



**ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.**

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

March 25, 2022

Mr. Tim Olivier
Ann Arbor Affording Housing Corp
2000 S Industrial Hwy
Ann Arbor, MI 48104

RE: Lurie Terrace Senior Apartments – Apt # 612 Bedroom
Asbestos Abatement Closeout Documents
EME Job #: 22-133

Dear Mr. Olivier:

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

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

- Invoice
- Asbestos Abatement Contractor License
- Certificate of Liability Insurance
- Daily Construction Report
- Employee Paperwork
- Waste Manifest
- Air Monitoring Report

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

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Enclosures

Contractor Number
C2684

Expiration Date
12/8/2022

State of Michigan

Department of Labor and Economic Opportunity

Environmental Maintenance Engineers, Inc.

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

LICENSED ASBESTOS ABATEMENT CONTRACTOR

Type II (5 + employees)

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

MIO 3003 (03/2019)
Authority: Michigan Public Act 135 of 1986, as amended

155663

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

The Michigan Department of Labor and Economic Opportunity (LEO) 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 LEO by FAX (517.284.7700), telephone, or email (asbestos@michigan.gov). 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. LEO 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 Labor and Economic Opportunity, MIOSHA Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909, 517.284.7698.

Dan W. Maki

Dan W. Maki
Safety and Health Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2021

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 VTC Insurance Group 37000 Grand River Ave Ste 150 Farmington Hills MI 48335	CONTACT NAME: Deborah Gale	
	PHONE (A/C, No, Ext): (248) 888-0370 FAX (A/C, No): E-MAIL ADDRESS: dgale@vtcins.com	
INSURED Environmental Maintenance Engineers, Inc. 25851 Trowbridge Inkster MI 48141	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Nautilus Insurance Company	17370
	INSURER B: Charter Oak Fire Insurance	25615
	INSURER C: Great Divide Insurance Company	25224
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21-22 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			ECP2030229-10	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 2,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 2,000,000		
	OTHER:						GENERAL AGGREGATE \$ 2,000,000		
							PRODUCTS - COMP/OP AGG \$ 2,000,000		
							\$		
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BA0135C519	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per person) \$		
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>					BODILY INJURY (Per accident) \$		
							PROPERTY DAMAGE (Per accident) \$		
							\$		
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			FFX2030231-10	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 3,000,000		
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 3,000,000		
	DED RETENTION \$						\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA2030208-10	10/1/2021	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
A	Contractors Pollution Liab.			ECP2030229-10	10/1/2021	10/1/2022	Claims Made - Limit Each Claim: \$2,000,000		
A	Professional Liability			ECP2030229-10	10/1/2021	10/1/2022	Claims Made - Limit Each Claim: \$2,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

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

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

P Williams/DGALE

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25 YEARS
1997 - 2022

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

Today's Date/Day: **SMTWTFSS 3-16-22** Job #: **22-133**
 Week Ending Date: **3-20-22** Job Name: **LURIE TERRANCE SENIOR HOUSING**
 Truck #/Driver: **48-S. Lyell** **ACM / Mold / Lead / Other**
 Work Area: **Apt 612 Bedroom: 600 W. HURON ST, ANN ARBOR**

Daily Construction Report

Comments:

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
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	# 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
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	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: **NOVA** Visual/Testing:
 Representative Name: **CAROL** Accreditation Number:

Manometer Readings	Start: - inches water	Middle: - inches water	End: - inches water	Notes:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Steven Lyell	A4613	S	7:00	1:00			6	Steven Lyell
Tim Casey	A49184	W	8:00	1:00			5	

Safety Issues:	Asbestos Waste	Dumpster	Status of Job
	<input checked="" type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	<input checked="" type="checkbox"/> EME <input type="checkbox"/> Onsite	
	Bags: 5		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: Steven Lyell E.M.E.



ENVIRONMENTAL, INC.

This Certifies That

Timothy Casey

has successfully completed the

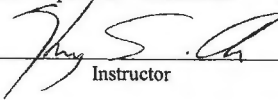
Contractor/Supervisor Refresher Course

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

Date of Training: 05/15/2021

Date of Expiration: 05/15/2022

Certificate Number: 2861CSR0521


Instructor

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

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LITHO IN U.S.A.

State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Timothy B. Casey



Accreditation Number

A49184

Expiration Date

07/20/2022

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.

An accreditation card is not valid if altered.

152848



7451 Third Street
Detroit, MI 48202
(313) 963-1433 Phone

This is to certify that

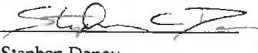
Steven Lyell
XXX-XX-

Has attended and successfully completed an 8-hour/1-day course
Which meets the Accreditation Requirements for

CONTRACTOR/SUPERVISOR REFRESHER

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

Training Date: July 7, 2021
Expiration Date: July 7, 2022
Certification Number: 9650-070721


Stephen Dancy
Trainer

State of Michigan
Department of Labor and Economic Opportunity
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Steven Lyell



Accreditation Number
A4613

Expiration Date
08/31/2022

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 address

153721

Michigan Department of Natural Resources Air Quality Division

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

Internal Job #: 22-133

Landfill Approval #: 3069 22 0860

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address: Lurie Terrace Senior Apartments 600 W. Huron St., Apt 612 Ann Arbor, MI 48103	Owner's Name: Ann Arbor Affordable Housing Corp. 2000 S. Industrial Hwy Ann Arbor, MI 48104	Contact Name: Tim Olivier Contact Telephone #: (517) 474-4576
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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	5	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: <i>J. Cheney</i>	Date: 3-16-2022

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: STEVEN LYELL	Title: Supervisor
Signature: <i>Steven Lyell</i>	Date: 3-16-22

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: