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

LETTER OF RELIANCE

February 29, 2016

PRIVILEGED AND CONFIDENTIAL

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

RE: Asbestos Abatement Closeout Report:

Maple Tower- S. Maple Meadows, 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

Andrew J. Foerg, CPG
President

ecS
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 – S. Maple Meadows
800-890 S. Maple, 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 S. Maple Meadows in Ann Arbor, Michigan. The asbestos abatement work took place from June 29, 2015 through January 11, 2016.

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

- Drywall joint compound
- Heat shields
- Roofing
- Floor tile and mastic were assumed to be ACMs

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.

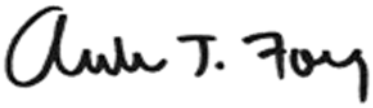
ECS contracted American Environmental Consultants (AEC) to perform asbestos abatement oversight and air monitoring. Asbestos abatement activities were conducted by Environmental Maintenance Engineers (EME) under contract to Norstar Building Corporation.

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



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

SOUTH MAPLE MEADOWS
800 S. MAPLE
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
1478-15006

Table of Contents

Introduction

American Environmental Consultants (AEC), LLC was contracted by ECS to perform professional environmental consulting services at South Maple Meadows located at 800 S. Maple, Ann Arbor, Michigan. The following report describes the air monitoring results for the asbestos abatement that took place from June 29, 2015 through January 11, 2016.

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

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

Sampling Types

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

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

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

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

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

Sampling Equipment

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

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

Analytical Methods

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

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

Regulatory Standards

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

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

Results

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

PCM Air Monitoring

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

Conclusion

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

Limitations

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

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

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

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

Sincerely,
American Environmental Consultants, LLC.

Jef Fox
Project Manager

Appendix A

Air Sampling Sheets

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	6/29/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	IWA	Roof	BKGD	5	100	10	12.7	3.00	3.00	3.00	0900	1400	300	900.00	0.0054	< 0.0054
	4	OSWA	East Side of Building	BKGD	2	100	10	12.7	3.00	3.00	3.00	0900	1400	300	900.00	0.0054	< 0.0054
	5	OSWA	West Side of Building	BKGD	4	100	10	12.7	3.00	3.00	3.00	0900	1400	300	900.00	0.0054	< 0.0054

Total Samples	Blind Recount													
5	5	<<Enter Sample Number Here	3	100	10	12.7	3.00	300	900.00	0.0054	< 0.0054

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:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/2/2015	
Collected By:	Lance Hassell	
Contractor:	EME	

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Jason Diehl	REM	8	100	10	12.7	2.00	2.00	2.00	0800	1130	210	420.00	0.0117	< 0.0117
	4	STEL	Kevin Diehl	REM	1.5	100	10	12.7	2.00	2.00	2.00	0800	0830	30	60.00	0.0817	< 0.0817
	5	P	Kevin Diehl	REM	6	100	10	12.7	2.00	2.00	2.00	0830	1130	180	360.00	0.0136	< 0.0136
	6	OSWA	Eastside of South Building	REM	4.5	100	10	12.7	10.00	10.00	10.00	0801	1131	210	2100.00	0.0023	< 0.0023
	7	OSWA	Westside of South Building	REM	3	100	10	12.7	10.00	10.00	10.00	0802	1132	210	2100.00	0.0023	< 0.0023
	8	IWA	Eastside Roof of South Building	CL	5	100	10	12.7	10.00	10.00	10.00	1140	1340	120	1200.00	0.0041	< 0.0041
	9	IWA	West Side Roof of South Building	CL	3.5	100	10	12.7	10.00	10.00	10.00	1141	1341	120	1200.00	0.0041	< 0.0041

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

4.5	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/3/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Kevin Diehl	REM	2	100	10	12.7	2.00	2.00	2.00	0800	1130	210	420.00	0.0117	< 0.0117
	4	STEL	Jason Diehl	REM	0	100	10	12.7	2.00	2.00	2.00	0800	0830	30	60.00	0.0817	< 0.0817
	5	P	Jason Diehl	REM	1.5	100	10	12.7	2.00	2.00	2.00	0830	1130	180	360.00	0.0136	< 0.0136
	6	OSWA	East Side of North Building	REM	7	100	10	12.7	10.00	10.00	10.00	0802	1132	210	2100.00	0.0023	< 0.0023
	7	REM	West Side of North Building	REM	8.5	100	10	12.7	10.00	10.00	10.00	0803	1133	210	2100.00	0.0023	< 0.0023
	8	IWA	Roof of North Building	CL	5	100	10	12.7	10.00	10.00	10.00	1145	1345	120	1200.00	0.0041	< 0.0041
	9	IWA	South West Corner of North Building	CL	5.5	100	10	12.7	10.00	10.00	10.00	1147	1347	120	1200.00	0.0041	< 0.0041

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

			5	100	10	12.7		10.00				120	1200.00	0.0041	< 0.0041

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/6/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Kevin Diehl	REM	1	100	10	12.7	2.00	2.00	2.00	0800	1130	210	420.00	0.0117	< 0.0117
	4	P	Jason Diehl	REM	2	100	10	12.7	2.00	2.00	2.00	0800	1130	210	420.00	0.0117	< 0.0117
	5	OSWA	East Side of North East Building	REM	12	100	12	15.3	10.00	10.00	10.00	0802	1132	210	2100.00	0.0023	0.0028
	6	OSWA	South Side of North East Building	REM	11	100	11	14.0	10.00	10.00	10.00	0804	1134	210	2100.00	0.0023	0.0026
	7	IWA	Roof of North East Building	CL	4	100	10	12.7	10.00	10.00	10.00	1140	1340	120	1200.00	0.0041	< 0.0041
	8	IWA	Roof of North East Building	CL	5	100	10	12.7	10.00	10.00	10.00	1142	1342	120	1200.00	0.0041	< 0.0041

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

4	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/8/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Jason Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0800	1200	240	480.00	0.0102	< 0.0102
	4	P	Kevin Diehl	REM	2.5	100	10	12.7	2.00	2.00	2.00	0800	1200	240	480.00	0.0102	< 0.0102
	5	OSWA	West Side of Building	REM	13	100	13	16.6	10.00	10.00	10.00	0802	1205	243	2430.00	0.0020	0.0026
	6	OSWA	East Side of Building	REM	14	100	14	17.8	10.00	10.00	10.00	0805	1205	240	2400.00	0.0020	0.0029
	7	IWA	Roof	CL	5	100	10	12.7	10.00	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
	8	IWA	Roof	CL	5	100	10	12.7	10.00	10.00	10.00	1212	1412	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
8	7	<<Enter Sample Number Here

5	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/10/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Kevin Diehl	REM	4	100	10	12.7	2.00	2.00	2.00	0800	1140	220	440.00	0.0111	< 0.0111
	4	STEL	Jason Diehl	REM	1	100	10	12.7	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	5	OSWA	North End	REM	11	100	11	14.0	10.00	10.00	10.00	0745	1130	225	2250.00	0.0022	0.0024
	6	OSWA	South End	REM	12	100	12	15.3	10.00	10.00	10.00	0745	1130	225	2250.00	0.0022	0.0026
	7	IWA	On Roof South	CL	9	100	10	12.7	10.00	10.00	10.00	1150	1350	120	1200.00	0.0041	< 0.0041
	8	IWA	On Roof North	CL	6	100	10	12.7	10.00	10.00	10.00	1150	1350	120	1200.00	0.0041	< 0.0041
	9	P	Jason Diehl	REM	3	100	10	12.7	2.00	2.00	10.00	0800	1130	210	2100.00	0.0023	< 0.0023

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

11	100	11	14.0	10.00	225	2250.00	0.0022	0.0024

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

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/17/2015	
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)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Chris Treglown	REM	9	100	10	12.7	2.00	2.00	2.00	1140	1210	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	8	100	10	12.7	2.00	2.00	2.00	1210	1350	100	200.00	0.0245	< 0.0245
	5	OSWA	882-2nd Floor Hall	REM	4	100	10	12.7	10.00	10.00	10.00	1130	1350	140	1400.00	0.0035	< 0.0035
	6	OSWA	882-Kitchen	REM	6	100	10	12.7	10.00	10.00	10.00	1130	1350	140	1400.00	0.0035	< 0.0035
	7	IWA	882-Bed 2	CL	10	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	8	IWA	882-2nd Floor Stairs	CL	6	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	9	IWA	882-Kitchen	CL	7	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
9	6	<<Enter Sample Number Here

6	100	10	12.7	10.00	140	1400.00	0.0035	< 0.0035
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Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
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)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Chris Treglown	REM	9	100	10	12.7	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	6	100	10	12.7	2.00	2.00	2.00	0800	1130	210	420.00	0.0117	< 0.0117
	5	P	Chris Treglown	REM	6	100	10	12.7	2.00	2.00	2.00	1230	1400	90	180.00	0.0272	< 0.0272
	6	OSWA	884-1st Floor Hall	REM	7	100	10	12.7	10.00	10.00	10.00	0740	1120	220	2200.00	0.0022	< 0.0022
	7	OSWA	884-2nd Floor Bedroom 1	REM	4	100	10	12.7	10.00	10.00	10.00	0740	1120	220	2200.00	0.0022	< 0.0022
	8	OSWA	886-1st Floor Hall	REM	6	100	10	12.7	10.00	10.00	10.00	1240	1400	80	800.00	0.0061	< 0.0061
	9	OSWA	886-2nd Floor Hall	REM	8	100	10	12.7	10.00	10.00	10.00	1240	1400	80	800.00	0.0061	< 0.0061
	10	IWA	884-Bedroom 2	CL	10	100	10	12.7	10.00	10.00	10.00	1130	1330	120	1200.00	0.0041	< 0.0041
	11	IWA	884-Living Room	CL	10	100	10	12.7	10.00	10.00	10.00	1130	1330	120	1200.00	0.0041	< 0.0041
	12	IWA	884-Kitchen	CL	7	100	10	12.7	10.00	10.00	10.00	1130	1330	120	1200.00	0.0041	< 0.0041
	13	IWA	886-Bedroom 2	CL	9	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount										
15	7	<<Enter Sample Number Here	4	100	10	12.7	10.00	220	2200.00	0.0022	< 0.0022

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

									Flow Rate (L/min)			Time (24 Hour Clock)						
Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Start	Stop	Ave.	Start	Stop	Total	Vol. (L)	LOQ (f/cc)	Fibers /cc	
		FB			0	100											FB AVE	
		FB			0	100											0.0000	
	14	IWA	886-Living Room	CL	7	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041	
	15	IWA	886-Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041	

Total Samples	Blind Recount	
15		<<Enter Sample Number Here

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/21/2015																	
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)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
																	FB AVE
	1	FB			0	100											0.0000
	2	FB			0	100											
	3	STEL	Tim Highland	REM	9	100	10	12.7	2.00	2.00	2.00	0735	0805	30	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	< 0.0120
	5	P	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	1220	1430	130	260.00	0.0188	< 0.0188
	6	OSWA	888-Living Room	REM	6	100	10	12.7	10.00	10.00	10.00	0730	1000	150	1500.00	0.0033	< 0.0033
	7	OSWA	888-Bedroom 1	REM	5	100	10	12.7	10.00	10.00	10.00	0730	1000	150	1500.00	0.0033	< 0.0033
	8	OSWA	890-Hall 1st Floor	REM	5	100	10	12.7	10.00	10.00	10.00	1000	1240	160	1600.00	0.0031	< 0.0031
	9	OSWA	890-Living Room	REM	4	100	10	12.7	10.00	10.00	10.00	1000	1240	160	1600.00	0.0031	< 0.0031
	10	OSWA	800-Hall 2nd Floor	REM	6	100	10	12.7	10.00	10.00	10.00	1130	1305	95	950.00	0.0052	< 0.0052
	11	OSWA	800-Living Room	REM	5	100	10	12.7	10.00	10.00	10.00	1130	1305	95	950.00	0.0052	< 0.0052
	12	IWA	888-Kitchen	CL	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	13	IWA	888-Living Room	CL	4	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	<<Enter Sample Number Here									
20	7		5	100	10	12.7	10.00	150	1500.00	0.0033	< 0.0033

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/21/2015	
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)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	888-Bedroom 2	CL	7	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	15	IWA	890-Living Room	CL	5	100	10	12.7	10.00	10.00	10.00	1245	1445	120	1200.00	0.0041	< 0.0041
	16	IWA	890-Kitchen	CL	6	100	10	12.7	10.00	10.00	10.00	1245	1445	120	1200.00	0.0041	< 0.0041
	17	IWA	890-Bedroom 2	CL	9	100	10	12.7	10.00	10.00	10.00	1245	1445	120	1200.00	0.0041	< 0.0041
	18	IWA	800-Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1305	1505	120	1200.00	0.0041	< 0.0041
	19	IWA	800-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1305	1505	120	1200.00	0.0041	< 0.0041
	20	IWA	800-Bedroom 2	CL	8	100	10	12.7	10.00	10.00	10.00	1305	1505	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount
20	

<<Enter Sample Number Here

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

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/22/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Tim Highland	REM	10	100	10	12.7	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	7	100	10	12.7	2.00	2.00	2.00	0800	1100	180	360.00	0.0136	< 0.0136
	5	OSWA	804-Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
	6	OSWA	804-2nd Floor Hall	REM	4	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
	7	IWA	804-Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	8	IWA	804-Bedroom 1	CL	7	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	9	IWA	804-2nd Floor Hall	CL	7	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	10	P	Kevin Diehl	REM	4	100	10	12.7	2.00	2.00	2.00	0740	1200	260	520.00	0.0094	< 0.0094
	11	P	James Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0740	1200	260	520.00	0.0094	< 0.0094
	12	OSWA	North End-East Building	REM	6	100	10	12.7	10.00	10.00	10.00	0741	1200	259	2590.00	0.0019	< 0.0019
	13	OSWA	South End-East Building	REM	6	100	10	12.7	10.00	10.00	10.00	0741	1200	259	2590.00	0.0019	< 0.0019

Total Samples	Blind Recount												
15	11	<<Enter Sample Number Here	3	100	10	12.7	2.00	200	400.00	0.0123	< 0.0123

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/22/2015
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)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	North End-On Roof	CL	4	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	15	IWA	South End-On Roof	CL	4	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount
15	

<<Enter Sample Number Here

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

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/23/2015																	
Collected By:	Matt Rodgers																	
Contractor:	EME																	

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm²	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Chris Treglown	REM	7	100	10	12.7	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	4	P	Chris Treglown	REM	4	100	10	12.7	2.00	2.00	2.00	0800	1230	270	540.00	0.0091	< 0.0091
	5	OSWA	Unit 820 Kitchen	REM	4	100	10	12.7	10.00	10.00	10.00	0735	1000	145	1450.00	0.0034	< 0.0034
	6	OSWA	Unit 820 2nd Floor Stairs	REM	5.5	100	10	12.7	10.00	10.00	10.00	0735	1000	145	1450.00	0.0034	< 0.0034
	7	IWA	Unit 820 Bedroom 1	CL	9	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	8	IWA	Unit 820 Living Room	CL	8	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	9	IWA	Unit 820 Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	10	OSWA	Unit 830 Base Stairs	REM	6	100	10	12.7	10.00	10.00	10.00	1005	1230	145	1450.00	0.0034	< 0.0034
	11	OSWA	Unit 830 2nd Stairs	REM	5.5	100	10	12.7	10.00	10.00	10.00	1005	1230	145	1450.00	0.0034	< 0.0034
	12	IWA	Unit 830 Bedroom 1	CL	8.5	100	10	12.7	10.00	10.00	10.00	1230	1430	120	1200.00	0.0041	< 0.0041
	13	IWA	Unit 830 Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1230	1430	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount												
21	8	<<Enter Sample Number Here	8	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/23/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	Unit 830 Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1230	1430	120	1200.00	0.0041	< 0.0041
	15	STEL	Kevin Diehl	REM	1	100	10	12.7	2.00	2.00	2.00	0815	0845	30	60.00	0.0817	< 0.0817
	16	P	Kevin Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0845	1100	135	270.00	0.0181	< 0.0181
	17	P	Jason Diehl	REM	2	100	10	12.7	2.00	2.00	2.00	0820	1100	160	320.00	0.0153	< 0.0153
	18	OSWA	East End of North Building	REM	6	100	10	12.7	10.00	10.00	10.00	0800	1105	185	1850.00	0.0026	< 0.0026
	19	OSWA	West End of North Building	REM	3	100	10	12.7	10.00	10.00	10.00	0800	1105	185	1850.00	0.0026	< 0.0026
	20	IWA	On Roof of North Building	CL	3	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	21	IWA	On Roof of North Building	CL	3	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
21		<<Enter Sample Number Here

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/24/2015	
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)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Tim Highland	REM	6	100	10	12.7	2.00	2.00	2.00	0735	0805	30	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	< 0.0120
	5	P	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	1235	1400	85	170.00	0.0288	< 0.0288
	6	OSWA	Unit 880 2nd Floor Hall	REM	8	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
	7	OSWA	Unit 880 Kitchen	REM	7	100	10	12.7	10.00	10.00	10.00	0740	1100	200	2000.00	0.0025	< 0.0025
	8	IWA	Unit 880 Living Room	CL	11	100	11	14.0	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0045
	9	IWA	Unit 880 2nd Floor Bedroom 1	CL	10	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	10	IWA	Unit 880 Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	11	OSWA	Unit 828 2nd Floor Hall	REM	7	100	10	12.7	10.00	10.00	10.00	1305	1400	55	550.00	0.0089	< 0.0089
	12	OSWA	Unit 828 Kitchen	REM	10	100	10	12.7	10.00	10.00	10.00	1305	1400	55	550.00	0.0089	< 0.0089
	13	IWA	Unit 828 Living Room	CL	9	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
15	7	<<Enter Sample Number Here

7	100	10	12.7	10.00	200	2000.00	0.0025	< 0.0025

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/24/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	Unit 828 Bedroom 1	CL	8	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041
	15	IWA	Unit 828 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
15		<<Enter Sample Number Here

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/27/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	2.00	0800	1105	185	370.00	0.0132	< 0.0132
	5	P	Tim Highland	REM	3	100	10	12.7	2.00	2.00	2.00	1235	1405	90	180.00	0.0272	< 0.0272
	6	OSWA	806-Base Stair	REM	11	100	11	14.0	10.00	10.00	10.00	0730	1040	190	1900.00	0.0026	0.0028
	7	OSWA	806-2nd Floor Hall	REM	8	100	10	12.7	10.00	10.00	10.00	0730	1040	190	1900.00	0.0026	< 0.0026
	8	IWA	806-Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1045	1245	120	1200.00	0.0041	< 0.0041
	9	IWA	806-Living Room	CL	12	100	12	15.3	10.00	10.00	10.00	1045	1245	120	1200.00	0.0041	0.0049
	10	IWA	806-Bedroom 1	CL	10	100	10	12.7	10.00	10.00	10.00	1045	1245	120	1200.00	0.0041	< 0.0041
	11	OSWA	808-Base Stair	REM	6	100	10	12.7	10.00	10.00	10.00	1235	1400	85	850.00	0.0058	< 0.0058
	12	OSWA	808-2nd Floor Hall	REM	7	100	10	12.7	10.00	10.00	10.00	1235	1400	85	850.00	0.0058	< 0.0058
	13	IWA	808-Kitchen	CL	9	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount												
22	6	<<Enter Sample Number Here	11	100	11	14.0	10.00	190	1900.00	0.0026	0.0028

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/27/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	808-Living Room	CL	10	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041
	15	IWA	808-Bedroom 1	CL	10	100	10	12.7	10.00	10.00	10.00	1405	1605	120	1200.00	0.0041	< 0.0041
	16	STEL	Kevin Diehl	REM	1	100	10	12.7	2.00	2.00	2.00	0810	0840	30	60.00	0.0817	< 0.0817
	17	P	Kevin Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0840	1130	170	340.00	0.0144	< 0.0144
	18	P	Jason Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	< 0.0120
	19	OSWA	East End	REM	0	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
	20	OSWA	West End	REM	1	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
	21	IWA	North-on Roof	CL	3	100	10	12.7	10.00	10.00	10.00	1140	1340	120	1200.00	0.0041	< 0.0041
	22	IWA	South-on Roof	CL	3	100	10	12.7	10.00	10.00	10.00	1140	1340	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
22		<<Enter Sample Number Here

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	7/28/2015
Collected By:	Matt Rodgers
Contractor:	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm²	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	0735	0805	30	60.00	0.0817	< 0.0817
	4	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	2.00	0800	1105	185	370.00	0.0132	< 0.0132
	5	P	Tim Highland	REM	6	100	10	12.7	2.00	2.00	2.00	1205	1410	125	250.00	0.0196	< 0.0196
	6	OSWA	810-Base Stair	REM	10	100	10	12.7	10.00	10.00	10.00	0740	1050	190	1900.00	0.0026	< 0.0026
	7	OSWA	810-2nd Floor Hall	REM	11	100	11	14.0	10.00	10.00	10.00	0740	1050	190	1900.00	0.0026	0.0028
	8	IWA	810-Kitchen	CL	12	100	12	15.3	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0049
	9	IWA	810-Living Room	CL	12	100	12	15.3	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0049
	10	IWA	810-Bedroom 1	CL	10	100	10	12.7	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	< 0.0041
	11	OSWA	812-Base Stair	REM	9	100	10	12.7	10.00	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
	12	OSWA	812-2nd Floor Hall	REM	9.5	100	10	12.7	10.00	10.00	10.00	1210	1410	120	1200.00	0.0041	< 0.0041
	13	IWA	812-Kitchen	CL	10	100	10	12.7	10.00	10.00	10.00	1415	1615	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount															
22	12	<<Enter Sample Number Here	9.5	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/28/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	812-Kitchen	CL	11	100	11	14.0	10.00	10.00	10.00	1415	1615	120	1200.00	0.0041	0.0045
	15	IWA	812-Bedroom 1	CL	11	100	11	14.0	10.00	10.00	10.00	1415	1615	120	1200.00	0.0041	0.0045
	16	STEL	Kevin Diehl	REM	0	100	10	12.7	2.00	2.00	2.00	0800	0830	30	60.00	0.0817	< 0.0817
	17	P	Kevin Diehl	REM	3	100	10	12.7	2.00	2.00	2.00	0830	1130	180	360.00	0.0136	< 0.0136
	18	P	James Diehl	REM	2	100	10	12.7	2.00	2.00	2.00	0805	1130	205	410.00	0.0120	< 0.0120
	19	OSWA	South Building-East	REM	1	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
	20	OSWA	South Building-West	REM	1	100	10	12.7	10.00	10.00	10.00	0810	1130	200	2000.00	0.0025	< 0.0025
	21	IWA	South Building-North on Roof	CL	3	100	10	12.7	10.00	10.00	10.00	1145	1345	120	1200.00	0.0041	< 0.0041
	22	IWA	South Building-South on Roof	CL	3	100	10	12.7	10.00	10.00	10.00	1145	1345	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount
22	

<<Enter Sample Number Here

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

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	7/29/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**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	James Diehl	REM	0	100	10	12.7	2.00	2.00	2.00	0806	0836	30	60.00	0.0817	< 0.0817
	4	P	James Diehl	REM	1	100	10	12.7	2.00	2.00	2.00	0836	1140	184	368.00	0.0133	< 0.0133
	5	P	Kevin Diehl	REM	1	100	10	12.7	2.00	2.00	2.00	0805	1140	215	430.00	0.0114	< 0.0114
	6	OSWA	North Building-South	REM	2	100	10	12.7	10.00	10.00	10.00	0800	1140	220	2200.00	0.0022	< 0.0022
	7	OSWA	North Building-North	REM	3	100	10	12.7	10.00	10.00	10.00	0800	1140	220	2200.00	0.0022	< 0.0022
	8	IWA	North Building-East on Roof	CL	3	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	9	IWA	North Building-West on Roof	CL	3.5	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
9	7	<<Enter Sample Number Here

3	100	10	12.7	10.00	220	2200.00	0.0022	< 0.0022
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Sample Types		
OSWA	=	Outside Work Area
IWA	=	Inside Work Area
P	=	Personal
STEL	=	Short Term Exposure Limit
HEPEX	=	HEPA Exhaust
FB	=	Field Blank
NA-PF	=	Not Analyzed / Pump Failure
NA-OLF	=	Not Analyzed / Overloaded Filter
NA-WDF	=	Not Analyzed / Water Damaged Filter

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	9/17/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Jef Fox
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	IWA	884-Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	0953	1113	80	1200.00	0.0041	< 0.0041
	4	IWA	884-2nd Floor Bathroom	CL	6	100	10	12.7	15.00	15.00	15.00	0955	1115	80	1200.00	0.0041	< 0.0041
	5	STEL	Tim Highland	REM	0.5	100	10	12.7	2.00	2.00	2.00	1030	1100	30	60.00	0.0817	< 0.0817
	6	P	Tim Highland	REM	4	100	10	12.7	2.00	2.00	2.00	1100	1530	270	540.00	0.0091	< 0.0091
	7	IWA	882-Kitchen	CL	7.5	100	10	12.7	15.00	15.00	15.00	1119	1239	80	1200.00	0.0041	< 0.0041
	8	IWA	882-2nd Floor Bathroom	CL	6	100	10	12.7	15.00	15.00	15.00	1120	1240	80	1200.00	0.0041	< 0.0041
	9	IWA	880-Kitchen	CL	6.5	100	10	12.7	15.00	15.00	10.00	1130	1250	80	800.00	0.0061	< 0.0061
	10	IWA	880-2nd Floor Bathroom	CL	7	100	10	12.7	15.00	15.00	15.00	1131	1251	80	1200.00	0.0041	< 0.0041
	11	IWA	886-Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	1255	1415	80	1200.00	0.0041	< 0.0041
	12	IWA	886-2nd Floor Bathroom	CL	8	100	10	12.7	15.00	15.00	15.00	1256	1416	80	1200.00	0.0041	< 0.0041
	13	IWA	888-Kitchen	CL	8	100	10	12.7	15.00	15.00	15.00	1300	1420	80	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount																
20	20	<<Enter Sample Number Here			7.5	100	10	12.7			15.00			80	1200.00	0.0041	< 0.0041

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	9/17/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	888-2nd Floor Bathroom	CL	6	100	10	12.7	15.00	15.00	15.00	1301	1421	80	1200.00	0.0041	< 0.0041
	15	IWA	890-Kitchen	CL	6.5	100	10	12.7	15.00	15.00	15.00	1330	1450	80	1200.00	0.0041	< 0.0041
	16	IWA	890-2nd Floor Bathroom	CL	7	100	10	12.7	15.00	15.00	15.00	1131	1451	200	3000.00	0.0016	< 0.0016
	17	IWA	848-Kitchen	CL	6.5	100	10	12.7	15.00	15.00	15.00	1345	1505	80	1200.00	0.0041	< 0.0041
	18	IWA	848-2nd Floor Bathroom	CL	6	100	10	12.7	15.00	15.00	15.00	1346	1506	80	1200.00	0.0041	< 0.0041
	19	IWA	868-Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	1410	1530	80	1200.00	0.0041	< 0.0041
	20	IWA	868-2nd Floor Bathroom	CL	7.5	100	10	12.7	15.00	15.00	15.00	1411	1531	80	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount
20	

<<Enter Sample Number Here

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

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	9/18/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	STEL	Chris Treglown	REM	14	100	14	17.8	2.00	2.00	2.00	0730	0800	30	60.00	0.0817	0.1143
	4	P	Chris Treglown	REM	12	100	12	15.3	2.00	2.00	2.00	0800	1200	240	480.00	0.0102	0.0123
	5	IWA	800-Living Room	R/CL	8	100	10	12.7	10.00	10.00	10.00	0805	0930	85	850.00	0.0058	< 0.0058
	6	IWA	800-Kitchen	R/CL	6	100	10	12.7	10.00	10.00	10.00	0805	0930	85	850.00	0.0058	< 0.0058
	7	IWA	800-Bedroom 1	R/CL	4	100	10	12.7	10.00	10.00	10.00	0805	0930	85	850.00	0.0058	< 0.0058
	8	IWA	802-Living Room	R/CL	10	100	10	12.7	10.00	10.00	10.00	0820	0940	80	800.00	0.0061	< 0.0061
	9	IWA	802-Kitchen	R/CL	13	100	13	16.6	10.00	10.00	10.00	0820	0940	80	800.00	0.0061	0.0080
	10	IWA	802-Bedroom 1	R/CL	9	100	10	12.7	10.00	10.00	10.00	0820	0940	80	800.00	0.0061	< 0.0061
	11	IWA	804-Living Room	R/CL	8	100	10	12.7	10.00	10.00	10.00	0830	1000	90	900.00	0.0054	< 0.0054
	12	IWA	804-Kitchen	R/CL	7	100	10	12.7	10.00	10.00	10.00	0830	1000	90	900.00	0.0054	< 0.0054
	13	IWA	804-Bedroom 1	R/CL	7	100	10	12.7	10.00	10.00	10.00	0830	1000	90	900.00	0.0054	< 0.0054
Total Samples	Blind Recount																
23	7	<<Enter Sample Number Here			4	100	10	12.7			10.00			65	650.00	0.0075	< 0.0075

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	9/18/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	820-Living Room	R/CL	9	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	15	IWA	820-Kitchen	R/CL	8	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	16	IWA	820-Bedroom 1	R/CL	10	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	17	IWA	828-Living Room	R/CL	10	100	10	12.7	10.00	10.00	10.00	1306	1440	94	940.00	0.0052	< 0.0052
	18	IWA	828-Kitchen	R/CL	10	100	10	12.7	10.00	10.00	10.00	1306	1440	94	940.00	0.0052	< 0.0052
	19	IWA	828-Bedroom 1	R/CL	9	100	10	12.7	10.00	10.00	10.00	1306	1440	94	940.00	0.0052	< 0.0052
	20	IWA	830-Living Room	R/CL	7	100	10	12.7	10.00	10.00	10.00	1330	1410	40	400.00	0.0123	< 0.0123
	21	IWA	830-Kitchen	R/CL	7	100	10	12.7	10.00	10.00	10.00	1330	1410	40	400.00	0.0123	< 0.0123
	22	IWA	830-Bedroom 1	R/CL	6	100	10	12.7	10.00	10.00	10.00	1330	1410	40	400.00	0.0123	< 0.0123
	23	P	Chris Treglown	REM	4	100	10	12.7	2.00	2.00	2.00	1200	1410	130	260.00	0.0188	< 0.0188

Total Samples	Blind Recount	
23		<<Enter Sample Number Here

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	11/3/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Jef Fox
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Ken Wayland	REM	8	100	10	12.7	2.00	2.00	2.00	1318	1545	147	294.00	0.0167	< 0.0167
	4	IWA	822-2nd Floor Bedroom 1	CL	4.5	100	10	12.7	10.00	10.00	10.00	1358	1558	120	1200.00	0.0041	< 0.0041
	5	IWA	822-1st Floor Kitchen	CL	9.5	100	10	12.7	10.00	10.00	10.00	1400	1600	120	1200.00	0.0041	< 0.0041
	6	IWA	822-Basement	CL	6	100	10	12.7	10.00	10.00	10.00	1402	1602	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
6	6	<<Enter Sample Number Here

5	100	10	12.7	10.00				120	1200.00	0.0041	< 0.0041

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

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	11/9/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**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	Andrew Ptak	REM	12	100	12	15.3	2.00	2.00	2.00	0800	0830	30	60.00	0.0817	0.0980
	4	P	Andrew Ptak	REM	8	100	10	12.7	2.00	2.00	2.00	0830	1255	265	530.00	0.0092	< 0.0092
	5	OSWA	808-2nd Floor Hallway	REM	7	100	10	12.7	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	< 0.0019
	6	OSWA	808-Kitchen	REM	8.5	100	10	12.7	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	< 0.0019
	7	OSWA	810-2nd Floor Hallway	REM	12	100	12	15.3	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	0.0023
	8	OSWA	810-Kitchen	REM	10	100	10	12.7	10.00	10.00	10.00	0740	1200	260	2600.00	0.0019	< 0.0019
	9	IWA	808-Kitchen	CL	11.5	100	11.5	14.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0047
	10	IWA	808-Living Room	CL	13	100	13	16.6	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	0.0053
	11	IWA	808-Bedroom 1	CL	10	100	10	12.7	10.00	10.00	10.00	1200	1400	120	1200.00	0.0041	< 0.0041
	12	IWA	810-Kitchen	CL	8	100	10	12.7	10.00	10.00	10.00	1300	1500	120	1200.00	0.0041	< 0.0041
	13	IWA	810-Living Room	CL	10	100	10	12.7	10.00	10.00	10.00	1300	1500	120	1200.00	0.0041	< 0.0041
Total Samples	Blind Recount																
14	8	<<Enter Sample Number Here			10	100	10	12.7			10.00			260	2600.00	0.0019	< 0.0019

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	9/18/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Matt Rodgers
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
		FB			0	100											FB AVE
		FB			0	100											0.0000
	14	IWA	810-Bedroom 1	CL	7	100	10	12.7	10.00	10.00	10.00	1300	1500	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
14		<<Enter Sample Number Here

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

PCM Analyst: Matt Rodgers

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	11/10/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Jef Fox
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Ken Wayland	REM	12	100	12	15.3	2.00	2.00	2.00	0847	1046	119	238.00	0.0206	0.0247
	4	IWA	826-2nd Floor Bedroom 1	CL	11	100	11	14.0	15.00	15.00	15.00	0930	1100	90	1350.00	0.0036	0.0040
	5	IWA	826-1st Floor Kitchen	CL	7	100	10	12.7	15.00	15.00	15.00	0925	1100	95	1425.00	0.0034	< 0.0034
	6	IWA	826-1st Floor Living Room	CL	9.5	100	10	12.7	15.00	15.00	15.00	0932	1100	88	1320.00	0.0037	< 0.0037
	7	P	Ken Wayland	REM	14.5	100	14.5	18.5	2.00	2.00	2.00	1100	1230	90	180.00	0.0272	0.0395
	8	IWA	824-2nd Floor Bedroom 1	CL	7	100	10	12.7	15.00	15.00	15.00	1100	1230	90	1350.00	0.0036	< 0.0036
	9	IWA	824-1st Floor Kitchen	CL	9	100	10	12.7	15.00	15.00	15.00	1101	1229	88	1320.00	0.0037	< 0.0037
	10	IWA	824-1st Floor Living Room	CL	8.5	100	10	12.7	15.00	15.00	15.00	1102	1228	86	1290.00	0.0038	< 0.0038

Total Samples	Blind Recount													
10	10	<<Enter Sample Number Here	6.5	100	10	12.7	15.00	86	1290.00	0.0038	< 0.0038
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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	B/O	=	Bag Out
NA-PF	=	Not Analyzed / Pump Failure	AMB	=	Ambient
NA-OLF	=	Not Analyzed / Overloaded Filter	PREP	=	Work Site Prep
NA-WDF	=	Not Analyzed / Water Damaged Filter	CU	=	Clean Up

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	12/4/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI	**Collected By:**	Lance Hassell
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Marty Stewart	REM	9	100	10	12.7	2.00	2.00	2.00	0830	1430	360	720.00	0.0068	< 0.0068
	4	IWA	842 Kitchen	CL	9	100	10	12.7	13.00	13.00	13.00	0930	1103	93	1209.00	0.0041	< 0.0041
	5	IWA	842 Bedroom	CL	7	100	10	12.7	13.00	13.00	13.00	0931	1104	93	1209.00	0.0041	< 0.0041
	6	IWA	844 Kitchen	CL	10	100	10	12.7	13.00	13.00	13.00	1110	1243	93	1209.00	0.0041	< 0.0041
	7	IWA	844 Bedroom	CL	6	100	10	12.7	13.00	13.00	13.00	1111	1244	93	1209.00	0.0041	< 0.0041
	8	IWA	850 Kitchen	CL	9	100	10	12.7	13.00	13.00	13.00	1300	1433	93	1209.00	0.0041	< 0.0041
	9	IWA	850 Bedroom	CL	7	100	10	12.7	13.00	13.00	10.00	1301	1434	93	930.00	0.0053	< 0.0053

Total Samples	Blind Recount												
9	9	<<Enter Sample Number Here	7	100	10	12.7	13.00	93	1209.00	0.0041	< 0.0041

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

PCM Analyst: Lance Hassell

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	12/7/2016
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**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
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	842 Chris Treglown	REM	58	100	58	73.9	2.00	2.00	2.00	0830	1230	240	480.00	0.0102	0.0592
	4	IWA	842 Kitchen	CL	25	100	25	31.8	10.00	10.00	10.00	0831	1231	240	2400.00	0.0020	0.0051
	5	IWA	842 Bedroom 1	CL	15	100	15	19.1	10.00	10.00	10.00	1000	1232	152	1520.00	0.0032	0.0048
	6	P	840 Chris Treglown	REM	39	100	39	49.7	2.00	2.00	2.00	1235	1535	180	360.00	0.0136	0.0531
	7	IWA	840 Kitchen	CL	8.5	100	10	12.7	10.00	10.00	10.00	1236	1536	180	1800.00	0.0027	< 0.0027
	8	IWA	840 Room 1	CL	17	100	17	21.7	10.00	10.00	10.00	1330	1537	127	1270.00	0.0039	0.0066

Total Samples	Blind Recount												
8	8	<<Enter Sample Number Here	15	100	15	19.1	10.00	127	1270.00	0.0039	0.0058

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	12/8/2016
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**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
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	IWA	870 Basement	CL	42	100	42	53.5	10.00	10.00	10.00	0816	1200	224	2240.00	0.0022	0.0092
	4	IWA	870 Bedroom 1	CL	41	100	41	52.2	10.00	10.00	10.00	0817	1201	224	2240.00	0.0022	0.0090
	5	P	870 Chris Treglown	REM	12	100	12	15.3	2.00	2.00	2.00	0815	1202	227	454.00	0.0108	0.0130
	6	IWA	870 Kitchen	CL	12.5	100	12.5	15.9	10.00	10.00	10.00	1000	1203	123	1230.00	0.0040	0.0050
	7	P	864 Chris Treglown	REM	13	100	13	16.6	2.00	2.00	2.00	1300	1400	60	120.00	0.0408	0.0531
	8	IWA	864 Basement	REM	11	100	11	14.0	10.00	10.00	10.00	1301	1401	60	600.00	0.0082	0.0090
	9	IWA	864 2nd Floor Bedroom 3	REM	4.5	100	10	12.7	10.00	10.00	10.00	1302	1402	60	600.00	0.0082	< 0.0082
	10	IWA	864 Kitchen	REM	9.5	100	10	12.7	10.00	10.00	10.00	1303	1403	60	600.00	0.0082	< 0.0082

Total Samples	Blind Recount													
10	10	<<Enter Sample Number Here	7.5	100	10	12.7		10.00		60	600.00	0.0082	< 0.0082

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	12/9/2016
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**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
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Chris Treglown 864	REM	42	100	42	53.5	2.00	2.00	2.00	0817	1017	120	240.00	0.0204	0.0858
	4	IWA	864 Basement	CL	20	100	20	25.5	10.00	10.00	10.00	0818	1018	120	1200.00	0.0041	0.0082
	5	IWA	Kitchen 864	CL	16.5	100	16.5	21.0	10.00	10.00	10.00	0820	1020	120	1200.00	0.0041	0.0067
	6	IWA	2nd Floor Bedroom 1 864	CL	19	100	19	24.2	10.00	10.00	10.00	0822	1022	120	1200.00	0.0041	0.0078
	7	P	Chris Treglown 862	REM	26	100	26	33.1	2.00	2.00	2.00	1022	1320	178	356.00	0.0138	0.0358
	8	IWA	862 Kitchen	CL	23.5	100	23.5	29.9	10.00	10.00	10.00	1023	1321	178	1780.00	0.0028	0.0065
	9	IWA	862 Basement	CL	27	100	27	34.4	10.00	10.00	10.00	1024	1322	178	1780.00	0.0028	0.0074
	10	IWA	862 2nd Floor Bedroom 1	CL	21.5	100	21.5	27.4	10.00	10.00	10.00	1026	1323	177	1770.00	0.0028	0.0060

Total Samples	Blind Recount													
10	5	<<Enter Sample Number Here	19	100	19	24.2	10.00	120	1200.00	0.0041	0.0078

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI

Sample Date:	12/10/2015	**Filter ECA:**	385 mm2	**Microscope Field Area:**	0.00785 mm2
Collected By:	Ron Fraley	**Project Contact:**	Andy Foerg	**Contractor:**	EME

Lab Sample #	Field Sample #	Type	Location	Activity	Fibers	Fields	Adjusted Fiber Count	Fibers per mm^2	Flow Rate (L/min)			Time (24 Hour Clock)			Vol. (L)	LOQ (f/cc)	Fibers /cc
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	860 Chris Treglown	REM	41	100	41	52.2	2.00	2.00	2.00	0830	1130	180	360.00	0.0136	0.0558
	4	IWA	860 Basement	CL	24	100	24	30.6	10.00	10.00	10.00	0831	1131	180	1800.00	0.0027	0.0065
	5	IWA	860 Bedroom 1	CL	16	100	16	20.4	10.00	10.00	10.00	0831	1132	181	1810.00	0.0027	0.0043
	6	IWA	860 Kitchen	CL	19.5	100	19.5	24.8	10.00	10.00	10.00	0833	1133	180	1800.00	0.0027	0.0053
	7	P	880 Chris Treglown	REM	33.5	100	33.5	42.7	2.00	2.00	2.00	1300	1500	120	240.00	0.0204	0.0684
	8	IWA	880 Kitchen	CL	18	100	18	22.9	10.00	10.00	10.00	1300	1500	120	1200.00	0.0041	0.0074

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

19.5	100	19.5	24.8	10.00	120	1200.00	0.0041	0.0080

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

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006	**Sample Date:**	12/15/2015
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**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
									Start	Stop	Ave.	Start	Stop	Total			
	1	FB			0	100											FB AVE
	2	FB			0	100											0.0000
	3	P	Chris Treglown	REM	25	100	25	31.8	2.00	2.00	2.00	0830	1301	271	542.00	0.0090	0.0226
	4	IWA	Kitchen 866	CL	19	100	19	24.2	10.00	10.00	10.00	0831	1302	271	2710.00	0.0018	0.0034
	5	IWA	2nd Floor Bedroom 866	CL	14	100	14	17.8	10.00	10.00	10.00	0831	1303	272	2720.00	0.0018	0.0025
	6	IWA	Kitchen Clearance 866	CL	18	100	18	22.9	10.00	10.00	10.00	1100	1300	120	1200.00	0.0041	0.0074

Total Samples	Blind Recount	
6	6	<<Enter Sample Number Here

19.5	100	19.5	24.8	10.00								120	1200.00	0.0041	0.0080

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

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

PCM Analyst: Jef Fox

Project Manager Signature

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

Client Name:	Enviromental Consulting Solutions	**Project Name:**	South Maple Meadows	**Project Number:**	1478-15006
City / State / Zip:	Royal Oak, MI 48073	**Project Location:**	800 S. Maple	**City / State / Zip:**	Ann Arbor, MI
Filter ECA:	385 mm2	**Microscope Field Area:**	0.00785 mm2	**Project Contact:**	Andy Foerg

Sample Date:	1/11/2016	
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)			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	Dan Walerski	REM	1	100	10	12.7	2.00	2.00	2.00	0755	0825	30	60.00	0.0817	< 0.0817
	4	P	Dan Walerski	REM	4	100	10	12.7	10.00	10.00	10.00	0825	1000	95	950.00	0.0052	< 0.0052
	5	OSWA	Community Center 2nd Floor-Hall	REM	3	100	10	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0.0041	< 0.0041
	6	OSWA	Community Center 1st Floor-Hall	REM	3	100	10	12.7	10.00	10.00	10.00	0800	1000	120	1200.00	0.0041	< 0.0041
	7	IWA	Community Center Living Area	CL	8	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	8	IWA	Community Center Living Area	CL	10	100	10	12.7	10.00	10.00	10.00	1000	1200	120	1200.00	0.0041	< 0.0041
	9	IWA	Community Center 2nd Floor-Bath	CL	6	100	10	12.7	10.00	10.00	10.00	1005	1205	120	1200.00	0.0041	< 0.0041
	10	IWA	Community Center 2nd Floor-Bath	CL	8	100	10	12.7	10.00	10.00	10.00	1005	1205	120	1200.00	0.0041	< 0.0041

Total Samples	Blind Recount	
10	6	<<Enter Sample Number Here

3	100	10	12.7	10.00	120	1200.00	0.0041	< 0.0041

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

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

PCM Analyst: Matt Rodgers

Project Manager Signature

Appendix B

Daily Paperwork

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 6/29/15 Start Time: 7:30 AEC Representative: Hassell

Site Name: Maple Meadows

Site's Full Address: 800 S Maple, Ann Arbor, MI

Work Areas (Be Specific): Roof

Contaminant(s) of Concern: ACM Flashing & Paper

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: ☑ N/A

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

Date: 6/29/15

Containment: ☑N/A

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

Glovebags: ☑N/A

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

Clean up: ☑N/A

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

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

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:

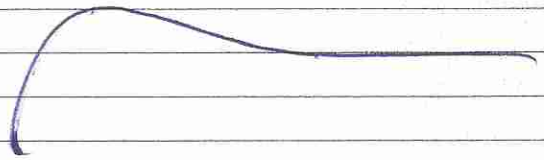
Contaminant:	Location:	Quantity:
Roof material (paper) Flashing		

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

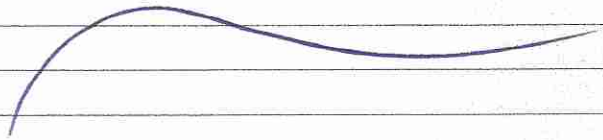
If no, please explain_____

Date: 6/29/13

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



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



Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

N/A

Date: 6/29/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Roof Material (paper/flashing

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [x] Ambient air samples
- [ ] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 6/29/15

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

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:

Date: 6/29/15

Onsite visit of government officials

☑ N/A

Name of Person(s):

Employer/Department:

Time on and off site:

Stated reason for visit:

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

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

Submitted By: Lance Hassell
Printed Name

Signature

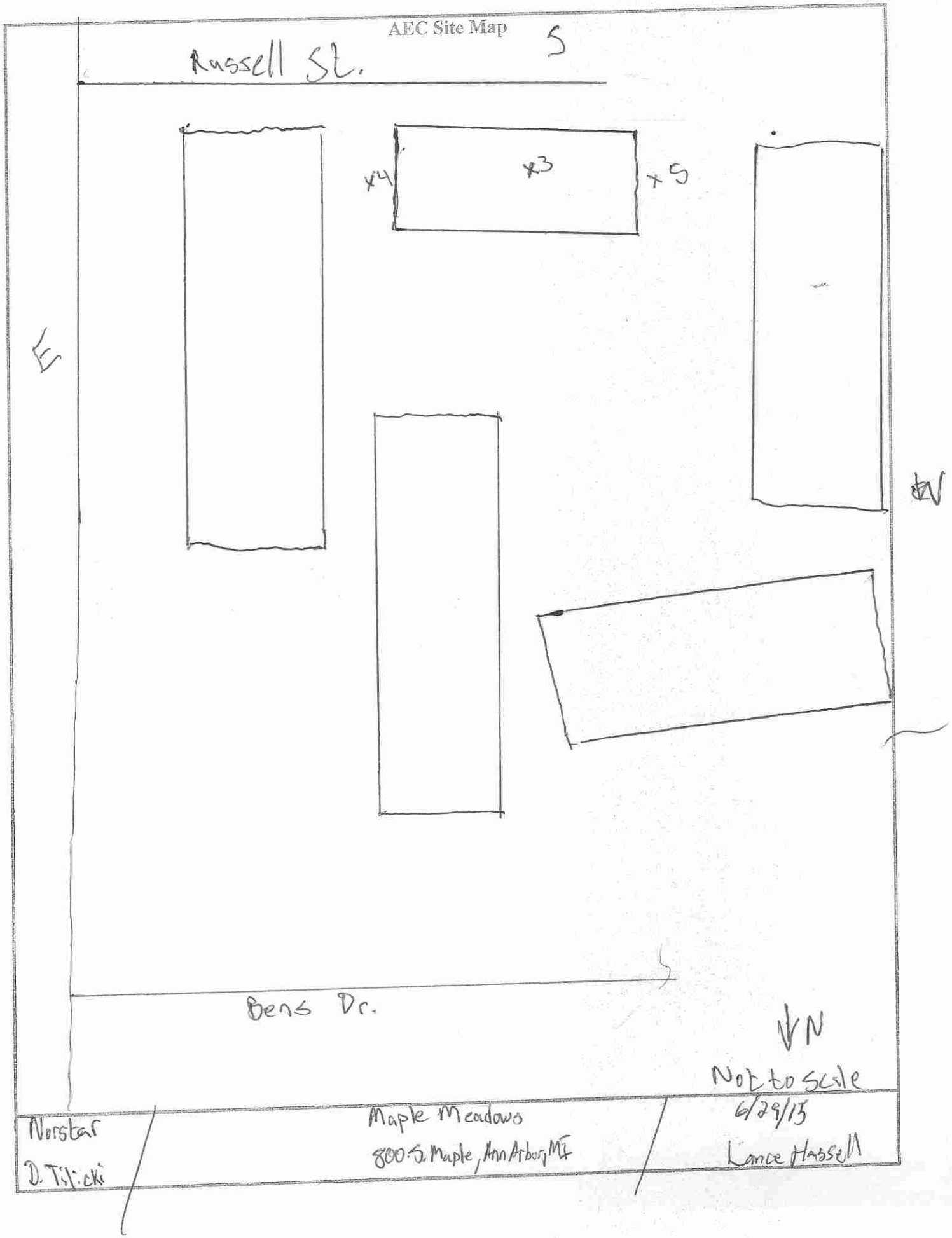
This section is reserved for any additional comments by the reviewer:

Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map



Norstar
D. Tylicki

Maple Meadows
800 S. Maple, Ann Arbor, MI

6/29/15
Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7/2/15 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: Maple Meadows

Site's Full Address: 800 S. Maple, Ann Arbor, MI

Work Areas (Be Specific):

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME/Northwest

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: ☑ N/A

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

Date: 7/2/15

Containment: ☑ N/A

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

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

☐ Yes ☐ No ☐ N/A Other:_____

Glovebags: ☑ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

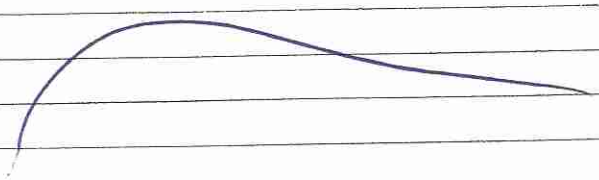
Contaminant:	Location:	Quantity:
Roofing Material (Paper + Flashing)		

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

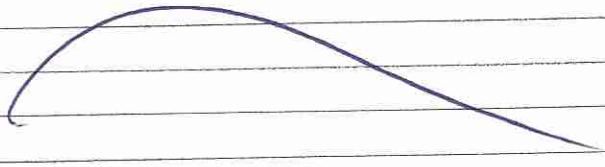
If no, please explain_____

Date: 7/2/15

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



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



Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7/2/15

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): Asbestos-Tar Paper & flashing

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: 7/2/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:

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.

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

Submitted By: Lance Hassell
Printed Name

Lance Hassell
Signature

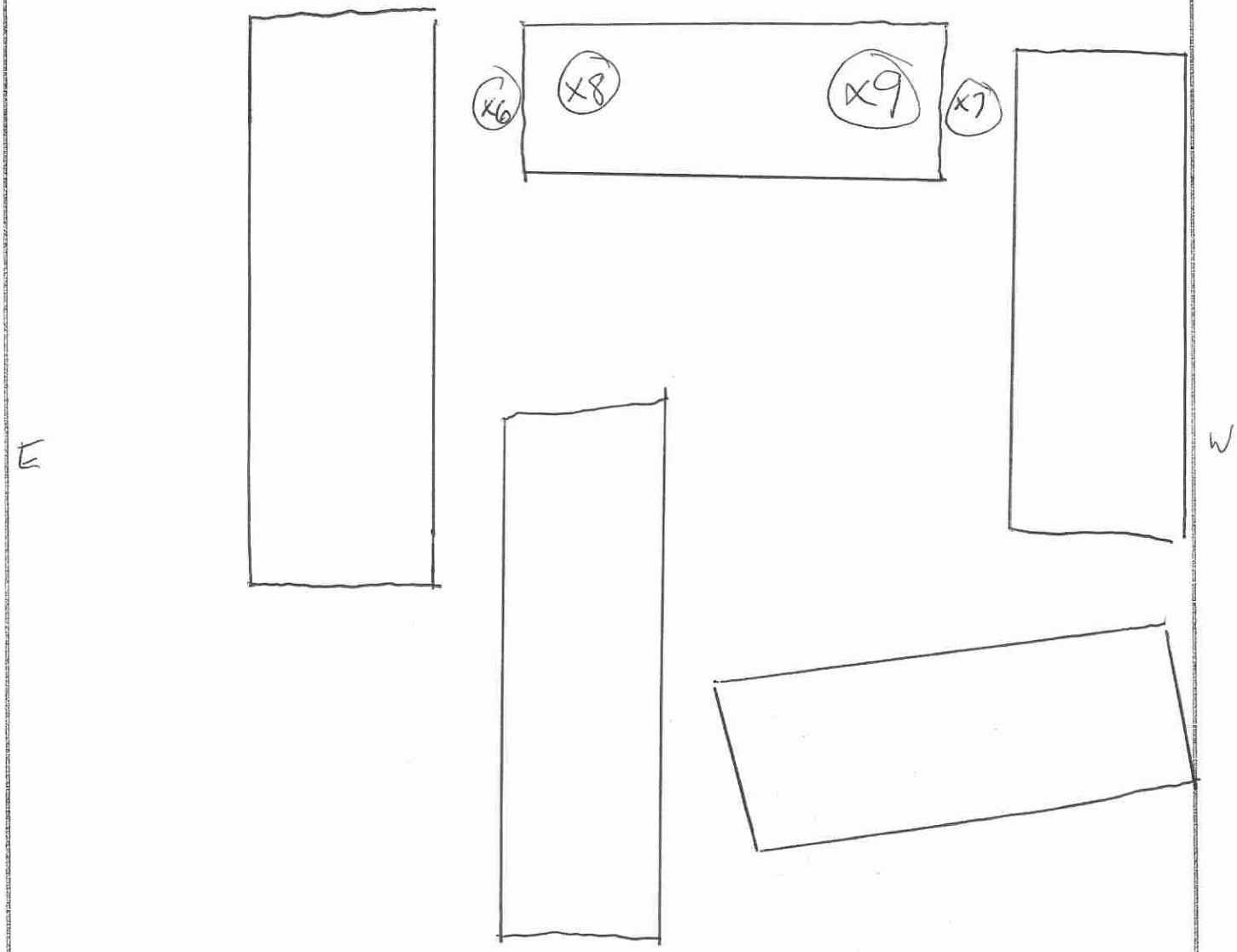
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map



x- pumps

N

Not to scale

EME/Nbrstar

Maple Meadows
800 S. Maple.

7/2/15

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7/3/15 Start Time: 8:00 AEC Representative: Lance Hassell

Site Name: Maple Meadows

Site's Full Address: 800 S. Maple

Work Areas (Be Specific): Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Patak

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

Scope of work

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

Work area

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

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

Set up: ☑ N/A

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

Date: 7/3/15

Containment: ☑ N/A

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

Glovebags: ☑ N/A

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

Clean up: ☑ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
Tar paper		
Flashing		

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

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

N/A

Waste handling and disposal

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

Personal protective equipment

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

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

N/A

Date: 7/3/15

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): ACM Tar Paper/Flashing

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 ☐ N

If no, please explain _____

Date: 7/31/15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:

Date: 7/3/15

Onsite visit of government officials

☑ N/A

Name of Person(s):

Employer/Department:

Time on and off site:

Stated reason for visit:

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

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

Submitted By: Lance Hassell

Printed Name

Signature

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

Technical Review By: Jeff Fox

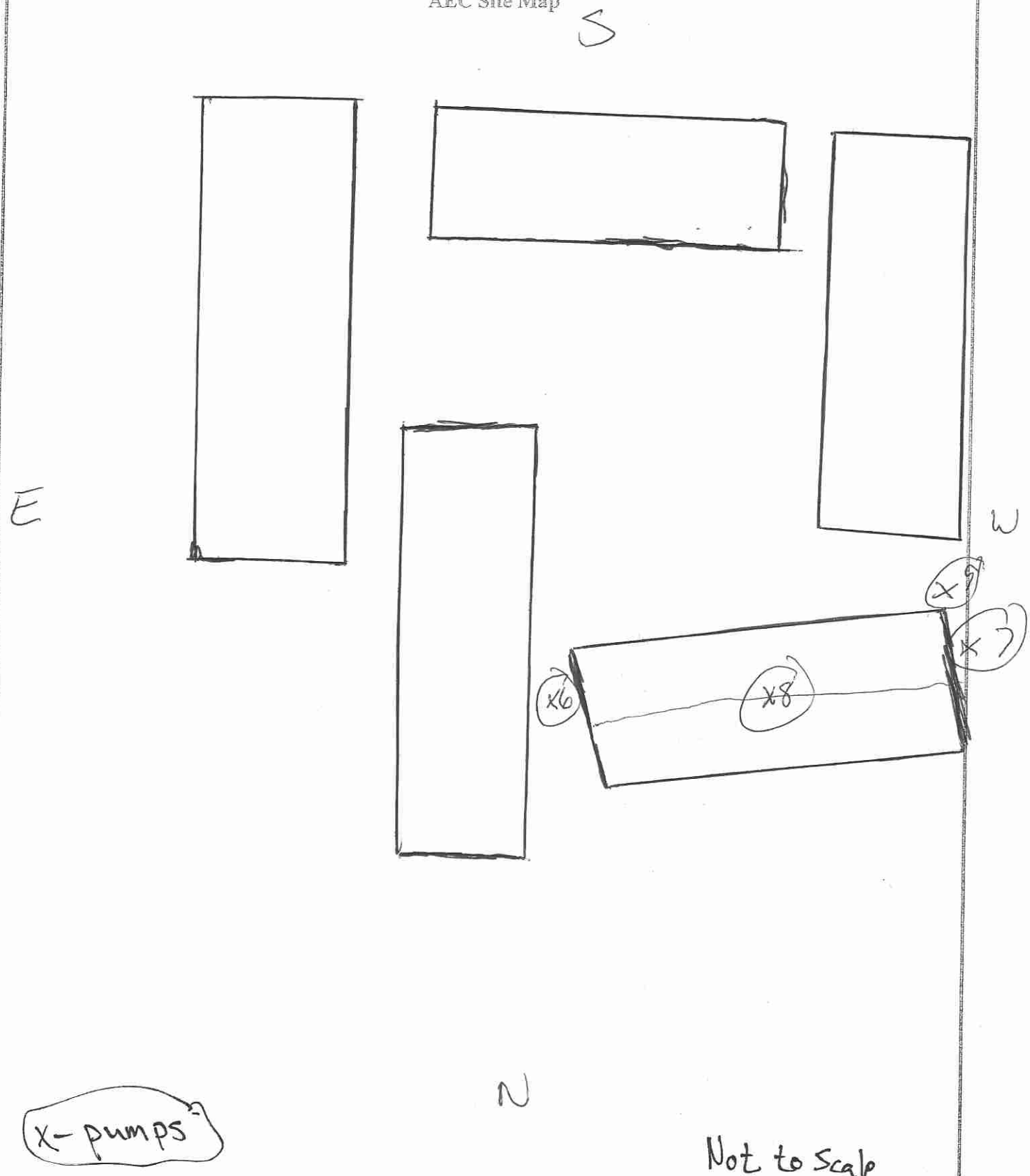
Printed Name

Signature

7/18/16

Date

AEC Site Map



x- pumps

Not to Scale

Maple Meadows
800 S. Maple

2/3/15

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7/6/15 Start Time: 800 AEC Representative: Lance Hassell

Site Name: Maple Meadows

Site's Full Address: 800 S. Maple, Ann Arbor, MI

Work Areas (Be Specific): Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EMC / Norstar

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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

Scope of work

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

Work area

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

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

Set up: ☑ N/A

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

Date: 7/6/15

Containment: ☑N/A

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

Glovebags: ☑N/A

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

Clean up: ☑N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
Roof Paper		

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

If no, please explain_____

Date: 7/6/15

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

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

N/A

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain_____

_____

Respiratory protection (check all that apply):

☐Half face negative pressure air purifying respirator
☐Full face negative pressure air purifying respirator
☐Positive pressure air purifying respirator
☐Other:_____

N/A

Date: 7/6/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ACM paper

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

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
- [x] 2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 7/6/15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:

Date: 7/6/15

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: Lance Massell

Printed Name

Signature

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

_____

_____

_____

_____

_____

Technical Review By: Jeff Fox

Printed Name

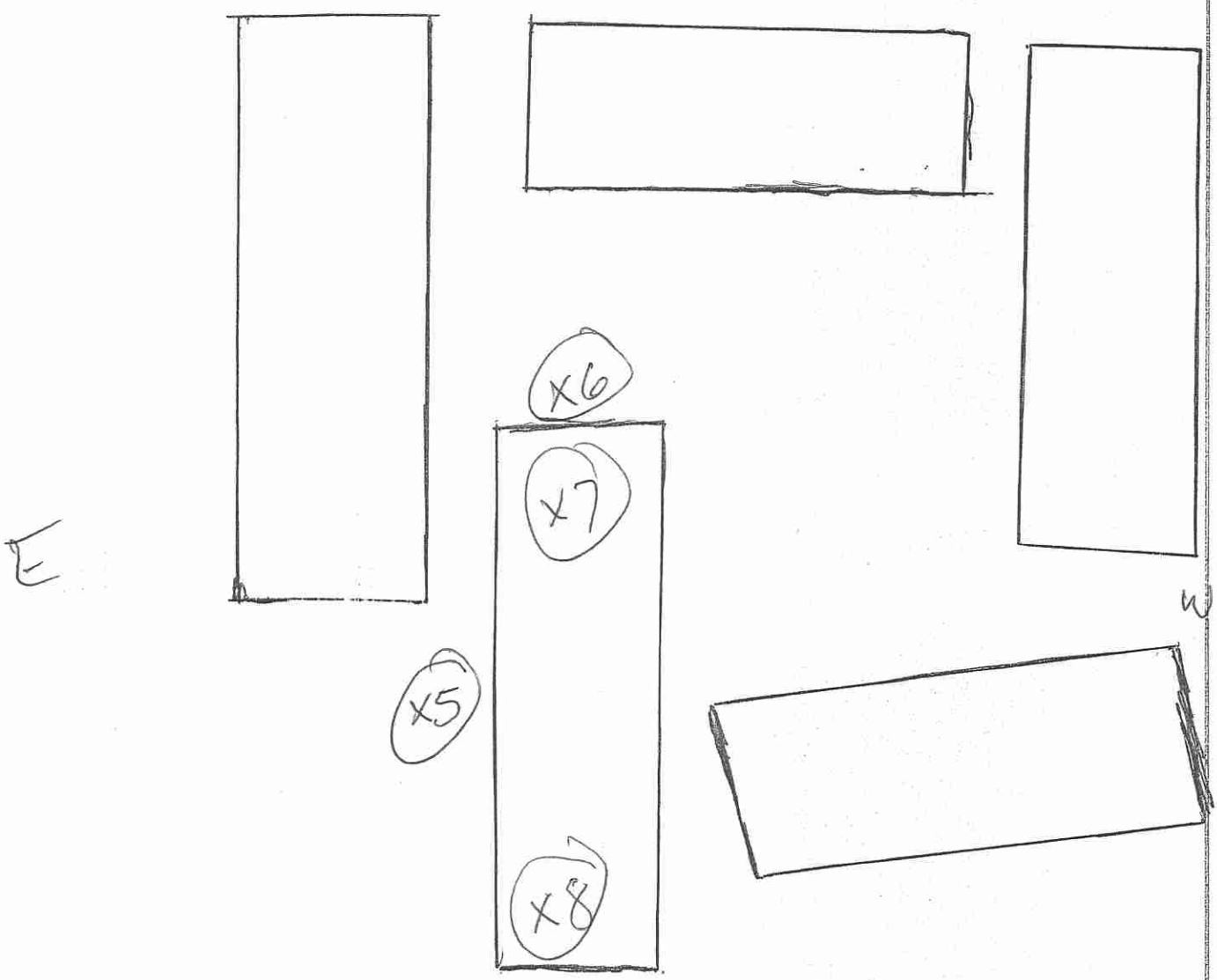
Signature

1/8/16

Date

AEC Site Map

5



x- pumps

Not to Scale

Norstar/EmE

Maple Meadows

800 S. Maple, Ann Arbor

Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7/8/15 Start Time: 0800 AEC Representative: Hassell

Site Name: Maple Meadows

Site's Full Address: 800 S. Maple

Work Areas (Be Specific): Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME/Norstar

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7/8/15

Containment: ☑ N/A

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

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

☐ Yes ☑ No ☐ N/A Other: _____

Glovebags: ☑ N/A

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

Clean up: ☑ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ACM Paper		

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

If no, please explain _____

Date: 7/8/15

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

☑			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: 7/8/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ACM Pipes

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

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
- [x] 2 or more workers sampled- Represents worst case scenario

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

If no, please explain _____

Date: 7/8/15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Jason Diehl	
Kevin Diehl	

Date: 7/8/15

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 Hassell

Printed Name

Signature

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

Technical Review By: Jeff Fox

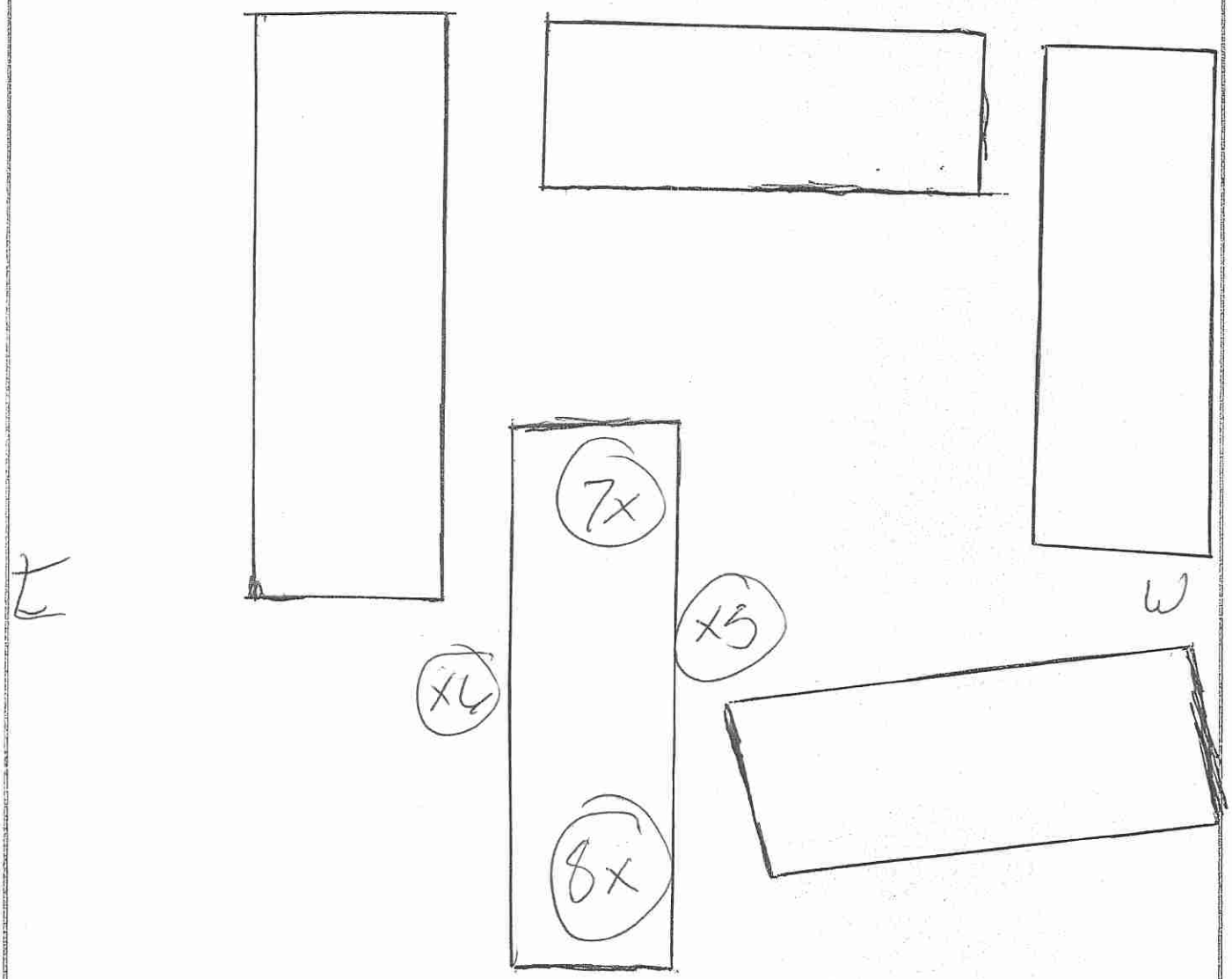
Printed Name

Signature

1/18/16

Date

AEC Site Map



x- pumps

Not to Scale

Norstar/KME

Maple Meadows
800 S. Maple, Ann Arbor, MI

7/8/15
Lance Hassell

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-10-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Exterior Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-10-15

Containment: ☒ N/A

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

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	~~Bryant System~~ Roof Shingles	1000

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

If no, please explain_____

Date: 7-10-15

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

☐			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: 7-10-15

Other personal protective equipment (check all that apply):

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

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

N/A

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

N/A

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 7-10-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
* Andrew Ptak	
Kevin Diehl	
Mike Diehl	

Date: 7-10-15

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

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

N/A

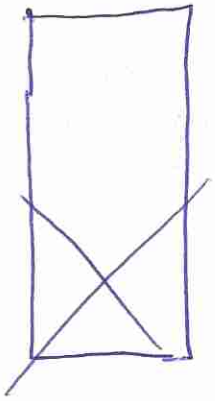
Technical Review By: Jeff Fox
Printed Name

Signature

7/10/15
Date

AEC Site Map

X = AREA ADATED



Parking Lot

S. Maple

Ann Arbor, MI

Not to Scale

7.

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-17-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Unit 882

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

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

Work area

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

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

Set up:

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

Date: 7-17-15

Containment: ☒ N/A

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

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

N/A

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	55

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

If no, please explain_____

Date: 7-17-15

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

☐			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: 7-7-15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 7-17-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:______________________________

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Tim Highland	
Chris Treglown	

Date: 7-17-15

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

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

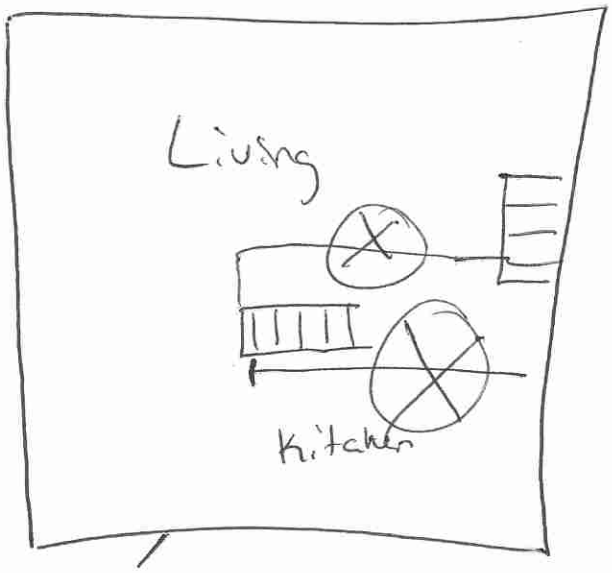
N/A

Technical Review By: Jeff Fox
Printed Name

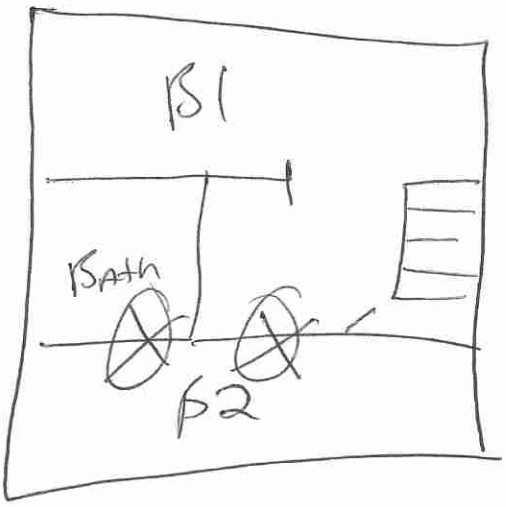
Signature

1/18/16
Date

AEC Site Map



= AREA ABATED



S. Maple
Ann Arbor, MI

not to scale

7-1715

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-2015 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: 800 South Maple

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Units 884 AND 886

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-20-15

Containment: ☒ N/A

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

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

☐ Yes ☐ No ☐ N/A Other: _____

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	260

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

If no, please explain _____

Date: 7-2015

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7-20-15

Other personal protective equipment (check all that apply):

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

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

N/A

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

N/A

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 7-2015

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
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

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

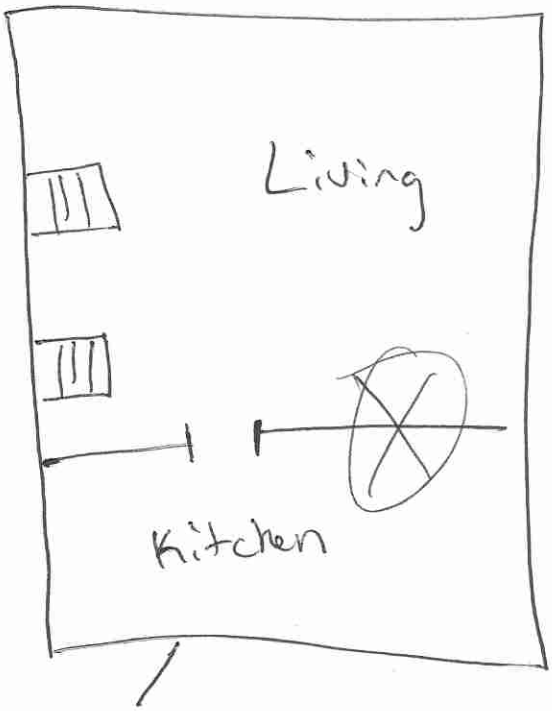
Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map

884 AND 886
Both 3-BEDROOMS



= AREA ABATED

S. Maple
Ann Arbor, MI

Not to Scale

7-20-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-21-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple Apts

Site's Full Address: 8005 Maple Ann Arbor, MI

Work Areas (Be Specific): 888 + 890 + 800

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up: ☐ N/A

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

Date: 7-21-15

Containment: ☒ N/A

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

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	300

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

If no, please explain:

Date: 7-21-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7-21-15

Other personal protective equipment (check all that apply):

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

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

N/A

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory:

Time and date dropped off:

Turn around time indicated on the chain of custody:

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain:
- [ ] Set up samples
- [X] Work area samples
  - Were samples below allowable levels for applicable standards: [X] Yes [ ] No
  - If no, please explain:
- [ ] Ambient air samples
- [X] Clearance samples (see clearance sampling section below)
- [X] Personal samples (see personal sampling section below)
- [ ] Other:

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

N/A

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain

Date: 7-21-15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Chris Treglown	
Tim Highland	

Date: 7-21-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

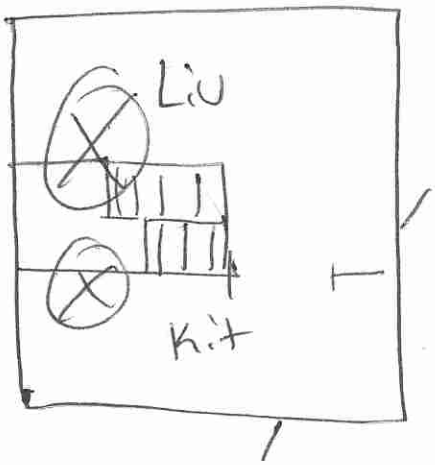
This section is reserved for any additional comments by the reviewer:

N/A

Technical Review By: Jeff Fox
Printed Name

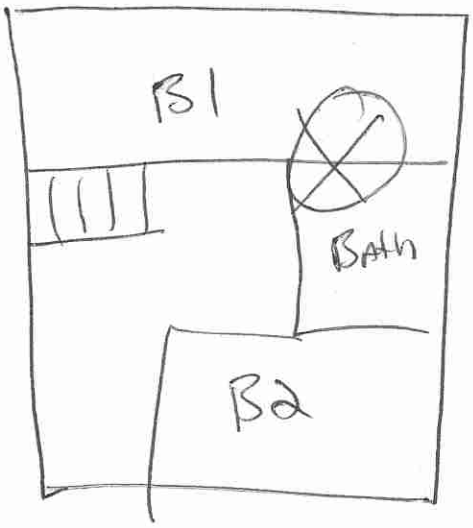
Signature

1/18/16
Date



1ST FL

= AREA ABATED



All units the same

2-BEDROOMS

S. Maple

Ann Arbor, MI

Not to Scale

7-21-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-22-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): 804 + East Building Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-22-15

Containment:

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

Glovebags:

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

Clean up:

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	100

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

If no, please explain

Date: 7-22-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7-22-15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 7-22-15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Tim Highland.	

Date: 7-22-15

Onsite visit of government officials

☐ N/A

Name of Person(s):

Employer/Department:

Time on and off site:

Stated reason for visit:

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

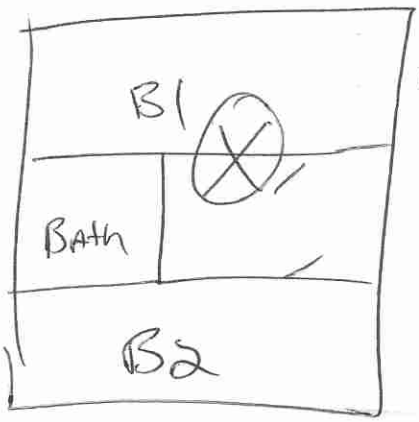
N/A

Technical Review By: Jeff Fox
Printed Name

Signature

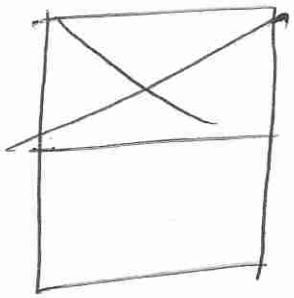
1/18/16
Date

AEC Site Map



AREA ABATED

Roof



East Building.

S. Maple
Ann Arbor, MI

Not to Scale

7-22-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-23-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Units 820 + 830 East Building Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-23-15

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

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

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	200

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

If no, please explain

Date: 7-23-15

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	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)
			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: 7-23-15

Other personal protective equipment (check all that apply):

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

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

N/A

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory:

Time and date dropped off:

Turn around time indicated on the chain of custody:

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain:
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain:
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other:

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

N/A

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain

Date: 7-23-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Tim Highland	
Chris Truglown	

Date: 7-23-15

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

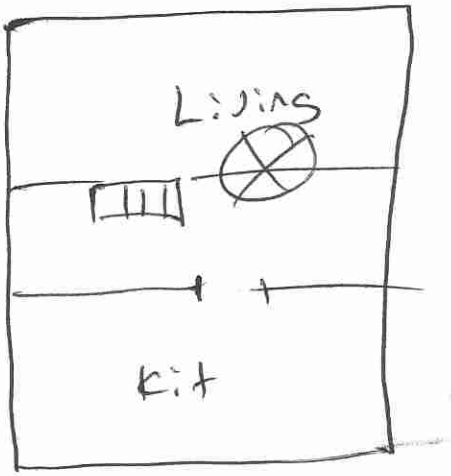
This section is reserved for any additional comments by the reviewer:

N/A

Technical Review By: Jeff Fox
Printed Name

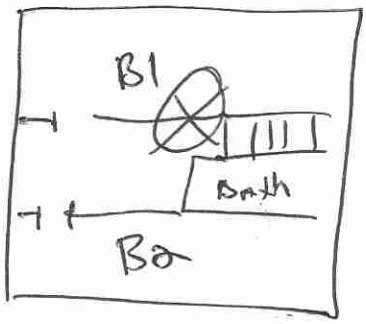
Signature

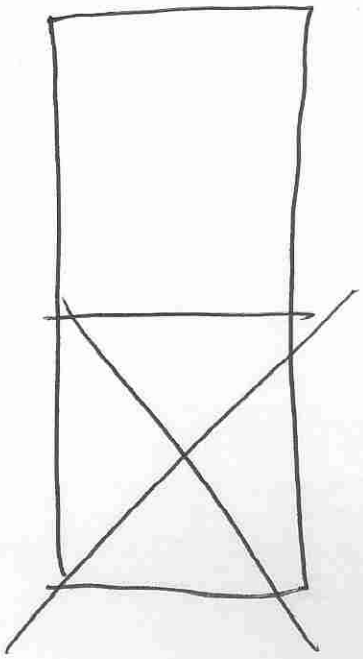
1/18/16
Date



= AREA ABATED

(East BLDG.)





