage the existing ACMs. It is **ANN ARBOR HOUSING COMMISSION'S** long-term plan to ultimately remove the vast majority of friable ACMs from our facilities. Until this goal can be attained, the O & M Program will be used to provide the maximum feasible level of protection to the public, tenants and workers in our buildings.

This O & M Program is a working document, with procedures and guidelines that may need to be revised or changed. As a result, the **ANN ARBOR HOUSING COMMISSION** reserves the right to make any revisions or changes to this document at any time, as deemed necessary.

A. Environmental Protection Agency Goals

The Environmental Protection Agency (EPA) has established two basic O & M Program goals as defined in EPA reference guides and training manuals. These goals are:

1. Clean up pre-existing asbestos contamination, which has occurred from past work, accidents and daily activities. This is accomplished through detailed initial cleaning procedures identified in Section I, Part 5 of this O & M Program Manual.
2. Maintain asbestos materials that remain in buildings in good condition. This is accomplished through detailed work and emergency practices identified in Section II, Parts 1 and 2 of this O & M Program Manual.

B. Occupational Safety and Health Administration (OSHA) Goals

The primary goals of the Occupational Safety and Health Administration (OSHA) are to:

1. Ensure the protection of employees from unintentional exposure to asbestos containing materials (ACM).
2. Ensure that employees who must disturb ACM are trained and protected pursuant to existing regulatory standards.

This O & M Program Manual has established procedures that attempt to meet and in certain cases exceed the EPA and OSHA goals outlined above.

C. Description of the O & M Program Manual

This O & M Program Manual is divided into Section I and Section II. Section I has 5 parts and Section II has 2 parts, as outlined in the table of contents. Both sections have summaries explaining their use, and the summaries should be consulted for a general overview of each section. While the summaries will aid in a clear understanding of each section, the manual should be read and used in its entirety for the Asbestos Program to function properly. This O & M Program Manual is divided and used as follows:

1. **Section I covers administrative procedures that must be conducted in order for the O & M Program to function properly.** Before any in-house O & M activities commence in this facility, all procedures located in Section I (excluding part 5, d & e) should be completed and/or placed into operation. Key personnel involved with the O & M Program are identified with a brief description of their responsibilities. This section serves as a type of checklist for at least minimal compliance with federal regulatory requirements.
2. **Section II covers work practices for asbestos-containing materials.** This section is the day-to-day functioning part of the O & M Program and provides step-by-step procedures for dealing with the various asbestos-containing materials, focusing on the asbestos drywall joint compound materials.

Refer to each Section as needed. Both sections are, however, extremely interrelated and should be continuously and simultaneously used. As mentioned above, each section has a summary detailing its contents and use. The summaries should be thoroughly read for a clear understanding of this O & M Program Manual. It is also important to note that if you are involved with any aspect of the O & M Program, it is essential that you read and understand the entire contents of this manual.

SECTION I

Administrative Procedures

Section I

Summary

The Federal OSHA Asbestos Standards (29CFR Part 1910 and 1926.1101) identify a wide range of employer responsibilities including, but not limited to, notification procedures, training requirements, personal protection procedures and labeling to name a few.

In order to properly implement this Operation and Maintenance (O & M) Program there are a number of administrative steps that need to be taken. These steps are delineated into five (5) distinctive parts within this section.

This section is divided into five (5) parts; all parts need to be diligently implemented for an effective O & M Program.

Part 1 - Part 1 details general administrative responsibilities and recordkeeping.

Part 2 - Part 2 details the methods in which employees are notified of asbestos related issues.

Part 3 - Part 3 details the training requirements for employees and outside contractors.

Part 4 - Part 4 details the employee protection pursuant to applicable OSHA regulations.

Part 5 - Part 5 details the procedures for surveillance and housekeeping activities within this facility.

Section I
Part 1

**General Administrative Responsibilities
and
Recordkeeping**

A. Administrative Responsibilities

The **Maintenance Manager** is responsible for ensuring that all asbestos-related activities are carried out in accordance with applicable with Federal, State and Local Regulations and ordinances. The following is a brief summary of a partial list of regulations that must be complied with.

Federal Regulations

EPA National Emission Standards for Hazardous Air Pollutants (NESHAP) 40CFR Part 61

The NESHAP Regulation is a federal standard affecting all public and commercial buildings. The primary components of the law address demolition, renovation and governmental agency notification when amounts greater than 160 square feet, 260 linear feet or 35 cubic feet of friable ACM are impacted or disturbed. The standard also addresses ACM waste disposal information and procedures.

Occupational Safety and Health Administration (OSHA) General Industry & Construction

The OSHA asbestos standards are primarily focused on employee protection and training. The law addresses multi-employer worksites, regulated areas, exposure assessments/monitoring, methods of compliance, employee protection, communication of hazards, housekeeping and medical surveillance. Generally, the OSHA Construction Standard is designed to ensure that all employees who may disturb ACM are properly trained in appropriate procedures and equipped to protect themselves and other building occupants from possible asbestos exposure.

Michigan State Regulations

Public Act 135 of 1986

This State law provides for the licensing of asbestos abatement contractors. This regulation also includes air clearance samples at the completion of friable asbestos abatement projects.

Public Act 440 of 1988

This State law provides for the accreditation of certain asbestos related disciplines, such as, Inspectors, Management Planners, Project Designers, Abatement Workers and Contractor/Supervisors (Competent Person).

Rule 6601

This rule requires employers to instruct each employee in the recognition and avoidance of unsafe conditions, and the regulations applicable to his/her work environment to control or eliminate any hazards or other exposure to illness or injury. Asbestos would be one such hazard.

If you are interested in receiving copies of these laws or need clarification, contact the relevant agencies listed below:

EPA NESHAP	Michigan Department of Environmental Quality (517) 373-7064
EPA AHERA	EPA Region V (312) 353-9062
OSHA/Michigan State Laws	Michigan Department of Licensing & Regulatory Affairs (517) 322-1320

The first step in implementing an O & M Program is to know what is and is not asbestos-containing material in the building(s). According to OSHA, you must assume all surfacing material, floor material and thermal system insulation in buildings constructed prior to 1980 to be asbestos-containing. Therefore, it is required to treat these materials as asbestos until samples of the materials are collected and analyzed pursuant to 1926.1101(k)(ii)(B).

Many of the **ANN ARBOR HOUSING COMMISSION** buildings have had full asbestos inspections performed. A summary of each **ANN ARBOR HOUSING COMMISSION** asbestos inspection that has been performed is located in Section III.

The second step in implementing an effective O & M Program is to designate an individual to ensure that the procedures stated in this manual are properly conducted and that the recordkeeping procedures are performed. This person will here in after be referred to as the Asbestos Administrator.

Name of Asbestos Administrator: **Mr. Lance Mitchell**
Department: **Building Maintenance**
Title: **Maintenance Manager**
Phone Number: **(734) 474-6789**

It is expected that the Asbestos Administrator become properly trained to perform the expected duties. The Asbestos Administrator shall be trained and accredited as a Contractor & Supervisor in accordance with Michigan Public Act 440 of 1988.

Section I
Part 1

B. Recordkeeping

There is extensive recordkeeping mandated by the OSHA regulation and accepted industry practices. The recordkeeping provides the basis for ensuring documented compliance with the regulation. It is vital that the recordkeeping be completed accurately and submitted in an organized manner so as to track all Class I, II and III Work.

The Asbestos Administrator will be responsible for maintaining all relevant records in an O & M Program File.

The following is a list and brief description of Recordkeeping Forms located in Appendix B of the O & M Program Manual. The Asbestos Administrator may use comparable or equivalent forms.

- Form D – 1** Class IV Asbestos Work - Miscellaneous OSHA and EPA Recordkeeping
This form is to be completed when Class IV work activities are conducted.
- Form D – 2** Class I, II and III Asbestos Work - Miscellaneous OSHA and EPA Recordkeeping
This form is to be completed each time Class I through III work activities are conducted.
- Form D – 3** Employer/Employee/Tenant Notification
This form is to be completed in order to document applicable asbestos notification.
- Form D – 4** Contractor Certification of Asbestos-Free Product Installation
This form is to be completed by outside Contractors who are installing building materials, certifying that the products being installed are non-ACM.
- Form D – 5** Proof of Asbestos Awareness Training
This form is to be completed, documenting that all custodial/maintenance employees who may contact ACM are trained in 2-Hour Asbestos Awareness.
- Form D – 6** Proof of Generic Material Training
This form is to be completed, documenting that employees conducting Class II work are trained 8 hours in that generic type of material.
- Form D – 7** Proof of O & M Training
This form is to be completed, documenting that employees who may disturb asbestos in small amounts are trained in 16 hours O & M.
- Form D – 8** Warning Label Installation
This form is to be completed in order to document warning label installation pursuant to OSHA.
- Form D – 9** Contractor Supervisor Training Program, 40-Hour Course (Class I & II Work)
Sample Form to provide a listing of the personal that have attended the Contractor Supervisor Training Program and have obtained State Accreditation.
- Form D – 10** Warning Label Installation
Sample of required label information.

Section I
Part 2

Notification Procedures

A. Employee Notification

All employees who work at the **ANN ARBOR HOUSING COMMISSION** must be notified of the presence, location and quantity of ACM/PACM within our buildings. Notification either shall be in writing or shall consist of a personal communication between the **ANN ARBOR HOUSING COMMISSION** and the employee. (See Notification Form D-3).

B. Tenant Notification

All tenants within **ANN ARBOR HOUSING COMMISSION** buildings shall be notified of the presence, location and quantity of ACM/PACM within their building and the unit that they have leased. The notification will be provided either through periodic asbestos informational seminars and presentations provided to tenants or an asbestos disclosure notice that will be provided to tenants upon leasing a unit (see Notification Form D-3).

C. Contractor Notification

All contractors who will work at the **ANN ARBOR HOUSING COMMISSION** must be notified of the presence, location and quantity of ACM/PACM within the facility, specifically those materials located within the areas where they will be working. The Contractor will be required to sign a document stating that he/she has been notified. The Contractors will have the opportunity to meet with the Asbestos Administrator to discuss how their scope-of-work may impact ACM. The Notification Form D-3, located in Appendix B, must be completed by each Contractor prior to working within the **ANN ARBOR HOUSING COMMISSION** buildings.

All products or types of products, being installed or brought into our buildings shall not contain asbestos-containing materials without prior written approval of the Asbestos Administrator. Whenever materials are used, installed, or in any way becomes a building fixture, component and/or new entity, the contractor shall sign a document stating that these materials and/or products are asbestos-free. The Contractor Certification of Asbestos-Free Product Installation, Form D-4, located in Appendix B, must be completed by each contractor prior to installing products into the **ANN ARBOR HOUSING COMMISSION** buildings.

In both of the above cases, the Asbestos Administrator will notify the contractors about these requirements and include the documentation forms within the O & M Program File.

**Section I
Part 3**

Training Procedures

All **ANN ARBOR HOUSING COMMISSION** staff or outside contractor staff that receive initial asbestos training must also receive annual refresher training in accordance with the OSHA Asbestos General Industry and Construction Standards.

A. 2-Hour Asbestos Awareness Training (Class IV)

The OSHA regulation requires all maintenance and/or custodial staff who may contact asbestos-containing materials to receive at least two hours of asbestos awareness training.

All maintenance and/or custodial staff who work at the **ANN ARBOR HOUSING COMMISSION** must have the 2-Hour Asbestos Awareness Course and receive proof of this training. The documentation must be kept available for reference upon request.

All new or temporary maintenance and/or custodial staff who are employed by the **ANN ARBOR HOUSING COMMISSION** will be trained within 60 days after commencement of employment. If an employee is transferred from one of the buildings to another and has not had the required training, the training will be completed within the same time parameters.

The Asbestos Administrator will complete the Proof of Asbestos Awareness Training, Form D-5, Located in Appendix B, for inclusion in the O & M Program File.

B. 16-Hour Operations and Maintenance Training (Class III)

The OSHA regulation requires all maintenance and/or custodial staff who conduct activities that may result in the disturbance of asbestos-containing materials receive, at a minimum, sixteen hours of asbestos training (the above-referenced 2-hour course plus an additional fourteen hours of training).

All maintenance and/or custodial staff who, in any way, may disturb asbestos-containing materials will receive this training. At this time, it is expected that all disturbance to ACM within the **ANN ARBOR HOUSING COMMISSION** buildings, including disturbances to the ACM joint compound, will be performed by qualified outside contractors.

If in-house staff do participate in the Class III Training Program, the Asbestos Administrator will complete the Proof of Operations and Maintenance Training, Form D-7, located in Appendix B, for inclusion in the O & M Program File.

C. Contractor & Supervisor Training

Although it is the present position of the **ANN ARBOR HOUSING COMMISSION** that none of our in-house staff will disturb ACM, it has been determined that certain maintenance staff will receive the highest level of abatement training, the 40 hour Contractor & Supervisor training. This will provide in-house expertise and knowledge on the asbestos regulatory standards and provide a high level of quality control on outside contractor activities.

The Asbestos Administrator will complete the Contractor & Supervisor Training, Form D-9, located in Appendix B, for inclusion in the O & M Program File.

Section I
Part 4

Employee Protection Program

A. Respirator Program

The Occupational Safety and Health Administration (OSHA) Asbestos Standard states that:

"Where respiratory protection is used, the employer shall institute a respirator program in accordance with 29, CFR 1910.134 (b), (d), (e), and (f)." OSHA, 29 CFR, 1926.1101 (h)(3)(i)

ANN ARBOR HOUSING COMMISSION has a respirator program to be used by its employees if they are either involved with an asbestos abatement project or are on-site to monitor asbestos abatement activities. This may necessitate the use of respiratory protection. The respirator program is located in Appendix A. Respirator Program documentation forms are included within the Respirator Program.

B. Medical Surveillance

The OSHA Asbestos Standard states that:

"The employer shall institute a medical surveillance program for all employees who for a combined total of 30 or more days per year are engaged in Class I, II and III work or are exposed at or above the Permissible Exposure Limit." OSHA, 29 CFR, 1926.1101 (m)(1)(i)

ANN ARBOR HOUSING COMMISSION will provide medical surveillance for those employees who will be monitoring asbestos abatement work within our buildings.

ANN ARBOR HOUSING COMMISSION shall establish at least one of the following procedures to provide necessary precautions for employees and ensure compliance with applicable regulations.

If medical surveillance is provided, then the medical examination forms located in Appendix C must be completed. These forms are:

- a. Medical/Safety Summary Form. This form will provide the examining doctor with a description of the employees job duties and provide **ANN ARBOR HOUSING COMMISSION** with documentation of the examination.
- b. Initial and Periodic Medical Questionnaires. These forms are required by the OSHA Asbestos Standard to be completed by the employee and provided to the examining doctor.

C. Exposure Monitoring

The OSHA Asbestos Standard requires employers to perform exposure monitoring to determine the concentrations of asbestos to which their employees may be exposed.

This exposure monitoring must be conducted on employees who perform Class I, II or III asbestos work.

ANN ARBOR HOUSING COMMISSION will perform initial monitoring of employees who may be exposed to asbestos-containing materials. This monitoring will be repeated for each type of asbestos-related activity, when applicable, until the Asbestos Administrator can demonstrate, by means of objective or historical data, that a specific activity cannot release airborne concentrations of asbestos exceeding the Permissible Exposure Level (0.1 f/cc). The Asbestos Administrator will ensure that exposure monitoring will be conducted in accordance with OSHA, 29 CFR, 1926.1101.

Section I
Part 5

Asbestos-Containing Materials
Surveillance

A. Labeling

Warning labels will be attached immediately adjacent to any friable and nonfriable asbestos-containing building materials and presumed ACM located in routine maintenance areas (such as boiler rooms). This labeling is designed to alert the building occupants to the locations of asbestos-containing materials and the need to avoid such materials unless properly trained and equipped to impact such materials.

The Asbestos Administrator shall make sure that these warning labels are readily visible and that they remain posted until the labeled asbestos-containing material is removed.

The warning label shall read: Danger Contains Asbestos Fibers. Avoid Creating Dust. Cancer and Lung Disease Hazard.

Following the application of these labels, the Warning Label Installation, Form D-10, located in Appendix B, shall be completed. Whether the labels are attached by in-house staff or by an outside contractor, the Asbestos Administrator will have the applicable personnel complete this form and include it in the O & M Program File.

B. Housekeeping

Pursuant to OSHA, all vacuums used on asbestos or suspected ACM must be equipped with a High Efficiency Particulate Air (HEPA) Filter. The vacuum shall be used and emptied in a manner that minimizes the re-entry of asbestos into the workplace.

C. Waste Disposal

Asbestos waste, scrap, debris, bags, containers, equipment and contaminated clothing consigned for disposal shall be collected and disposed of in sealed, labeled impermeable bags or other closed labeled impermeable containers, except during certain roofing operations.

D. Care of Asbestos-Containing Flooring Materials

All asbestos-containing vinyl and asphalt flooring material must be maintained in the following manner:

- Sanding of the flooring material is prohibited
- Stripping of finishes shall be conducted using low abrasion pads at speeds lower than 300 rpm and utilizing wet methods
- Burnishing or dry buffing may be performed only on flooring that has sufficient finish so that the pad cannot contact the flooring material.

SECTION II

Work Practices

Section II

Summary

Many different activities can disturb asbestos-containing materials and raise levels of airborne asbestos fibers. These activities may be accidental, creating a minor or major fiber release episode, or these activities may be intentional, in order to perform a Class I, II or III work. In either case, **ANN ARBOR HOUSING COMMISSION** employees involved in these situations must know the proper procedures for handling asbestos-containing materials.

This section is divided into two parts; the first part is important definitions and instructions pertaining to work on asbestos-containing materials and emergency practices. The second part outlines Class III work (work practices) for specific asbestos-containing materials.

Part 1

Part 1 defines and provides instructions for Training, Major Fiber Release Episodes, Minor Fiber Release Episodes, Class III work, Class I and II work, and Unexpected Exposures.

Part 2

Although a number of components within the **ANN ARBOR HOUSING COMMISSION** buildings have tested positive for asbestos, the drywall joint compound located on the wall and ceiling systems within many of our buildings needs particular attention due to the fact that it is located throughout the applicable units and can affect a wide variety of even minor maintenance activities such as hanging a picture.

It is important to understand that the drywall joint compound is in a non-friable state. Friability refers to the ability of the material to crumble or pulverize under hand pressure when dry. As a result of its non-friable or intact state, it does not pose a concern to the building occupants or tenants, as long as it is left undisturbed. The drywall joint compound is addressed in the same fashion that all ACM is within the **ANN ARBOR HOUSING COMMISSION** buildings:

- ***Tenants are not allowed to disturb the asbestos drywall joint compound or any asbestos within ANN ARBOR HOUSING COMMISSION buildings;***
- ***Only properly trained in-house staff or outside contractors will be allowed to disturb any asbestos within ANN ARBOR HOUSING COMMISSION buildings, including the drywall joint compound.***

Part 2 provides the specific procedures that the **ANN ARBOR HOUSING COMMISSION** has adopted in addressing the asbestos drywall joint compound.

Section II
Part 1

Work Practices
Definitions & Instructions

Section II

Part 1

Types of Asbestos Work

The OSHA Asbestos Construction Standard (29CFR Part 1926.1101) identifies four distinct types of asbestos work and corresponding training required for each class of work. The following are the four classes of asbestos work and the training required for each. Do Not Disturb Asbestos without the Proper Training and Equipment.

Class I Asbestos Work - 32 Hour Asbestos Abatement Worker Training

Defined as activities involving the removal of thermal system insulation (TSI) and surfacing ACM.

Class II Asbestos Work - 32 Hour Asbestos Abatement Worker Training or 8 Hours of Training in One Generic Category of Work (such as flooring material)

Defined as activities involving the removal of ACM that is not TSI or surfacing material. This includes, but is not limited to, the removal of asbestos containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.

Class III Asbestos Work - 16 Hour O&M Training

Defined as repair and maintenance operations where ACM including TSI and surfacing ACM may be disturbed. (Disturbance must be limited to that which can be contained in a single 60"x 60" waste bag.

Class IV Asbestos Work - 2 Hour Asbestos Awareness Training

Defined as maintenance and custodial activities during which employees contact but do not disturb ACM and activities to clean up dust, waste and debris resulting from Class I, II, III and IV work activities.

Class I & II Asbestos Supervisors – 40 Hour Asbestos Contractor & Supervisor Training

This training provides the ability of not only conducting asbestos abatement but also meets the requirements of Competent Persons under the OSHA Asbestos Construction Standard.

Note: Annual refresher training is required for all classes of asbestos work.

Required Methods of Compliance

OSHA requires that the following three Methods for Compliance be used on **ALL** asbestos disturbances regardless of levels of airborne exposure:

1. HEPA Vacuums
2. Wet Methods
3. Prompt clean up and disposal of waste and debris

Air Sampling:

Depending on the Class of work being conducted and who is performing asbestos disturbance, air sampling, including but not limited to, personal, baseline, background, contiguous and clearance sampling and analysis may be performed. **ANN ARBOR HOUSING COMMISSION** will ensure that, at a minimum, air sampling will be performed in accordance with applicable regulatory standards including the OSHA Asbestos Construction Standard and Michigan Public Act 135 of 1986.

MAJOR FIBER RELEASE EPISODE

A MAJOR FIBER RELEASE EPISODE IS THE FALLING OR DISLODGING OF ASBESTOS CONTAINING MATERIAL IN EXCESS OF AN AMOUNT WHICH CAN BE FIT INTO A 60" X 60" BAG. IF A MAJOR FIBER RELEASE EPISODE OCCURS, FOLLOW THE PROCEDURES LISTED BELOW:

Training needed for Isolation: Minimum of Class III 16 hours O & M Training.

Equipment Needed:

Disposable coveralls (including booties and hood), disposable gloves, assigned respirator, warning signs, duct tape, and polyethylene sheeting.

Step-by-Step Procedures:

1. Restrict entry into the area and post signs to prevent entry into the area. The signs must be posted at all possible entrances to the area.
2. Shut off or temporarily modify the air handling system to prevent the distribution of fibers to other areas in the building. Cover all vents with polyethylene sheeting where necessary. If entry into the area is required, protective clothing and respirators must be worn.
3. Contact the Asbestos Administrator and inform him/her of the fiber release episode and what procedures have been taken. *

***DO NOT PROCEED ANY FURTHER!** A response action for any major fiber release episode must be designed and conducted by accredited personal (Asbestos Abatement Contractor).

Following clean-up of the major fiber release episode the Asbestos Administrator will complete the Miscellaneous OSHA and EPA Recordkeeping Form D-2, located in Appendix B, to be included in the O & M Program File.

MINOR FIBER RELEASE EPISODE

A MINOR FIBER RELEASE EPISODE IS THE FALLING OR DISLODGING OF ASBESTOS CONTAINING MATERIAL AN AMOUNT WHICH CAN BE FIT INTO A 60" X 60" BAG. IF A MINOR FIBER RELEASE EPISODE OCCURS, COMPLETE THE PROCEDURES LISTED BELOW:

Training needed: Minimum of Class III 16 hours O & M Training.

Equipment Needed:

Disposable coveralls (including booties and hood), disposable gloves, assigned respirator, warning signs, duct tape, polyethylene sheeting, asbestos disposal bags, HEPA vacuum, airless water sprayer, cleaning rags/mops, (glove bag for pipe insulation fiber release, mini-enclosure and repair equipment, if applicable).

Step-by-Step Procedures:

1. Post signs to prevent entry by unauthorized personnel. Signs must be posted at all possible entrances to the area.
2. Shut off or temporarily modify the air handling system and restrict other sources of air movement. Cover all vents with polyethylene sheeting where necessary.
3. Put on personal protective equipment including assigned respirator.
4. All gross visible debris shall be wetted and carefully disposed of in asbestos disposal bags.
5. Any small amount of asbestos that needs to be removed due to the fiber release episode shall be conducted at this time. Pipe insulation shall be removed using appropriate methods, e.g., glove bag or mini-enclosure. If asbestos-containing materials need repairs due to the fiber release episode, then this shall also be conducted at this time.
6. All horizontal and any vertical surfaces that may have been contaminated from the fiber release episode shall be wet-wiped and/or HEPA vacuumed.
7. All fixtures that may have been contaminated from the fiber release episode shall be wet-wiped and/or HEPA vacuumed.
8. Any additional cleaning shall consist of vacuuming with a HEPA equipped vacuum cleaner and wet-wiping where necessary. All rags, towels, mop heads, or other items used to wet-wipe surfaces shall be disposed of as asbestos waste.
9. Complete the Miscellaneous OSHA and EPA Recordkeeping Form D-2, located in Appendix B, and turn it into the Asbestos Administrator for inclusion into the O & M Program File.

CLASS III WORK ACTIVITIES

REPAIR AND MAINTENANCE OPERATIONS WHERE ACM, INCLUDING THERMAL SYSTEM INSULATION AND SURFACING MAY BE DISTURBED. (THOSE THAT CAN FIT INTO A 60" X 60" BAG)

Training needed: Minimum of Class III 16 hours O & M Training.

Note: An activity is **not** considered Class III work when the removal of asbestos-containing materials is the primary goal of the job.

Equipment Needed:

The type of equipment needed varies depending on the type of project and material. See the step-by-step procedures below for further instructions.

Step-by-Step Procedures:

At this point, if you wish to perform a Class III work activity which involves removal or repair of asbestos-containing material, turn to Part 2 and find the material on which you are working. Once you have located the material, you will find the list of equipment needed and step-by-step procedures. It must be remembered that often Class III work may encompass more than one type of material. While the general procedures required for one material may well be in whole, or in part, the same as those for another, each section, for each material, should be consulted and read completely before work is instituted for the given project.

Note: Contact the Asbestos Administrator if the asbestos-containing material requiring maintenance is not within Part 2.

CLASS I AND II WORK ACTIVITIES

ACTIVITIES INVOLVING THE DISTURBANCE/REMOVAL OF IN EXCESS OF THAT WHICH CAN FIT INTO A 60" X 60" BAG.

Equipment Needed:

Shall be conducted by a Michigan Licensed Asbestos Abatement Contractor

Step-by-Step Procedures:

Shall be conducted by a Michigan Licensed Asbestos Abatement Contractor

If unscheduled large-scale activities need to take place, contact the Asbestos Administrator and discuss the situation.

If a Class I or II work activity is conducted, then following this activity the Asbestos Administrator will complete the Miscellaneous OSHA and EPA Recordkeeping Form D-2, located in Appendix B, to be included in the O & M Program File.

UNEXPECTED EXPOSURE

IN A BUILDING THAT HAS ASBESTOS-CONTAINING MATERIAL THERE IS ALWAYS THE POTENTIAL FOR SOMEONE TO HAVE DIRECT CONTACT TO ASBESTOS DEBRIS. IF THIS OCCURS, COMPLETE THE FOLLOWING PROCEDURES:

Step-by-Step Procedures:

1. The individual must immediately put clothes in an asbestos disposal bag.
2. The bag must be sealed using duct tape.
3. The individual should proceed to the shower and clean his/her entire body.
4. DO NOT PUT ON THE SAME CLOTHES. Have clean clothes brought in and/or temporarily wear a disposable coverall.
5. Another person should visually check to see if a major or minor fiber release episode has occurred at the site where asbestos was disturbed. (Major & minor fiber release episodes are defined in this section just prior to these procedures.)
6. Accredited personnel must carry out the instructions of the major fiber release episode cleanup including but not limited to all procedures and documentation required by prior applicable sections of this O & M Program Manual.

Note: Contaminated clothing must be disposed of as asbestos contaminated waste or laundered in accordance with OSHA, 29 CFR, 1926.1101 (i)(2).

Prohibited Activities

In Accordance with OSHA, 29 CFR Part 1910.1001 (k), certain maintenance/custodial activities are prohibited when asbestos - containing materials are involved. These activities as described by the OSHA General Industry Standard are:

1. Not to drill holes in asbestos containing materials.
2. Not to hang plants or pictures on structures covered with asbestos-containing materials.
3. Not to sand asbestos-containing floor tile.
4. Not to damage asbestos-containing materials while moving furniture or other objects.
5. Not to install curtains, drapes, or dividers in such a way that they damage asbestos-containing materials.
6. Not to dust floors, ceilings, moldings or other surfaces in asbestos-contaminated environments with a dry brush or sweep with a dry broom.
7. Not to use an ordinary vacuum to clean up asbestos-containing debris.
8. Not to remove ceiling tiles below asbestos-containing materials without wearing the proper respiratory protection, clearing the area of other people, and observing asbestos removal waste procedures.
9. Not to remove ventilation system filters dry.
10. Not to shake ventilation system filters.

In accordance with OSHA, 29CFR Part 1926.1101 (g)(3), the following prohibitions are in effect. When disturbing asbestos, it is illegal to use the following:

1. High-speed abrasive disc saws unless equipped with HEPA filtered system.
2. Compressed air used to remove asbestos.
3. Dry sweeping, shoveling or other cleanup of asbestos dust/debris.
4. Employee rotation as a means to reduce employee exposure to asbestos.

Section II
Part 2

Addressing the Asbestos Drywall Joint Compound

Section II

Part 2

Addressing the Asbestos Drywall Joint Compound

Tenant Responsibilities:

It is the policy of the **ANN ARBOR HOUSING COMMISSION** that no tenants disturb the asbestos drywall joint compound in any manner. This includes, but is not limited to, the prohibition of the use of screws or nails to hang pictures, shelving, window dressings, etc. on asbestos drywall walls or ceilings.

If a tenant wants to hang pictures on an asbestos drywall wall, they are allowed to use hanging strips that will not penetrate into the wall surface. These hanging strips are available, at no cost to tenants, by visiting the **ANN ARBOR HOUSING COMMISSION** office.

Tenants are not allowed to hire, contract or utilize any outside entity to perform renovation, modification, repair, alteration or asbestos drywall joint compound disturbances without written approval of the landlord and this approval will be based upon the acceptance of a written plan of protection from potential asbestos disturbance.

Any damage to asbestos shall be reported to the **ANN ARBOR HOUSING COMMISSION** office by calling the work order line at (734) 794-6720.

Untrained In-House Staff Responsibilities:

Untrained in-house staff is defined as **ANN ARBOR HOUSING COMMISSION** employees who have not received a minimum of Class III training. Staff that have had asbestos awareness training are still considered untrained since they do not possess the necessary training to disturb asbestos.

The untrained in-house staff shall not disturb any asbestos including the asbestos drywall joint compound.

If the untrained in-house staff notice that any asbestos including the asbestos drywall joint compound is either improperly disturbed or damaged, they shall contact the Asbestos Administrator immediately.

Properly Trained In-House Staff Responsibilities:

Properly trained in-house staff is defined as **ANN ARBOR HOUSING COMMISSION** employees who have received a minimum of the 16 Hour Class III Training. As stated previously, it is the present position of the **ANN ARBOR HOUSING COMMISSION** that even properly trained in-house staff not disturb asbestos, including the applicable drywall joint compound. The intent of providing asbestos training to key **ANN ARBOR HOUSING COMMISSION** support staff is to ensure that they are familiar with the applicable asbestos regulations, have a full understanding of the necessary procedures involved with asbestos disturbance and ensure that outside contractors conduct their work activities in accordance with best industry practices.

Asbestos Abatement Contractors:

It is the present position of the **ANN ARBOR HOUSING COMMISSION** that only Michigan Licensed Asbestos Abatement Contractors will be able to conduct disturbance to asbestos within our buildings, including asbestos drywall joint compound. The Contractors who work within the **ANN ARBOR HOUSING COMMISSION** buildings will ensure that they not only follow the protocols provided within this section but also all applicable Federal and Michigan State regulatory standards.

Procedures for Asbestos Drywall Joint Compound Disturbance

The following procedures shall be used by all entities, including outside contractors and, if applicable, properly trained ANN ARBOR HOUSING COMMISSION when disturbing the asbestos drywall joint compound:

Although only the joint compound within applicable ANN ARBOR HOUSING COMMISSION buildings tested positive for asbestos, all drywall walls and ceilings within these buildings shall be treated as asbestos.

Class III Disturbances:

Class III asbestos joint compound disturbance is defined as the removal or disturbance of drywall in an amount limited to that which can fit into a 60" x 60" bag. This includes, but is not limited to, drilling or coring holes, cutting out smaller sections of drywall, etc.

Equipment Necessary:

Warning signs, barrier tape, airless sprayer or garden mister, HEPA vacuum, containment (drill shroud, mini-enclosure), small air filtration device, disposal bags, polyethylene, respirator, disposable coveralls.

Class III Work Procedures:

1. Ensure that the Asbestos Administrator is notified of intended work activities and that the tenant(s) have been notified.
2. Isolate applicable room. Develop regulated area.
3. Lay drop cloth below intended work area.
4. Fully contain the location of drywall to be disturbed. This may be through the use of a shrouded drill or a mini-enclosure. The intent of the containment is to ensure that ALL dust and debris generated is fully contained.
5. Ensure that containment is under proper negative pressure. This may be through the use of a HEPA vacuum attached onto a drill shroud or an air filtration device attached onto a mini-enclosure.
6. Don personal protective equipment.
7. Wet the area of drywall to be disturbed. Ensure that water does not infiltrate drywall that will not be removed so that it does not become a conducive site for mold growth.
8. Conduct the intended disturbance.
9. Clean the applicable areas including the drop cloth inside of the containment. Use wet method cleaning and the HEPA vacuum.
10. Remove containment and drop cloth. Place applicable debris into the asbestos disposal bag.
11. Seal the disposal bag and remove the sign and barrier tape.
12. Demobilize.

Class II Disturbances:

Class II asbestos joint compound disturbance is defined as the removal or disturbance of drywall in an amount which exceeds that which can fit into a 60" x 60" bag. This includes, but is not limited to, the pole sanding or the removal of larger areas of drywall, etc.

Equipment Necessary:

Warning signs, barrier tape, airless sprayer or garden mister, HEPA vacuum, containment (such as a mini-enclosure or enclosure), equipment area, air filtration device, disposal bags, polyethylene, respirator, disposable coveralls.

Class II Work Procedures:

1. Ensure that the Asbestos Administrator is notified of intended work activities and that the tenant(s) have been notified.
2. Isolate applicable room(s). Develop regulated area.
3. Lay drop cloth below intended work area.
4. Fully contain the location of drywall to be disturbed. Incorporate an air filtration device onto the containment.
5. Develop an adjacent equipment area with a drop cloth in accordance with OSHA Part 602(j)(2).

6. Don personal protective equipment. Ensure that workers enter and exit the work area through the equipment area.
7. Wet the area of drywall to be disturbed. Ensure that water does not infiltrate drywall that will not be removed so that it does not become a conducive site for mold growth.
8. Conduct the intended disturbance. Place all debris into disposal bags.
9. Thoroughly clean inside the containment, including the drop cloth. Use wet method cleaning and the HEPA vacuum.
10. Use the equipment area to clean equipment, supplies and clothing, using a HEPA vacuum.
11. Remove containment, equipment area and drop cloths.
12. Place all remaining debris, such as drop cloths into disposal bags and seal.
13. Take down containment, warning signs and barrier tape.
14. Demobilize.

Section III

Summary of Asbestos Inspections Ann Arbor Housing Commission Buildings

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at Green Baxter Court in Ann Arbor, MI. The survey was completed on May 13 & 15, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- *100,000 SF of Joint Compound-Throughout*
- *160 SF of Heat Shield- Asbestos Board-Basements*
- *Suspected ACM in Multi Layer Flooring*
- *Suspected ACM in Roof Materials*

Introduction

Jef Fox (Inspector #26737) of AEC, gained access to the property on 5/13 & 5/15, 2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property. The roof was not accessed during the survey.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, linoleum, door and window caulk, and ceiling tile. The subject property was built of wood frame construction. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after

The friable and non-friable classification in the table describes how easily the material can be broken apart. A friable material is a material that can be crushed/ pulverized by human pressure. A non-friable material is a material that cannot be crushed/ pulverized by human pressure. The condition is a classification of the physical state that the material is in at the time of the sampling. There are three physical condition assessments that are applied to the condition of the material: good condition, damaged condition, and severely damaged condition. A material in good condition has no visible damage or deterioration. A material in a damaged condition has damage or deterioration on less than ten percent of the surface. A material that is severely damaged has damage or deterioration on ten percent or more of the surface area.

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

**Table 2
Green Baxter Court
Asbestos Containing Materials**

Asbestos Containing Material	Locations	Quantity*
Joint Compound	1701, 1703, 1705, 1707, 1709, 1711, 1713, 1715, 1717, 1719, 1721, 1723, 1725, 1727, 1729, 1731, 1733, 1735, 1737, 1739, 1741, 1743, 1745, 1747	100,000 SF
Heat Shield- Asbestos Board	1713, 1701, 1705, 1703, 1715, 1709, 1723, 1721, 1725, 1727, 1735, 1733, 1737, 1739, 1745, 1747,	160 SF
Roof Materials	Exterior	20,000 SF
Multi Layer Flooring	Units	Unknown

*Quantities are estimated

The joint compound along with the heat shield-asbestos board was both found to contain asbestos and is deemed asbestos containing materials. AEC also observed multiple layers of flooring that were unable to be sampled. AEC thinks that it is a high probability that some of these layers contain asbestos. AEC also suspects the roof material to contain asbestos.

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by the ERG to perform an Asbestos Containing Materials (ACM) Survey at 727 Miller Ave. in Ann Arbor, Michigan. The survey was completed on April 24th, 25th and 26th of 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- *Approx. 125000 SF of joint compound throughout property.*
- *Approx. 9075 SF of mastic under 12"x 12" white with blue floor tile throughout kitchen and bathrooms.*
- *Approx. 3970 SF of 12"x 12" white with splotch floor tile and mastic throughout kitchen and bathrooms.*
- *Approx. 910 SF of sink glazing throughout property.*
- *Approx. 2000 LF of grey cement caulk on exterior porches and expansion joint.*
- *Approx. 400 SF of 2' x 4' pinhole fissured ceiling tile in the office near the kitchen.*
- *Approx. 20000 SF Suspect ACM roofing material*

Introduction

Jef Fox (Inspector #A34641) of AEC, gained access to the property on April 24th, 25th and 26th of 2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for rehabilitation. AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall systems, floor tile (12x12, (9x9), linoleum, ceiling tiles, and baseboards. The subject property was built of brick construction. AEC has attached site pictures In Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards for Hazardous Air

Sample Number	Material Description and General Location	Asbestos Present (Y/N)- % Type
158	Joint compound-Apt. 516-Kitchen	Not Analyzed
159	Joint compound-Apt. 516-Living Room	Not Analyzed
160	Joint compound-Apt. 516-Living Room	Not Analyzed
161	Joint compound-Apt. 516-Bedroom	Not Analyzed
162	Joint compound-Apt. 516-Bathroom	Not Analyzed
163	Joint compound-Apt. 507-Kitchen	Not Analyzed
164	Joint compound-Apt. 507-Living Room	Not Analyzed
165	Joint compound-Apt. 507-Living Room	Not Analyzed
166	Joint compound-Apt. 507-Bedroom	Not Analyzed
167	Joint compound-Apt. 507-Bathroom	Not Analyzed

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

**Table 2
727 Miller Ave., Ann Arbor, MI
Asbestos Containing Materials**

Asbestos Containing Material	Locations	Quantity*
The mastic under the 12" x 12" White with Blue Floor Tile	110 Kitchen, 310 Kitchen, 201 Kitchen and Bathroom, 202 Kitchen and Bathroom, 205 Kitchen and Bathroom, 210 Kitchen, 214 Kitchen, 305 Kitchen and Bathroom, 309 Kitchen and Bathroom,	9075 SF

Asbestos Containing Material	Locations	Quantity*
	313 Kitchen, 314 Kitchen, 315 Kitchen and Bathroom, 401 Kitchen and Bathroom, 412 Kitchen and Bathroom, 416 Kitchen and Bathroom, 503 Kitchen and Bathroom, 505 Kitchen and Bathroom, 506 Kitchen and Bathroom, 509 Kitchen and Bathroom, 510 Kitchen and Bathroom, 514 Kitchen and Bathroom, 515 Kitchen, 517 Kitchen, 602 Kitchen and Bathroom, 606 Kitchen and Bathroom, 607 Kitchen and Bathroom, 609 Kitchen and Bathroom, 610 Kitchen and Bathroom , 612 Kitchen and Bathroom, 614 Kitchen and Bathroom, 616 Kitchen and Bathroom, 701 Kitchen and Bathroom, 702 Kitchen and Bathroom, 705 Kitchen and Bathroom, 708 Kitchen and Bathroom, 711 Kitchen and Bathroom, 714 Kitchen and Bathroom, 717 Kitchen and Bathroom, 114 Kitchen, 303 Kitchen, 207 Kitchen and Bathroom, 208- Kitchen and Bathroom, 215 Kitchen and Bathroom, 216 Kitchen and Bathroom, 301 Kitchen and Bathroom, 306 Kitchen and Bathroom, 307 Kitchen and Bathroom, 317 Kitchen and Bathroom, 402 Kitchen and Bathroom, 405 Kitchen and Bathroom, 407 Kitchen and Bathroom, 409 Kitchen and Bathroom, 410 Kitchen and Bathroom, 417 Kitchen and Bathroom, 512 Kitchen and Bathroom, 501 Kitchen and Bathroom, 507 Kitchen and Bathroom, 502 Kitchen and Bathroom,	



Asbestos Containing Material	Locations	Quantity*
	604 Kitchen and Bathroom, 611 Kitchen and Bathroom, 615 Kitchen and Bathroom, 713 Kitchen and Bathroom, 706 Kitchen and Bathroom	
Joint Compound	Throughout	125000 SF
12" x 12" Floor Tile and Mastic- White with Spotch	112- Bathroom, 113- Bathroom, 110- Bathroom, 210- Bathroom, 209- Kitchen and Bathroom, 302-Kitchen and Bathroom, 310- Kitchen and Bathroom, 312- Kitchen and Bathroom, 406- Kitchen and Bathroom, 408- Kitchen and Bathroom, 411- Bathroom, 513- Bathroom, 605- Kitchen and Bathroom, 601- Kitchen and Bathroom, 114, 303, 316- Kitchen and Bathroom, 417- Bathroom, 603-Kitchen and Bathroom, 115, 116, 303, 715, 706, 707, 704	3970 SF
Sink Glazing	201, 202, 203, 205, 206, 209, 210, 214, 302, 305, 308, 309, 310, 312, 313, 314, 315, 406, 401, 411, 408, 412, 414, 413, 416, 503, 505, 506, 509, 510, 513, 514, 515, 602, 605, 606, 607, 601, 609, 610, 612, 614, 616, 617, 701, 702, 705, 708, 710, 715, 716, 717, 114, 204, 207, 208, 211, 212, 213, 215, 216, 301, 303, 306, 307, 316, 317, 402, 403, 407, 409, 410, 417, 603, 512, 511, 501, 508, 507, 502, 504, 604, 611, 613, 713, 712, 710, 706, 707, 703, 704	910 SF

Asbestos Containing Material	Locations	Quantity*
Grey Cement Caulk	Exterior Porches and Expansion Joints	2000 LF
2' x 4' Pinhole Fissured Ceiling Tile	Office by Kitchen	400 SF
Roofing Material	Exterior	20,000 SF

*Quantities are estimated

The joint compound throughout the property, the mastic under the 12"x 12" white with blue floor tile in most of the kitchens and bathrooms throughout the property, the 12"x 12" white with splotch floor tile and mastic in kitchens and bathrooms, the sink glazing throughout property, the grey cement caulk on exterior porches and expansion joints and also the 2'x 4' pinhole fissured ceiling tile in the office near the kitchen were found to contain asbestos and are deemed an asbestos containing material.

Removal Options, Recommendations

Floor Tile

If the flooring is to be disturbed, it must be by a licensed asbestos contractor utilizing approved fiber release controls with properly trained personnel. The flooring must be handled as ACM waste and sent to an appropriate landfill.

Mastic

If the mastic is disturbed during renovation activities then, mastic shall be removed in a properly constructed negative pressure containment with personnel wearing proper PPE.

Joint Compound

If the joint compound is disturbed during renovation activities then, joint compound shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE.

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at 2702-2760 Hikone in Ann Arbor, MI. The survey was completed on May 20- May 22, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- *100,000 SF of Joint Compound-Throughout*
- *200 SF of Asbestos Board-Basements*
- *Floor Tile/ Under Layment Suspected to be ACM- Throughout Units*
- *Suspected Roof Materials to be ACM*

Introduction

Jef Fox (Inspector #A26737) of AEC, gained access to the property on 5/20-5/22/2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation. AEC visually identified and sampled suspect asbestos containing materials. The roof was not accessed as part of this inspection.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, and linoleum. The subject property was built of wood frame construction. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after each sample was collected to prevent cross contamination of samples. AEC personnel took

Sample Number	Material Description	Asbestos Present (Y/N)- % Type
181-2760-Bathroom	Joint Compound	Not Analyzed
182-2760-Bedroom	Joint Compound	Not Analyzed
183-2760-Bedroom	Joint Compound	Not Analyzed
184-2760-Bedroom	Joint Compound	Not Analyzed

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

**Table 2
2702-2760 Hikone
Asbestos Containing Materials**

Asbestos Containing Material	Locations	Quantity*
Joint Compound	2702, 2704, 2706, 2708, 2710, 2714, 2718, 2716, 2720, 2712, 2724, 2722, 2726, 2728, 2730, 2732, 2734, 2736, 2738, 2740, 2742, 2744, 2746, 2750, 2756, 2760, 2752, 2754, 2758	100,000 SF
Asbestos Board	2702, 2706, 2708, 2716, 2712, 2726, 2728, 2736, 2738, 2740, 2746, 2748, 2750, 2760, 2752, 2760, 2752, 2758	200 SF
Floor Tile- Under Layment	2718 Floor Tile Under Kitchen Layment, 2720 Floor Tile Under Layment, 2728 Under Layer From Kitchen, 2736 Under Layer From Kitchen, 2750 Under Layer From Kitchen, 2750 Under Layer on 2 nd Floor, 2756 Under Layer on 2 nd Floor	Assumed to be in all units.

Asbestos Containing Material	Locations	Quantity*
Roof Materials	Exterior	20,000 SF

*Quantities are estimated

The joint compound, asbestos board, and floor tile were found to contain asbestos and are deemed asbestos containing materials. AEC assumes that all apartments have multiple layers of flooring. Although the visible layers don't all contain asbestos, it appears that atleast some of the hidden layers likely do. AEC also suspects the roof materials to be ACM.

Removal Options, Recommendations

Joint Compound

If the joint compound is disturbed during renovation activities then, joint compound shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE.

Asbestos Board

If the asbestos board is disturbed during renovation activities then, asbestos board shall be removed in properly constructed negative pressure containment with personnel wearing proper

Floor Tile

If the floor tile is disturbed during renovation activities then, floor tile shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE.

Roof Flashing

If the roof flashing is disturbed during renovation activities then, roof flashing shall be removed intact with wetting, drop cloths with personnel wearing proper PPE.

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at S. Maple Meadows in Ann Arbor, MI. The survey was completed on May 30 & June 3, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- *100,000SF of Joint Compound-Throughout*
- *190 SF of Asbestos Board-Basements*
- *Suspected ACM in Multi Layer Flooring-Throughout*
- *Suspected ACM in Roof Material-Throughout*

Introduction

Jef Fox (Inspector #A26737) of AEC, gained access to the property on May 30 & June 3, 2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation. AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property. The roof was not inspected during inspection.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, linoleum, caulk, and ceiling tile. The subject property was built of wood frame construction. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after

The friable and non-friable classification in the table describes how easily the material can be broken apart. A friable material is a material that can be crushed/ pulverized by human pressure. A non-friable material is a material that cannot be crushed/ pulverized by human pressure. The condition is a classification of the physical state that the material is in at the time of the sampling. There are three physical condition assessments that are applied to the condition of the material: good condition, damaged condition, and severely damaged condition. A material in good condition has no visible damage or deterioration. A material in a damaged condition has damage or deterioration on less than ten percent of the surface. A material that is severely damaged has damage or deterioration on ten percent or more of the surface area.

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

**Table 2
S. Maple Meadows
Asbestos Containing Materials**

Asbestos Containing Material	Locations	Quantity*
Joint Compound	830, 826, 828, 824, 822, 820, 840, 844, 846, 848, 842, 850, 860, 862, 866, 868, 870, 880, 882, 884, 886, 888, 890, 800, 802, 804, 806, 810	100,000 SF
Asbestos Board	830, 828, 822, 820, 840, 844, 846, 842, 848, 850, 860, 868, 870, 880, 882, 888, 800, 802, 810	190 SF
Suspect-Roof Material	Exterior	20,000 SF
Suspect-Multi Layer Flooring	Units	Unknown

*Quantities are estimated

The joint compounds along with the asbestos board were both found to contain asbestos and are deemed asbestos containing materials. AEC also observed multiple layers of flooring that were unable to be sampled. AEC thinks that it is a high probability that these flooring materials contain asbestos. The roof materials are also suspected to contain asbestos.

Executive Summary

American Environmental Consultants, LLC (AEC) was contracted by ERG to perform an Asbestos Containing Materials (ACM) Survey at Baker Commons in Ann Arbor, MI. The survey was completed on April 17-18, 2013.

The following is a summary of the asbestos containing materials identified in the building which will require special handling during any renovation or demolition activities.

- *380 SF of Sink Glazing*

Introduction

Matt Rodgers (Inspector #A-34641) of AEC, gained access to the property on 4/17 and 4/18/2013. AEC was to complete an asbestos containing materials survey of accessible areas of the subject property. The subject property is scheduled for renovation. AEC visually identified and sampled suspect asbestos containing materials.

AEC was allowed access to all interior/exterior areas of the building. AEC attempted to inspect for hidden asbestos containing materials without disturbing the structure or integrity of the subject property.

Observations

AEC inspected all of the areas of the subject property. The interior finishing components were drywall, (12x12) floor tile, linoleum, door and window caulk, and ceiling tiles. AEC has attached site pictures in Appendix C depicting the site conditions.

Methodology

The survey was completed in accordance with the regulations stated in the Asbestos Hazard Emergency Response Act (AHERA) and the National Emission Standards For Hazardous Air Pollutants (NESHAP). A modified triplicate random sampling method of homogeneous area materials was utilized for the sampling procedure. The modified sampling procedure performed was 3-7 samples for surfacing materials, 3 samples for thermal systems insulation, and 3 samples for miscellaneous materials. The samples were collected in a manner to prevent release of fibers while sampling the suspect asbestos containing materials (SACM). Utensils were cleaned after each sample was collected to prevent cross contamination of samples. AEC personnel took personal protective measures. The individual samples were placed into airtight leak proof labeled containers to be transported to the laboratory.

good condition has no visible damage or deterioration. A material in a damaged condition has damage or deterioration on less than ten percent of the surface. A material that is severely damaged has damage or deterioration on ten percent or more of the surface area.

Asbestos Containing Materials

The following table describes the ACM that was identified as a result of the sampling.

**Table 2
Baker Commons
Asbestos Containing Materials**

Asbestos Containing Material	Locations	Quantity*
Sink Glazing-White	Kitchens	380 SF

*Quantities are estimated

The white sink glazing was found to contain asbestos and is deemed an asbestos containing material.

Removal Options, Recommendations

Sink Glaze

If the sink glaze is disturbed during renovation activities then, sink glaze shall be removed in properly constructed negative pressure containment with personnel wearing proper PPE. However, if the entire component is removed with the sink glaze intact, the component may be removed, double wrapped, tagged and disposed of accordingly.

Conclusion

Asbestos containing materials were identified at the subject property and will require special handling and disposal if disturbed during renovation activities. The white sink glaze was found to contain asbestos. Proper precautions and abatement must be used if disturbed.

Limitations

The information and opinions obtained in this report are for the exclusive use of AEC's Client. No distribution to or reliance by other parties may occur without the express written permission

APPENDIX A
Respirator Program

APPENDIX A

Respirator Program

Purpose

This Respirator Program has been developed and instituted to provide for the safety of the maintenance and/or custodial employees who work in **ANN ARBOR HOUSING COMMISSION** buildings, and comply with the OSHA Asbestos Standards. The program is designed to motivate and train employees to wear their respirators, if applicable and to provide building owners/operators controls to ensure that these objectives are met. Since the respirator is the principal article of safety equipment in the building, employees are expected to fully comply with the tenets of this document.

**ANN ARBOR HOUSING COMMISSION
404 NORTH ASHLEY
ANN ARBOR, MICHIGAN 48103**

Respirator Program Director – Maintenance Manager

Respirator Program Director

The program shall be evaluated and revised annually by the Respirator Program Director (hereafter referred to as the Director) in consultation with all concerned parties. Approval of revisions will be determined annually after discussions between all affected parties, but the Director's determination shall be final and binding. Interim changes deemed necessary by the Director shall become policy immediately and shall be deemed incorporated upon promulgation.

Furthermore, any changes in regulatory requirements shall be incorporated into this document as such changes are promulgated and become effective.

Disciplinary Action

This program is of no use if employees do not comply with its procedures. As stated in the previous sections, respirators will only protect against the hazard of asbestos exposure if they are worn at all times during potential exposure.

The health and safety of employees is of the foremost concern. Therefore, any time an employee fails to comply with proper respirator usage when required, immediate disciplinary action shall commence. Disciplinary action will be at the discretion of the Director.

Respirator Types & Regulation Standards

Half-face dual cartridge respirators and/or full-face air-purifying respirators will be assigned to maintenance and/or custodial employees who may disturb asbestos-containing materials. Other employees whose job description may cause them to encounter asbestos-containing materials will also be assigned half-face and/or full-face respirators. Respirators must also be used in any situation where airborne asbestos fiber concentrations are determined to be present. These respirators must be worn whenever conducting a Class I, II, III and IV activity or cleaning up a minor fiber release episode as directed in Section II, Part 2 of this O & M Program Manual.

The OSHA Asbestos Standards allow for the use of a half-face respirator whenever airborne concentrations of asbestos are below 0.1 fibers per cubic centimeter of air. If airborne concentrations of asbestos exceed 0.1 fibers per cubic centimeter of air, but are not in excess of 10 fibers per cubic centimeter of air, the full - face air-purifying respirator must be used. Other respirators are required at higher concentrations of airborne asbestos, but these levels should never be reached when conducting O & M activities.

All respirators that are issued to employees must be approved for use in asbestos atmospheres by the Mine Safety & Health Administration and the National Institute for Occupational Safety & Health (NIOSH). The cartridges used should also be approved for use with your assigned respirator by the manufacturer and be suitable for dusts, fumes, mists, and radionuclides.

This Respirator Program specifically addresses asbestos related activities. Should a job involve employees entering an atmosphere with oxygen deficiency, chemical contaminants, radioactive contaminants, or any other breathing hazard, the Director will either obtain the proper respirator and/or cartridges for the job, or the activity will not be performed. The cartridges approved for use in asbestos atmospheres are not appropriate for use in atmospheres contaminated by organic vapors.

Use

As stated in the above section, respirators shall be worn by all individuals conducting Class I, II, III and IV activities or cleaning minor fiber release episodes as directed in the O & M Program Manual. All employees in this category will be assigned respirators only upon proper training on the use and maintenance of respirators.

The following is required of all employees using respirators:

1. Respirators shall be worn whenever maintenance and/or custodial staff are conducting a Class I, II, III and IV activity, minor fiber release episode cleaning, or at any time the O & M Program Manual calls for their usage.
2. Respirators shall be worn during situations where maintenance and/or custodial employees may be in the presence of airborne asbestos.
3. Respirators shall be worn whenever collecting bulk asbestos samples.
4. Respirators shall be worn whenever any employee is allowed inside an enclosure at an asbestos abatement site.
5. Whenever wearing a respirator, employees are not permitted to chew gum and/or tobacco. Food and drink, as well as smoking are not allowed when wearing a respirator. At no time should the respirator be stretched away from the face to talk, eat, drink, smoke, chew or participate in any similar activity.
6. An employee will not be allowed to wear a half-face respirator without properly shaving, or while wearing a beard.
7. Respirators shall be properly cleaned, maintained and stored according to this Respirator Program as described in later sections.

As stated in the Disciplinary Action Section, any employee violating these requirements or any other parts of this Respirator Program is subject to disciplinary action as deemed necessary by the Director.

Training

All employees assigned respirators will receive some or all training concerning the following:

1. The hazard that asbestos poses, and its relation to human health.
2. Administrative and engineering controls used in addition to respirators.
3. How the Respirator Program fits into the Operations & Maintenance Program, specifically the respirators use and necessity during small- scale, short-duration activities and minor or major fiber release episodes.
4. Respirator-specific information including:
 - a. Why the respirator is used
 - b. Limitations of the respirator
 - c. Self-fit-testing
 - d. How to inspect, clean & properly wear respirators
 - e. Respirator maintenance & storage
5. A fit-test of the specific respirator(s) may be conducted at the time of this training or at such other date as deemed proper.

Qualitative Fit-Test Protection

When and if negative pressure respirators are used, employees required to wear said respirators will follow mandatory procedures outlined in the OSHA Asbestos Standards. These protocols define procedures used to determine which respirator fits the user adequately to allow for appropriate protection from potentially contaminated work atmospheres. Three protocols are defined in the applicable OSHA regulation, of which a minimum of one must be followed for appropriate fit-testing of employees. These fit-testing protocols are: Isoamyl Acetate, Saccharin Solution Aerosol, and Irritant Fume. The procedures for the Irritant Fume Protocol have been chosen for the building/facility and have been excerpted from the OSHA Asbestos Standard for use in proper fit-testing. At any time, the other protocols or newly approved protocols may be substituted in accordance with the applicable OSHA regulations.

Note: There are no specific training requirements for conducting an OSHA fit-test, thus anyone can conduct a fit-test as long as the outlined procedures (including the OSHA Asbestos Standard) are followed.

A. Respirator Selection

Each employee required to wear a respirator will go through a series of steps enabling him/her to choose a comfortable, adequate and properly fitting respirator. The following steps are in accordance with the OSHA regulation regarding appropriate respirator selection:

1. The test subject shall be allowed to pick the most comfortable respirator from a selection including respirators of various sizes from different manufacturers. The selection shall include at least five sizes of elastomeric half face pieces, from at least two manufacturers.
2. The selection process shall be conducted in a room separate from the fit-test chamber to prevent odor fatigue. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine a "comfortable" respirator. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, as it is only a review.
3. The test subject should understand that the employee is being asked to select the respirator that provides the most comfortable fit. Each respirator represents a different size and shape and if fit properly and used properly will provide adequate protection.
4. The test subject holds each face piece up to the face and eliminates those that obviously do not give a comfortable fit. Normally, selection will begin with a half-mask and if a good fit cannot be found, the subject will be asked to test the full face piece respirators. (A small percentage of users will not be able to wear any half-mask.)

5. The more comfortable face pieces are noted: the most comfortable mask is donned and worn at least five minutes to assess comfort. All donning and adjustments of the face piece shall be performed by the test subject without assistance from the test conductor or other person. Assistance in assessing comfort can be given by discussing the points in #6 below. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.
6. Assessment of comfort shall include reviewing the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:
 - a. Positioning of mask on nose
 - b. Room for eye protection
 - c. Room to talk
 - d. Positioning mask on face and cheeks
7. The following criteria shall be used to help determine the adequacy of the respirator fit:
 - a. Chin properly placed
 - b. Strap tension
 - c. Fit across nose bridge
 - d. Distance from nose to chin
 - e. Tendency to slip
 - f. Self-observation in mirror
8. The test subject shall conduct the conventional negative and positive-pressure fit checks (e.g. see ANSI Z88.2-1980). Before conducting the negative or positive-pressure test the subject shall be told to "seat" the mask by rapidly moving the head from side-to-side and up and down, while taking a few deep breaths.
9. The test subject is now ready for fit-testing.
10. After passing the fit-test, the test subject shall be questioned again regarding the comfort of the respirator. If it has become uncomfortable, another model of respirator shall be tried.
11. The employee shall be given the opportunity to select a different face piece and be re-tested if the chosen face piece becomes increasingly uncomfortable at any time.

B. Fit-Test

No employee shall be issued a respirator without first undergoing a fit-test prior to its usage. As previously stated, the Irritant Fume Protocol has been selected as the first choice when conducting fit-tests and is described below from the OSHA regulation. Keep in mind that the OSHA regulation allows for two other protocols that can also be used in place of the Irritant Fume as outlined in this regulation. OSHA's Irritant Fume Protocol fit-test is:

1. The test subject shall be allowed to smell a weak concentration of the irritant smoke to familiarize the subject with the characteristic odor.
2. The test subject should properly don the respirator selected as above, and wear it for at least 10 minutes before starting the fit-test.
3. The test conductor shall review this protocol with the test subject before testing.
4. The test subject shall perform the conventional positive pressure and negative pressure fit checks (See ANSI Z88.2 1980). Failure of either check shall be cause to select an alternative respirator.
5. Break both ends of a ventilation smoke tube containing stannic oxychloride, such as the MSA Part #5645, or equivalent. Attach a short length of tubing to one end of the smoke tube. Attach the other end of the smoke tube to a low pressure air pump set to deliver 200 milliliters per minute.
6. Advise the test subject that the smoke can be irritating to the eyes and instruct the subject to keep the eyes closed while the test is performed.
7. The test conductor shall direct the stream of irritant smoke from the tube towards the face-seal area of the test subject. The person conducting the test shall begin with the tube at least 12 inches from the face piece and gradually move to within 1 inch, moving around the whole perimeter of the mask.
8. The test subject shall be instructed to do the following exercises while the respirator is being challenged by the smoke. Each exercise shall be performed for one minute.
 - a. Breathe normally.
 - b. Breathe deeply. Be certain breaths are deep and regular.
 - c. Turn head all the way from one side to the other. Be certain movement is complete. Inhale on each side. Do not bump the respirator against the shoulders.
 - d. Nod head up-and-down. Be certain motions are complete and made every second. Inhale when head is in the full up position (looking toward ceiling). Do not bump the respirator against the chest.
 - e. Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus may be useful to satisfy this requirement. Alternative passages that serve the same purpose may also be used.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he's looking for the pot of gold at the end of the rainbow.

- f. Jogging in place.
- g. Breathe normally.

9. The test subject shall indicate to the test conductor if the irritant smoke is detected. If smoke is detected, the test conductor shall stop the test. In this case, the tested respirator is rejected and another respirator shall be selected.
10. Each test subject passing the smoke test (i.e. without detecting the smoke) shall be given a sensitivity check of smoke from the same tube to determine if the test subject reacts to the smoke. Failure to evoke a response shall void the fit-test.
11. Steps B4, B9, B10 of this fit-test protocol shall be performed in a location with exhaust ventilation sufficient to prevent general contamination of the testing area by the test agents.
12. At least two face pieces shall be selected by the above described test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one that is more comfortable to wear.
13. Respirators successfully tested by the protocol may be used in contaminated atmospheres up to ten times the PEL of asbestos.
14. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.
15. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive-pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.
16. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respiratory diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.
17. Qualitative fit-testing shall be repeated at least every six months.
18. In addition, because the sealing of the respirator may be affected, qualitative fit- testing shall be repeated immediately when the test subject has a:
 - a. Weight change of 20 pounds or more.
 - b. Significant facial scarring in the area of the face piece seal.
 - c. Significant dental changes: e.g., multiple extractions without prosthesis, or acquiring dentures.
 - d. Reconstructive or cosmetic surgery, or
 - e. Any other condition that may interfere with face piece sealing.

Should another protocol be selected for fit-testing, please note that certain screening tests must be conducted to determine if the protocol is sufficient to accurately fit-test each employee. It is possible that Isoamyl Acetate and Saccharin Solution Aerosol are not detectable to the test subject.

C. Recordkeeping

The OSHA regulation also requires certain recordkeeping concerning each employee's qualitative fit-test. This recordkeeping shall be as described below in accordance with the OSHA Asbestos Standard. A form has been developed to track this information and is attached to this program (use the attached Qualitative Respirator Fit-Test Summary Form, for recordkeeping).

A summary of all test results shall be maintained (in the Director's office) for 3 years. The summary shall include:

1. Name of test subject
2. Date of testing
3. Name of test conductor
4. Respirators selected (indicate manufacturer, model, size and approval number)
5. Testing agent

Inspection and Cleaning

Each employee will be responsible for the inspection and cleaning of his/her own respirator. Each respirator must be cleaned, inspected, and disinfected at the end of each day that the respirator was used. Furthermore, each respirator will be visually inspected by the user prior to use. The respirator will be disinfected (using Lencide brand, or equivalent), in accordance with the manufacturer's instructions and pursuant to procedures outlined during respirator training.

Maintenance

Each employee will be responsible for the maintenance of his/her own respirator, though the company will supply all necessary replacement parts (see the Director). Each employee will change the cartridges on his/her respirator after approximately each four hours of cumulative use. Records will be kept of every date the cartridges were changed (use the attached Respirator Inspection Checklist, Form R-2, for recordkeeping). Every time the cartridges are changed, whomever changes them will mark the date on the new cartridge with a felt tip marker. Interchanging parts between different brands of respirators is prohibited. Finally, no employee will be permitted to alter the assigned respirator.

Storage

Respirators will be stored in an appropriately marked location at the employee's work place. They will be stored in sealed plastic bags in such a manner as to prevent them from becoming warped or otherwise damaged. No other objects may be stored with the respirator; they could fall over or be jumbled so as to fall on top of the respirators and cause them to warp. Cartridges designed for purposes other than asbestos (e.g., organic vapor cartridges) will be clearly labeled as such and stored on a different shelf or location than the asbestos cartridges.

Medical Examinations

The employer will provide a medical examination on an annual basis for each employee who is assigned a negative pressure respirator. In addition, employees who are assigned negative pressure respirators will receive an examination within thirty days of employment or discharge. The employee shall not be charged for the examination. Records of the examination will be kept indefinitely. The examination will consist of, at a minimum:

1. Elicitation of medical history
2. A chest roentgenogram
3. Pulmonary function tests, including forced vital capacity and forced expiratory volume at one second

For additional information on medical examinations, review the Medical Surveillance Section located within the Operations & Maintenance Program Manual.

Air Quality Standards

Should supplied air respirators (class "C") ever be used by the employees, the air used will be of such quality as to meet the qualifications of the Compressed Gas Commodity Specification G- 7.1-1966. All other applicable regulations and guidelines will be followed.

APPENDIX B

Documentation Forms

**CLASS IV ASBESTOS WORK
MISCELLANEOUS OSHA AND EPA RECORDKEEPING**

Class IV Maintenance and Custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM.

Name of building: _____

Project Area(s): _____

CLASSIFICATION

1. OSHA Classification:

- Class IV Maintenance and Custodial activities during which employees contact ACM and PACM
- Class IV Activities to clean up waste and debris containing ACM and PACM

2. Regulated Area:

- Yes see Form D-2
- No

3. Schedule:

Starting Date: _____

Completion Date: _____

4. Type of material contacted:

- TSI (Thermal System insulation) Describe _____
- Surfacing Describe _____
- Material Other than TSI or Surfacing Describe _____
- Waste/Debris Source _____

5. Personnel performing activity: See attached sheet

Name:	Accreditation #:	Type of Respirator/Clothing: (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Competent Person: - if applicable

Name: _____

Accreditation #. _____

TRANSPORTATION/STORAGE/DISPOSAL - IF APPLICABLE

1. Name and location of transportation company(s) from generator to disposal:

Contractor from Generator to Contractor storage site Transport Co. from Generator to disposal site

Transport Co. from Contractor to disposal site Contractor from Generator to disposal site

2. Name and location of disposal site of asbestos-containing material:

EXPOSURE MONITORING INFORMATION - IF APPLICABLE

1. Objective Data used exempting Exposure Monitoring:

Yes see Objective Data Documentation

No

2. Exposure Monitoring air sample(s) collected:

Yes

No

3. Method of Sampling:

Initial Exposure Assessment Monitoring Yes No

Excursion Sampling Yes No

Time Weighed Average (TWA) Monitoring Yes No

4. Results of Exposure Monitoring air sample(s) collected:

(see attached sheets)

5. Method of analysis:

Phase Contrast Microscopy (PCM)

Transmission Electron Microscopy (TEM)

6. Date(s) Exposure Monitoring air samples collected: _____

7. Name and address of company performing Exposure Monitoring air sample collection:

Name

Street City State Zip

8. Name(s) and signature(s) of Exposure Monitoring air sample collector(s):

Print Name Signature Date

Print Name Signature Date

9. Date(s) of analysis: _____

10. Exposure Monitoring analysis conducted:

On-site []

Other [] specify where _____

11. Name and address of laboratory analyzing samples:

Name

Street City State Zip

12. Name and signature of person performing air sample analysis:

Print Name Signature Date

13. Statement of Exposure Monitoring laboratory's qualifications:

NOTE: Further documentation regarding air sample analysis required under 40 CFR, 1926.1101 c (1)(2) may be located on results sheets submitted for this project.

**CLASS I, II, III and IV ASBESTOS WORK
MISCELLANEOUS OSHA AND EPA RECORDKEEPING**

Class I, II and III activities - all

Class IV activities involving cleaning up waste and debris in regulated areas

Name of building: _____

Project Area(s): _____

CLASSIFICATION

1. OSHA Classification:

- Class I Removal of TSI and Surfacing ACM and PACM
- Class II Removal of materials which are not TSI or Surfacing materials
- Class III Repair and Maintenance Operations, where ACM, including TSI and Surfacing materials are likely to be disturbed
- Class IV Activities to clean up waste and debris containing ACM and PACM in regulated areas

2. Abatement Methodology:

- Full Enclosure – Negative Pressure
- Mini-Enclosure – Negative Pressure
- Glove Bag – Negative Pressure
- Glove Bag
- Glove Box – Negative Pressure
- Water Spray Process System
- Other; _____

3. Schedule:

Starting Date: _____

Completion Date: _____

4. Name and signature of Project Designer:

NA

Print Name	Signature	Date
------------	-----------	------

Accreditation #

State of Accreditation

CONTRACTOR INFORMATION

1. Name and address of Asbestos Abatement Contractor who performed abatement activity:

Name _____

Street _____ City _____ State _____ Zip _____

Phone _____

2. License Number: _____

State: _____

3. Competent Person on-site: _____

Accreditation #: _____

4. Abatement Workers: See attached sheet

Name:	Accreditation #:	Type of Respirator/Clothing: (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRANSPORTATION/STORAGE/DISPOSAL - IF APPLICABLE

1. Name and location of transportation company(s) from generator to disposal:

- Contractor from Generator to Contractor storage site Transport Co. from Generator to disposal site
 Transport Co. from Contractor to disposal site Contractor from Generator to disposal site

2. Name and location of disposal site of asbestos-containing material:

EXPOSURE MONITORING INFORMATION - IF APPLICABLE

1. Objective Data used exempting Exposure Monitoring:

Yes see Objective Data Documentation
No

2. Exposure Monitoring air sample(s) collected:

Yes
No

3. Method of Sampling:

Initial Exposure Assessment Monitoring Yes No
Excursion Sampling Yes No
Time Weighted Average (TWA) Monitoring Yes No

4. Results of Exposure Monitoring air sample(s) collected:

(see attached sheets)

5. Method of analysis:

Phase Contrast Microscopy (PCM)
Transmission Electron Microscopy (TEM)

6. Date(s) Exposure Monitoring air samples collected: _____

7. Name and address of company performing Exposure Monitoring air sample collection:

Name

Street City State Zip

8. Name(s) and signature(s) of Exposure Monitoring air sample collector(s):

Print Name Signature Date

Print Name Signature Date

9. Date(s) of analysis: _____

10. Exposure Monitoring analysis conducted:

On-site
Other specify where _____

11. Name and address of laboratory analyzing samples:

Name

Street City State Zip

12. Name and signature of person performing air sample analysis:

Print Name Signature Date

13. Statement of Exposure Monitoring laboratory's qualifications:

NOTE: Further documentation regarding air sample analysis required under 40 CFR, 1926.1101 c (1)(2) may be located on results sheets submitted for this project.

CLEARANCE INFORMATION

1. Post Abatement Clearance air sample(s) collected:

Yes

No

2. Locations and Results of Clearance air sample(s) collected:

(see attached sheets)

3. Amount of ACM abated:

NA Non-Friable

Equal or less than 10 sq ft or 15 ln ft

More than 10 sq ft or 15 ln ft and less than or equal 160 sq ft or 260 ln ft or 35 cu ft

more than 160 sq ft or 260 ln ft or 35 cu ft

4. Method of Clearance air sampling analysis:

Phase Contrast Microscopy (PCM)

Transmission Electron Microscopy (TEM)

5. Date(s) air samples collected: _____

6. Name and address of company performing Clearance air sample collection:

Same as Exposure Monitoring

Name

Street City State Zip

7. Name(s) and signature(s) of Clearance air sample collector(s):

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

8. Date(s) of analysis: _____

9. Clearance sampling analysis conducted:

On-site
Other specify where _____

10. Name and address of Clearance laboratory analyzing samples:

Same as Exposure Monitoring

Name			

Street	City	State	Zip

11. Name and signature of person performing Clearance air sample analysis:

Same as Exposure Monitoring

_____	_____	_____
Print Name	Signature	Date

12. Statement of laboratory's qualifications:

Same as Exposure Monitoring

NOTE: Further documentation regarding air sample analysis required under 40 CFR, 1926.1101 c (1)(2) may be located on results sheets submitted for this project.

Employer/Employee/Tenant Notification

As required by the OSHA Regulation building and/or facility owners shall notify the following persons of the presence, location and quantity of ACM or PACM, at the work sites in their buildings and facilities. Notification either shall be in writing or shall consist of a personal communication between the owner and the person to whom notification must be given or their authorized representative:

- A. Prospective employers applying or bidding for work whose employees reasonably can be expected to work in adjacent to areas containing such material;
- B. Employees of the owner who will work in or adjacent to areas containing such materials;
- C. On Multi-employer worksites, all employers of employees who will be performing work within or adjacent to areas containing such material;
- D. Tenants who will occupy areas containing such materials.

Please complete this form and return it to: _____

I _____, representing and having authority for _____(company), hereby indicate and agree that a representative of the _____ building/facility, _____(name), (title) has provided me information regarding the specific locations and materials that are asbestos-containing and which may be encountered or have the potential of being encountered during the course of activities involving _____ (project name and/or number) in the above-mentioned building.

I expressly agree that neither I, nor any of my employees, agents, sub-contractors or other individuals or entities over whom I have any responsibility or control, will disturb asbestos-containing materials for the above mentioned building. I further understand and agree that should I, my employees, agents, sub-contractors or other individuals or entities over whom I have control, encounter any material(s) suspected of containing asbestos, said material(s) shall not be disturbed without first notifying the office of the building/facility owner, and receiving written approval that such material(s) may be disturbed.

Print Name

Signature

Company

Position

Date

**Contractor Certification of Asbestos-Free
Product Installation**

Name of building: _____

1. Contractor name and address:

Name

Street City State Zip

2. Brief scope of contracted activities:

3. Certification statement:

I _____, representing and having authority for _____
(company), hereby certify that any and all products/materials which will be and/or have been installed or introduced into the
above-mentioned building, _____ (project name and/or number) are asbestos free (or less than
1% asbestos by weight).

Print Name

Signature

Company

Position

Date

Proof of Asbestos Awareness Training
2-Hour Course (Class IV Work)

The intent of this form is to provide documentation that you have witnessed the 2-hour Asbestos Awareness Course. This form will be kept in your personal file.

I, _____, hereby verify and confirm that I have witnessed the 2-hour Asbestos Awareness training course on this date of _____. I further understand that if I have any questions regarding the course or need information regarding the locations of asbestos-containing materials in the buildings, I may contact _____, the building/facility owner/operator.

Print Name

Signature

Date

Title or Position

**Proof of Asbestos Generic Material Training
8-Hour Course (Class II Work)**

The intent of this form is to provide documentation that you have witnessed the 8-Hour Asbestos Generic Material Training Course. This form will be kept in your personal file.

I, _____, hereby verify and confirm that I have witnessed the 8-Hour Asbestos Generic Material training course specific for _____ on this date of _____.

I further understand that if I have any questions regarding the course or need information regarding the locations of asbestos-containing materials in the buildings, I may contact _____, the building/facility owner/operator.

Print Name

Signature

Date

Title or Position

**Proof of Operations and Maintenance Training Program
16-Hour Course (Class III Work)**

The intent of this form is to provide documentation that you have attended a 16-Hr Operations & Maintenance Program training course. This form will be kept in your personal file.

I, _____, hereby verify and confirm that I have witnessed the 16-Hour Operations & Maintenance Program training course on this date of _____. I further understand that if I have any questions regarding the course and/or need information regarding the locations of asbestos-containing materials in the buildings as well as questions regarding handling of asbestos-containing materials, I may contact _____, the building/facility owner/operator.

Print Name

Signature

Date

Title or Position

Asbestos Worker Training Program
32-Hour Course (Class I and II Work)

The intent of this form is to provide a listing of the personnel who have attended the Asbestos Worker Training Program and have obtained State Accreditation.

Name	Training Course	Course Date	Expiration Date	State Accreditation Number	Expiration Date
------	-----------------	-------------	-----------------	----------------------------	-----------------

Contractor Supervisor Training Program

40-Hour Course

The intent of this form is to provide a listing of the personnel who have attended the Contractor Supervisor Training Program and have obtained State Accreditation.

Name	Training Course	Course Date	Expiration Date	State Accreditation Number	Expiration Date
------	-----------------	-------------	-----------------	----------------------------	-----------------

Warning Label Installation

At the entrance to mechanical rooms/areas in which the employees reasonably can be expected to enter and which contain thermal system insulation and surfacing ACM/PACM, the building owner shall post signs which identify the material which is present, its location, and appropriate work practices which if followed, will ensure that ACM and or PACM will not be disturbed. In addition to above required information, labels must state:

DANGER
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
CANCER AND LUNG DISEASE HAZARD

Name of building: _____

I, _____, of _____ Company hereby verify
that I have installed warning labels in this building in accordance with 40 CFR, 1926.1101, of the OSHA Regulation on
_____ (date).

Print Name

Signature

Date

Employer

APPENDIX C

Medical Surveillance Forms

MEDICAL SURVEILLANCE

(In accordance with OSHA, 29 CFR, 1926.1101, m(3))

Provided to physician: 1. OSHA Standard 29 CFR, 1926.1101; Appendices D, E, G and I.

To Whom It May Concern:

The following is a description of our employee's duties as they relate to the employee's exposure to airborne asbestos.

_____ is a _____ in our building/facility department. His/Her primary asbestos-related job duties include the following:

- Class I Asbestos Work Activities
- Class II Asbestos Work Activities
- Class III Asbestos Work Activities
- Class IV Asbestos Work Activities
- Asbestos Abatement Project Management
- Air sample Collection and Analysis
- Asbestos Inspections/Bulk Sample Collection/Project Design

Class I Asbestos Work Activities

During activities involving removal of TSI and surfacing ACM and PACM, **(Name)** will participate in the gross removal and clean-up of materials. The anticipated exposure levels while in the regulated area is rarely above 5 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). **(Name)** is required by **(employer)** policy to wear a negative pressure respirator(PAPR above 2 f/cc TWA) and disposal coveralls at the minimum during this process.

Class II Asbestos Work Activities

During activities involving removal of ACM which is not thermal system insulation or surfacing material, **(Name)** will participate in the gross removal and clean-up of materials. The anticipated exposure levels while in the regulated area is rarely above 2 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). **(Name)** is required by **(employer)** policy to wear a negative pressure respirator (PAPR above 2 f/cc TWA) and disposal coveralls at the minimum during this process.

Class III Asbestos Work Activities

During activities involving repair and maintenance operations where ACM including thermal system insulation and surfacing material is likely to be disturbed, **(Name)** will participate in the gross removal and clean-up of materials. The anticipated exposure levels while in the regulated area is rarely above 1 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). **(Name)** is required by **(employer)** policy to wear a negative pressure respirator (PAPR above 2 f/cc TWA) and disposal coveralls at the minimum during this process.

Class IV Asbestos Work Activities

During maintenance and custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM, **(Name)** will participate in the clean-up of materials. The anticipated exposure levels while in the unregulated area is rarely above .1 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA) and the anticipated exposure levels while in the regulated area is rarely above 1 fibers per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA).

(Name) is required by (employer) policy to wear a negative pressure respirator and disposal coveralls above _____ f/cc at the minimum during this process.

Asbestos Abatement Project Management:

During asbestos abatement, (Name) will be on site to ensure that the job specifications are adhered to by the asbestos abatement contractor. (Name) may enter the regulated area to observe the contractor's abatement techniques. The anticipated exposure levels while in the regulated area is rarely above 1 fiber per cubic centimeter (f/cc), based on an 8-hour time weighted average (TWA). (Name) is required by (employer) policy to wear a negative pressure respirator and disposal coveralls at the minimum during this process.

Air Sample Collection and Analysis:

During asbestos abatement activities, (Name) may also perform air sample collection and analysis in accordance to OSHA regulations. This process may require (Name) to enter the regulated area to set air pumps. The anticipated exposure levels while in the regulated area is rarely above 1 f/cc, based on an 8-hour TWA. (Name) is required by (employer) policy to wear a negative pressure respirator and disposable coveralls at the minimum while conducting air samples.

Asbestos Inspection/Bulk Sample Collection/Project Design:

(Name) may also conduct building inspections to locate asbestos containing materials (ACM's). During these inspections, (Name) will collect bulk samples of suspected ACM's for subsequent analysis. The anticipated exposure levels while performing the sample collection is rarely above .5 f/cc, based on an 8-hour TWA. (Name) is required by (employer) policy to wear a negative pressure respirator and disposable coveralls at the minimum during this process.

[] Information from previous examinations of _____ (Name) is not available at this time.

[] If information from previous medical examinations of _____ (Name) is available, this information will have been brought to this exam with the employee.

Important note to physician: In accordance with OSHA, 29 CFR, 1926.1101 (m)(4)(D)(ii), the physician should not reveal in the written opinion given to the employer, specific findings or diagnoses unrelated to occupational exposure to asbestos, tremolite, anthophyllite, or actinolite.

If you have any questions or concerns regarding this information, please contact me at the below address or phone:

()

DOCUMENTATION

Signature of Employee

Date

Name of Clinic

Address

Signature of Clinic Representative

Date

MEDICAL SURVEILLANCE II

PHYSICIANS WRITTEN OPINION FORM

ASBESTOS

THIS SECTION IS TO BE FILLED OUT BY EMPLOYER

Employee Name: _____

Employee's Social Security No. _____

Location of Examination: _____

THIS SECTION TO BE FILLED OUT BY EXAMINING PHYSICIAN

1. This employee ___has___ does not have any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite.

2. The following limitations on this employee or on the use of personal protective equipment such as respirators are recommended:

_____ (If none, check here <__>)

3. This employee has been informed of the results of the medical examination and of any medical conditions that may result from asbestos, tremolite, anthophyllite, or actinolite exposure

4. This employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

5. Results of the medical examination are as follows: (If attachments are used, please list.)

6. Other Comments:

Date of Examination: _____

Examining Physician's Signature: _____

Part 1
INITIAL MEDICAL QUESTIONNAIRE

1. NAME _____
2. SOCIAL SECURITY # _____
3. CLOCK NUMBER _____
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____
8. TELEPHONE NUMBER _____ (Zip Code)
9. INTERVIEWER _____
10. DATE _____
11. Date of Birth _____
Month Day Year
12. Place of Birth _____
13. Sex 1. Male _____ 2. Female _____
14. What is your marital status? 1. Single _____ 2. Married _____ 3. Widowed _____ 4. Separated/Divorced _____
15. Race 1. White _____ 2. Black _____ 3. Asian _____ 4. Hispanic _____ 5. Indian _____ 6. Other _____
16. What is the highest grade completed in school (For example 12 years is completion of high school)? _____

OCCUPATIONAL HISTORY

- 17A. Have you ever worked full time (30 hours per week of more) for 6 months or more? 1. Yes _____ 2. No _____
- IF YES TO 17A:
- B. Have you ever worked for a year or more in any dusty job? 1. Yes _____ 2. No _____ 3. Does not apply _____
- Specify job/industry _____ Total years worked _____
- Was dust exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____
- C. Have you ever been exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____
- Specify job/industry _____ Total years worked _____
- Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____
- D. What has been your usual occupation or job - the one you have worked at the longest?

1. Job occupation _____
2. Number of years employed in this occupation _____
3. Position/Job Title _____
4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

	Yes	No
E. In a mine?	___	___
F. In a quarry?	___	___
G. In a foundry?	___	___
H. In a pottery?	___	___
I. In a cotton, flax or hemp mill?	___	___
J. With asbestos?	___	___

18. PAST MEDICAL HISTORY

	Yes	No
A. Do you consider yourself to be in good health?	___	___
If "NO" state reason _____		
B. Have you any defect of vision?	___	___
If "YES" state reason _____		
C. Have you any hearing defect?	___	___
If "YES" state nature of defect _____		
D. Are you suffering from or have you ever suffered from:	Yes	No
a. Epilepsy (or fits, seizures, convulsions)?	___	___
b. Rheumatic fever?	___	___
c. Kidney disease?	___	___
d. Bladder disease?	___	___
e. Diabetes?	___	___
f. Jaundice?	___	___

19. CHEST COLDS AND CHEST ILLNESSES

19A. If you get a cold, does it “usually” go to your chest (usually means more than ½ the time)?
1. Yes _____ 2. No _____ 3. Don’t get colds _____

20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home or in bed?
1. Yes _____ 2. No _____

IF YES TO 20A:

B. Did you produce phlegm with any of these chest illnesses? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses _____ No such illnesses _____

21. Did you have any lung trouble before the age of 16? 1. Yes _____ 2. No _____

22. Have you ever had of the following?

1A. Attacks of bronchitis? 1. Yes _____ 2. No _____

IF “YES” TO 1A:

B. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. At what age was your first attack? Age in years _____ Does not apply _____

2A. Pneumonia (include bronchopneumonia)? 1. Yes _____ 2. No _____

IF “YES” TO 2A:

B. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. At what age did you first have it? Age in years _____ Does not apply _____

3A. Hay Fever? 1. Yes _____ 2. No _____

IF “YES” TO 3A:

B. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. At what age did it start? Age in years _____ Does not apply _____

23A. Have you ever had chronic bronchitis? 1. Yes _____ 2. No _____

IF “YES” TO 23A:

B. Do you still have it? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

D. At what age did it start? Age in years _____ Does not apply _____

24A. Have you ever had emphysema? 1. Yes _____ 2. No _____

IF “YES” TO 24A:

B. Do you still have it? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

D. At what age did it start? Age in years _____ Does not apply _____

25A. Have you ever had asthma? 1. Yes _____ 2. No _____

IF "YES" TO 25A:

B. Do you still have it? 1. Yes _____ 2. No _____ 3. Does not apply _____

C. Was it confirmed by a doctor? 1. Yes _____ 2. No _____ 3. Does not apply _____

D. At what age did it start? Age in years _____ Does not apply _____

E. If you no longer have it, what age did it stop? Age stopped _____ Does not apply _____

26. Have you ever had:

A. Any other chest illness? 1. Yes _____ 2. No _____

If yes, please specify _____

B. Any chest operations? 1. Yes _____ 2. No _____

If yes, please specify _____

C. Any chest injuries? 1. Yes _____ 2. No _____

If yes, please specify _____

27A. Has a doctor ever told you that you had heart trouble? 1. Yes _____ 2. No _____

IF "YES" TO 27A:

B. Have you ever had treatment for heart trouble in the past 10 years?

1. Yes _____ 2. No _____ 3. Does not apply _____

28A. Has a doctor told you that you had high blood pressure?

1. Yes _____ 2. No _____ 3. Does not apply _____

IF "YES" TO 28A:

B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?

1. Yes _____ 2. No _____ 3. Does not apply _____

29. When did you have your chest X-Rayed? Year _____

30. Where did you last have your chest X-Rayed (if known)? _____

What was the outcome? _____

FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

	FATHER			MOTHER		
	Yes	No	Don't Know	Yes	No	Don't Know
A. Chronic Bronchitis?	___	___	___	___	___	___
B. Emphysema?	___	___	___	___	___	___
C. Asthma?	___	___	___	___	___	___
D. Lung cancer?	___	___	___	___	___	___
E. Other chest conditions?	___	___	___	___	___	___
F. Is parent currently alive?	___	___	___	___	___	___
G. Please specify	___	Age if Living	___	___	Age if Living	___
	___	Age at Death	___	___	Age at Death	___
	___	Don't Know	___	___	Don't Know	___
H. Please specify cause of death	_____			_____		

32A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat) (If no, skip to Question 32C.) 1. Yes _____ 2. No _____

B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? 1. Yes _____ 2. No _____

C. Do you usually cough at all on getting up or first thing in the morning? 1. Yes _____ 2. No _____

D. Do you usually cough at all during the rest of the day or at night? 1. Yes _____ 2. No _____

IF YES TO ANY OF THE ABOVE (32 A, B, C OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO NEXT PAGE.

E. Do you usually cough more like this on most days for 3 consecutive months or more during the year?

1. Yes _____ 2. No _____ 3. Does not apply _____

F. For how many years have you had the cough? Number of years _____ Does not apply _____

33A. Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to Question 33C.) 1. Yes _____ 2. No _____

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. Yes _____ 2. No _____

C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. Yes _____ 2. No _____

D. Do you usually bring up phlegm at all during the rest of the day or at night? 1. Yes _____ 2. No _____

IF YES TO ANY OF THE ABOVE (33A, B, C OR D), ANSWER THE FOLLOWING:

IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 34A

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?

1. Yes ____ 2. No ____ 3. Does not apply ____

F. For how many years have you had trouble with phlegm? Number of years ____ Does not apply ____

EPISODES OF COUGH AND PHLEGM

34A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? *(For persons who usually have cough and/or phlegm) 1. Yes ____ 2. No ____

IF "YES" TO 34A

B. For how long have you had at least 1 such episode per year? Number of years ____ Does not apply ____

WHEEZING

35A. Does your chest ever sound wheezy or whistling

1. When you have a cold? 1. Yes ____ 2. No ____

2. Occasionally apart from colds? 1. Yes ____ 2. No ____

3. Most days or nights? 1. Yes ____ 2. No ____

IF "YES" TO 1, 2, OR 3 IN 35A

B. For how many years has this been present? Number of years ____ Does not apply ____

36A. Have you ever had an attack of wheezing that has made you feel short of breath? 1. Yes ____ 2. No ____

IF "YES" TO 36A

B. How old were you when you had your first such attack? Age in years ____ Does not apply ____

C. Have you had 2 or more such episodes? 1. Yes ____ 2. No ____ 3. Does not apply ____

D. Have you ever required medicine or treatment for the(se) attack(s)? 1. Yes ____ 2. No ____ 3. Does not apply ____

BREATHLESSNESS

37. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to Question 39A.

Nature of condition(s) _____

38A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. Yes ____ 2. No ____

IF "YES" TO 38A

B. Do you have to walk slower than people of your age on the level because of breathlessness?

1. Yes ____ 2. No ____ 3. Does not apply ____

- C. Do you ever have to stop for breath when walking at your own pace on the level?
 1. Yes _____ 2. No _____ 3. Does not apply _____
- D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
 1. Yes _____ 2. No _____ 3. Does not apply _____
- E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?
 1. Yes _____ 2. No _____ 3. Does not apply _____

TOBACCO SMOKING

- 39A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) 1. Yes _____ 2. No _____

IF "YES" TO 39A

- B. Do you now smoke cigarettes (as of one month ago)? 1. Yes _____ 2. No _____ 3. Does not apply _____
- C. How old were you when you first started regular cigarette smoking? Age in years _____ Does not apply _____
- D. If you have stopped smoking cigarettes completely, how old were you when you stopped?
 Age stopped _____ Check if still smoking _____ Does not apply _____
- E. How many cigarettes do you smoke per day now? Cigarettes per day _____ Does not apply _____
- F. On the average of the entire time you smoked, how many cigarettes did you smoke per day?
 Cigarettes per day _____ Does not apply _____
- G. Do or did you inhale the cigarette smoke?
 Does not apply _____ Not at all _____ Slightly _____ Moderately _____ Deeply _____

- 40A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) 1. Yes _____ 2. No _____

IF "YES" TO 40A:

FOR PERSONS WHO HAVE EVER SMOKED A PIPE

- B. 1. How old were you when you started to smoke a pipe regularly? Age _____
2. If you have stopped smoking a pipe completely, how old were you when you stopped?
 Age stopped _____ Check if still smoking a pipe _____ Does not apply _____
- C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? (A standard pouch of tobacco contains 1-1/2 oz.) oz. per week _____ Does not apply _____
- D. How much pipe tobacco are you smoking now? oz. per week _____ Not currently smoking a pipe _____
- E. Do you or did you inhale the pipe smoke?

Never smoked _____ Not at all _____ Slightly _____ Moderately _____ Deeply _____

41A. Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year) 1. Yes _____ 2. No _____

IF "YES" TO 41A

FOR PERSONS WHO HAVE EVER SMOKED A CIGAR

B. 1. How old were you when you started smoking cigars regularly? Age _____

2. If you have stopped smoking cigars completely, how old were you when you stopped?

Age stopped _____ Check if still smoking cigars _____ Does not apply _____

C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?

Cigars per week _____ Does not apply _____

D. How many cigars are you smoking per week now?

Cigars per week _____ Check if not smoking cigars currently _____

E. Do or did you inhale the cigar smoke?

Never smoked _____ Not at all _____ Slightly _____ Moderately _____ Deeply _____

Signature _____

Date _____

Part 2
PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____
2. SOCIAL SECURITY # _____
3. CLOCK NUMBER _____
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____
8. TELEPHONE NUMBER _____ (Zip Code)
9. INTERVIEWER _____
10. DATE _____
11. What is your marital status? 1. Single _____ 2. Married _____ 3. Widowed _____ 4. Separated/Divorced _____
12. OCCUPATIONAL HISTORY
- 12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more? 1. Yes _____ 2. No _____
- IF YES TO 12A:
- 12B. In the past year, did you work in a dusty job? 1. Yes _____ 2. No _____ 3. Does not apply _____
- 12C. Was dust exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____
- 12D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____
- 12E. Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____
- 12F. In the past year, what was your:
1. Job/Occupation _____
2. Position/Job Title _____
13. RECENT MEDICAL HISTORY
- 13A. Do you consider yourself to be in good health? Yes _____ No _____

13B. In the past year, have you developed:

	Yes	No
Epilepsy?	_____	_____
Rheumatic Fever?	_____	_____
Kidney Disease?	_____	_____
Bladder Disease?	_____	_____
Diabetes?	_____	_____
Jaundice?	_____	_____
Cancer?	_____	_____

14. CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it “usually” go to your chest (usually means more than ½ the time)?

1. Yes _____ 2. No _____ 3. Don't get colds _____

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home or in bed?

1. Yes _____ 2. No _____ 3. Does not apply _____

IF “YES” TO 15A:

15B. Did you produce phlegm with any of these chest illnesses? 1. Yes _____ 2. No _____ 3. Does not apply _____

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses _____ No such illnesses _____

16. RESPIRATORY SYSTEM

In the past year, have you had:

	Yes	No	Comment further on Positive Answers
Asthma	_____	_____	_____
Bronchitis	_____	_____	_____
Hay Fever	_____	_____	_____
Other Allergies	_____	_____	_____
Pneumonia	_____	_____	_____
Tuberculosis	_____	_____	_____
Chest Surgery	_____	_____	_____
Other Lung Problems	_____	_____	_____
Heart Disease	_____	_____	_____

Do you have:

Frequent colds _____

Chronic Cough _____

Shortness of breath when walking or
climbing one flight of stairs _____

Do you:

Wheeze _____

Cough up phlegm _____

Smoke _____ Packs per day _____ How many years _____

Date _____

Signature _____

QUALITATIVE RESPIRATOR FIT TEST SUMMARY

Negative Pressure Air Dual Cartridge Respirator. This fit test procedure has been developed and implemented in accordance with 29 CFR 1926.1101 of the OSHA Regulations.

Test Subject _____ Date _____

Respirator Selected

Manufacturer of Respirator _____

Model Number _____

Size _____

MSHA-NIOSH Approved _____

Test Subject Signature _____

Test Agent: (check one)

Irritant Smoke (Stannic Oxychloride)

Banana Oil (Isoamyl Acetate)

Saccharin Solution Aerosol

Test Conductor:

I hereby certify that the test subject listed above has passed a qualitative respirator fit test using the respirator and test agent listed.

Signature

Date

GLOSSARY OF TERMS

The following definitions will assist the user of this Operations and Maintenance Program Manual when reading industry-specific terms and regulation terminology. Please note that many of these definitions are regulation-specific and may often be exactly as defined by applicable regulations. Also, some of the terms below are not used within this Manual, but may often be referred to when dealing with certain asbestos situations.

Accredited Personnel

Properly trained and registered personnel who conduct certain activities, e.g., inspections, sample analysis, large-scale abatement projects, etc.

ACM

Asbestos-containing material. Any material or product that contains more than 1 percent asbestos by weight.

AFD

Air filtration device. HEPA filter equipped machines that filter air in an enclosure and other designated locations.

Air Sampling (Monitoring)

Air samples collected from a specific quantity of air, from a certain, defined area, in order to determine an airborne fiber concentration. These samples are usually reported as the amount of fibers present per cubic centimeter of air (f/cc).

Airborne

Unsettled fibers in the air.

Airless Water Sprayer

A device used to spray water on asbestos-containing materials that are not pressurized by air, thereby not causing disturbance to the material.

Amended Water

Water to which a chemical wetting agent (surfactant) has been added to improve the penetration capabilities on asbestos-containing materials.

Asbestos

A group of fibrous minerals that possess unique physical and chemical properties. These characteristics include fibrous nature, heat resistance, thermal and electrical resistance, flexibility, high tensile strength and stability in acids and alkalis. Asbestos includes many asbestiform varieties of which the following are the most common found in buildings: chrysotile, crocidolite and amosite.

Asbestos Abatement

Methods used to control or contain asbestos-containing materials. These methods are removal, encapsulation and encasement.

Authorized Person

Any person authorized by the employer and required by work duties to be present in regulated areas.

Building/Facility Owner

Is the legal entity, including a lessee, who exercises control over management and recordkeeping functions relating to a building and or facility covered by the OSHA standard.

Class I Asbestos Work

Activities involving the removal of TSI and surfacing ACM and PACM.

Class II Asbestos Work

Activities involving the removal of ACM which is not thermal system insulation or surfacing material. This includes, but is not limited to the removal of asbestos containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.

Class III Asbestos Work

Repair and maintenance operations, where "ACM", including thermal system insulation and surfacing material is likely to be disturbed.

Class IV Asbestos Work

Maintenance and custodial activities during which employees contact ACM and PACM and activities to clean up waste and debris containing ACM and PACM.

Caution/Warning Signs

Signs that must be posted at all approaches to regulated areas so that all employees, personnel, and the public may read the sign and take necessary protective steps before entering the area.

Clean Room

An uncontaminated room having facilities for the storage of employees' street clothing and uncontaminated materials and equipment.

Closely Resemble

Means that all the major workplace conditions that have contributed to the levels of historic asbestos exposure, are no more protective than conditions of the current workplace.

Competent Person

Person who has received specialized training capable of identifying existing asbestos hazards in the workplace and who has the authority to take prompt corrective measures to eliminate them as specified in the OSHA Asbestos Standard.

Critical Barrier

One or more layers of plastic sealed over openings into a work area or any other similarly placed physical barrier sufficient to prevent airborne asbestos from migrating to an adjacent area.

Coverall

Disposable body covering utilized use when disturbing asbestos-containing materials in any way.

Decontamination Area

An enclosed area adjacent and connected to the regulated area and consisting of an equipment room, shower area, and clean room, which is used for the decontamination of workers, materials, and equipment that are contaminated with asbestos.

Debris

Asbestos-containing material that is no longer adhered to its original cohesive substrate. This material is usually found lying on the floor and on other horizontal surfaces.

Demolition

The wrecking or taking out of any load supporting structural member and any related razing, removing, or stripping of asbestos products.

Disposal Bag

Properly labeled bag used only for asbestos waste.

Disturbance

Contact which releases fibers from ACM or PACM or debris containing ACM or PACM. This term includes activities that disrupt the matrix of ACM or PACM, render ACM or PACM friable, or generate visible debris. Disturbance includes cutting away small amounts of ACM and PACM, no greater than the amount which can be contained in one standard sized glove bag or waste bag in order to access a building component. In no event shall the amount of ACM or PACM so disturbed exceed that which can be contained in one glove bag or waste bag which shall not exceed 60 inches in length or width.

Documentation Forms

Forms used for the necessary and proper documentation of asbestos related activities. The forms are required to update the Management Plans.

Employee Exposure

Exposure to airborne asbestos that would occur if the employee were not using respiratory protective equipment.

Encapsulation

A response action entailing the covering of ACMs by coating the material with a sealing agent in order to prevent release of airborne asbestos.

Encasing

An abatement method by which an asbestos material is encased (totally enclosed) using some type of structure that seals the asbestos material within an airtight barrier.

Enclosure

An isolated area that is sealed from other building areas and where asbestos abatement activities commence. Proper engineering controls and project management methods isolate these work areas from other building areas.

Engineering Controls

Proper equipment and procedures used to control an asbestos related activity.

EPA

Environmental Protection Agency.

Exposure Monitoring

Air monitoring used to determine the concentrations of asbestos to which their individuals may be exposed.

Friable

Asbestos material that, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure (this includes nonfriable material that is damaged to the extent that when dry it may be crumbled, pulverized, or reduced to powder by hand pressure).

Glove Bag

Plastic bag-like enclosure used to contain small amounts of material, usually pipe insulation, for asbestos removal.

HEPA

High-efficiency particulate air. Filters used for trapping and retaining 99.97 percent of all particles larger than 0.3 micrometers. These filters are commonly used in air filtration devices, vacuums, respirators, and decontamination showers.

Homogeneous Area

An area of surfacing material, thermal system insulation material or miscellaneous material that is uniform in color and texture.

HVAC

Heating, Ventilation, and Air Conditioning systems found in many building.

Intact

The ACM has not crumbled, been pulverized, or otherwise deteriorated so that it is no longer likely to be bound with its matrix.

Labels

Refers to warning labels that are attached immediately adjacent to any friable and nonfriable ACMs and suspected ACMs, assumed to be ACM, located in routine maintenance areas (e.g., boiler rooms).

Maintenance Request/Work Order Forms

General forms that building owners/operators utilize for requesting maintenance work throughout the buildings.

Medical Surveillance

The employer shall institute a medical surveillance program for all employees who for a combined total of 30 or more days per year are engaged in Class I, II, and III work or who are exposed at or above the permissible exposure limit or excursion limit, and who wear negative pressure respirators pursuant to the requirements of this section.

Mil

Used to determine thickness of polyethylene sheeting. Mil is a prefix meaning one thousandth.

Mini-enclosure

A small walk-in enclosure (enclosed area) which accommodates no more than two persons. Made with applicable structural devices and polyethylene in order to isolate an area for disturbances or removal.

Minor Fiber Release Episode

The falling or dislodging of 3 square or linear feet or less of friable asbestos-containing material.

Negative Initial Exposure Assessment

A demonstration by the employer, which complies with the criteria in the OSHA standard that employee exposure during an operation is expected to be consistently below the PELs.

Negative Pressure Respirator

Air is drawn through the respirator's filters when the wearer breathes; as compared to having air supplied mechanically.

NIOSH

National Institute for Occupational Safety and Health.

Non-friable

Asbestos material that, when dry, may not be crumbled, pulverized, or reduced to powder by hand pressure.

Operations & Maintenance Program (O&M)

A program of work practices to maintain friable ACBM in good condition, ensure clean up of asbestos fibers previously released, and prevent further release by minimizing and controlling friable ACBM disturbance or damage.

OSHA

Occupational Safety and Health Administration.

Phase Contrast Microscopy (PCM)

Method of air sample analysis.

Permissible Exposure Limit PEL

An airborne concentration of asbestos of 0.1 fibers per cubic centimeter (f/cc) of air calculated as an eight (8)-hour time weighted average.

Phase Light Microscopy (PLM)

Method of bulk sample analysis.

Polyethylene

Plastic sheeting used for sealing off asbestos work areas such as large enclosures and mini-enclosures. Also used for drop cloths and various other asbestos work practices.

Positive Air-Purifying Respirator

Air is supplied to the respirator wearer. This is done by either having the surrounding air forced through the respirator filters or by a supplied air source being forced through the respirator filters.

Post Abatement (Clearance) Air Samples

Samples collected following the completion of an asbestos abatement project in order for clearance of the site in accordance with air levels set by applicable regulations.

Presumed Asbestos Containing Material (PACM)

Thermal System Insulation, surfacing, and flooring material found in buildings constructed no later than 1980.

Preventive Measure

Actions taken to reduce disturbance of ACBMs or otherwise eliminate the reasonable likelihood of the material becoming damaged or significantly damaged.

Project Designer

A person who has successfully completed the training requirements for an abatement project designer.

Regulated Area

An area established to demarcate (mark off) areas where Class I, Class II, and Class III asbestos work is conducted, and any adjoining area where debris and waste from such asbestos work occur; and a work area within which airborne concentrations of asbestos, exceed or there is a reasonable possibility they may exceed the permissible exposure limit (PEL).

Removal

All operations where ACM and/or PACM are taken out or stripped from structures or substrates, and include demolition operations.

Renovation

The modifying of any existing structure, or portion thereof.

Repair

Overhauling, rebuilding, reconstructing, or reconditioning of structures or substrates, and including encapsulation or other repair of ACM or PACM attached to structures or substrates.

Respirator

Personal protective face-piece used with proper filters to prevent the inhalation of airborne asbestos fibers.

Respirator Program

Program designed to motivate and train personnel to wear proper respiratory protection and to provide administrative controls to ensure that these objectives are met.

Response Team

A group of workers selected to conduct specific asbestos related activities.

Surfacing Material

Material that is sprayed, trowelled-on, or otherwise applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing and other purposes. Materials must contain more than 1% asbestos.

Surfactant

The chemical wetting agent that is added to water to enhance its penetration into asbestos-containing materials

Transmission Electron Microscopy (TEM)

Method of air and bulk sample analysis.

Thermal System Insulation (TSI)

ACM applied to pipes, fittings, boilers, breaching, tanks, ducts, or other structural components to prevent heat loss or gain. Materials must contain more than 1% asbestos.

Wet-Wiping

A cleaning procedure using wet towels/rags to wipe off ACM.