S. Maple
Ann Arbor, MI

Not to Scale

7.

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-24-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Units 880-828

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-24-15

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

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

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	250

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

If no, please explain

Date: 7-24-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7-24-15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 7-24-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Tim Highland	
Stefano D'onofrio	

Date: 7-24-15

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.

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

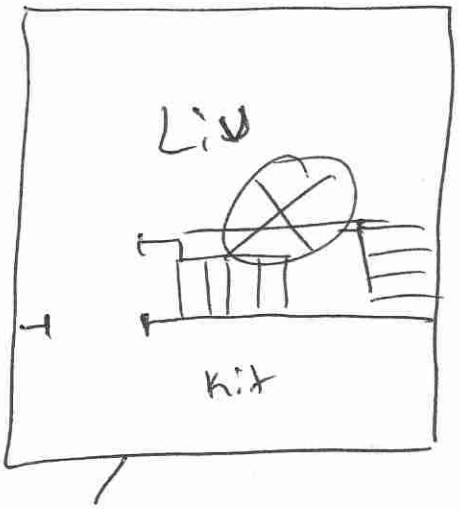
N/A

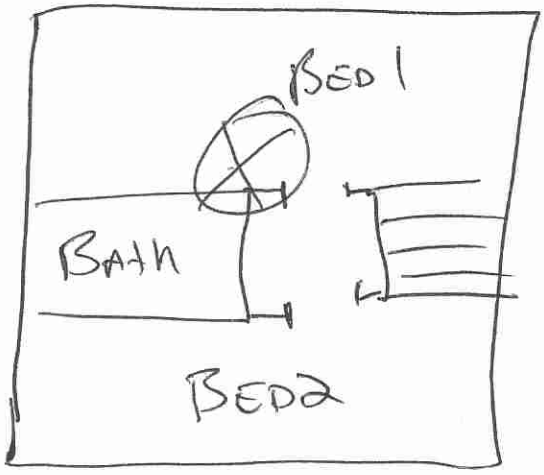
Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AREA ABATED





S. Maple
Ann Arbor, MI

Not to Scale

7-24-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-27-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 805 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Unit # 806-808
Roof of south Bldg.

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-27-15

Containment: ☒ N/A

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

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	300
ASBESTOS	Roof Material	400

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

If no, please explain

Date: 7-27-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7-27-15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date 7-27-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Stefano D'onofrio	
Tim Highland	

Date: 7-27-15

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.

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

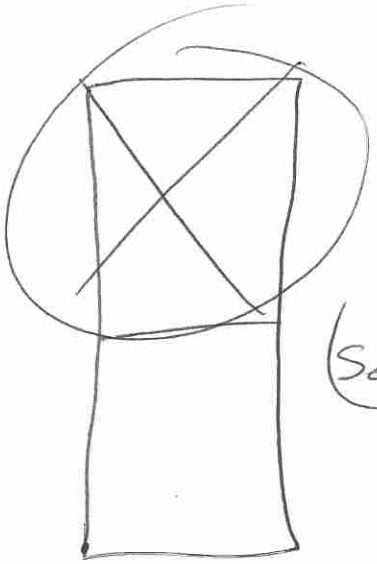
N/A

Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map



S. Maple
Ann Arbor, MI

not to scale

7-28-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-28-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 8005 Maple Ann Arbor, MI

Work Areas (Be Specific): 810 - 812 - Roof - South KIDG.

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-28-15

Containment: ☒ N/A

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

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	250
ASBESTOS	Roofing	200

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.):

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 7-28-15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 7-29-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	
Tim Highland	

Date: 7-28-15

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.

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:

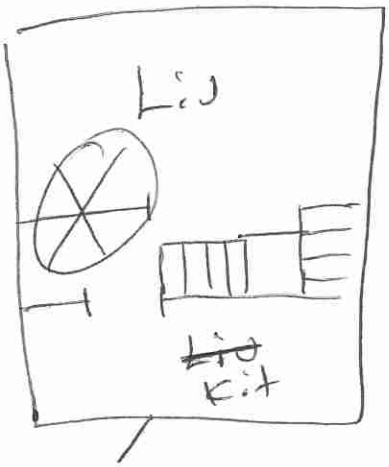
N/A

Technical Review By: Jeff Fox
Printed Name

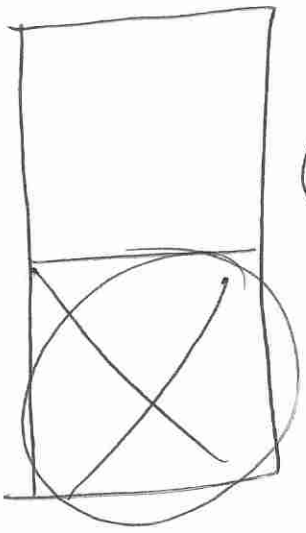
[signature]
Signature

1/18/16
Date

AEC Site Map




= AREA ABATED


(South Bldg)

S. Maple
Ann Arbor, MI

Not to Scale

7-29-15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 7-29-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: S. Maple Apt

Site's Full Address: 800 S. Maple Ann Arbor, MI

Work Areas (Be Specific): North Bldg - Exterior Roof

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Piak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 7-29-15

Containment: ☒ N/A

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

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

☐ Yes ☐ No ☐ N/A Other: _____

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Roofing Material	450

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

If no, please explain _____

Date: 7-29-15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

☐ No waste generated
Number of bags, drums, or dumpsters utilized during shift:_____
☐ Lined dumpster on site
☒ Disposal by contractor off site
☐ Designated storage area on site (other than 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 N/A

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: 7-29-15

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: 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: 7-29-15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Kevin Diehl	
James Diehl	

Date: 7-29-15

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

N/A

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

Submitted By: Matt Rodgers
Printed Name

Signature

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

Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 9/17/15 Start Time: 800 AEC Representative: Fox

Site Name: South Maple Meadows

Site's Full Address: 800 South Maple

Work Areas (Be Specific): 884, 882, 880, 886, 888, 890

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 9/17/15

Containment: ☐N/A

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

Glovebags: ☒N/A

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

Clean up: ☒N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ACM Joint Compound	884	3 SF
	882	3 SF
	880	3 SF
	888	3 SF
	886	3 SF
	890	3 SF

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

If no, please explain_____

Date: 9/17/15

Please provide a brief description of methods used to remove the contaminant (hand tools, machine, needle guns, etc.):
JOINT COMPOUND REMOVED IN CONTAINMENT FROM FRONT DOOR AND BATHROOM VENT FAN

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 9/17/15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [ ] Hoods
- [x] Safety glasses
- [ ] Other:

- [x] Boots
- [x] Gloves
- [ ] Hard hats
- [ ] Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory:

Time and date dropped off:

Turn around time indicated on the chain of custody:

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: ☐ Yes ☐ No
  - If yes, please explain:
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: ☐ Yes ☐ No
  - If no, please explain:
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other:

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain

Date: 9/17/15

Clearance sampling

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

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

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

If no, please explain_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Timothy Highland	A42977
Chris Tregtown	A36314
Andrew Pfak	A 25587

Date: 9/17/15

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: Lancet Lassell

Printed Name

Signature

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

_____

_____

_____

_____

_____

Technical Review By: Jeff Fox

Printed Name

Signature

1/18/16

Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS **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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications**

.0028 **Average F/cc (PCM)** _____ **Average S/mm^2 (TEM)**

AREAS:

882

_____

_____

_____

_____

_____ _____ _____

Industrial Hygienist **Date** **Time**

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: 5 MAPLE MEADOWS 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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0028 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

AREAS:

880

_____
Industrial Hygienist

9/17/15
Date

_____
Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS 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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

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

AREAS:

884

Industrial Hygienist

9/17/15 Date

Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS 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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0031 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

AREAS:

886

Industrial Hygienist

9/17/15
Date

Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS 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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0029 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

AREAS:

888

Industrial Hygienist

9/17/15 Date

Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS 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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications

.0028 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

AREAS:

890

Jane Hamill
Industrial Hygienist

9/17/15
Date

Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. Maple Meadows **Contractor:** EM E

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/mm^2. The analysis by TEM using 40 CFR 763 Subpart E Appendix A protocol. This is for large school projects or has been required by project specifications**

.0026 **Average F/cc (PCM)** _____ **Average S/mm^2 (TEM)**

AREAS:

848

James Hart M
Industrial Hygienist

9/17/15
Date

_____
Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. Maple Meadows **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:

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

.0030 **Average F/cc (PCM)** _____ **Average S/mm^2 (TEM)**

AREAS:

868

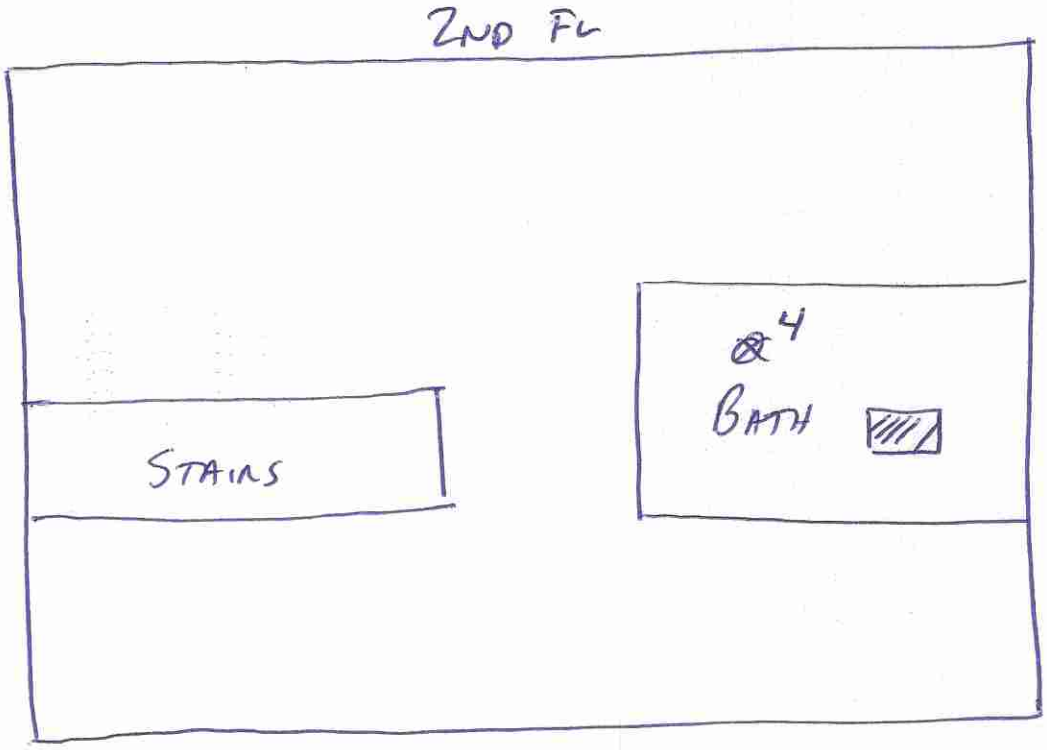
[signature] _____ 9/17/15 _____

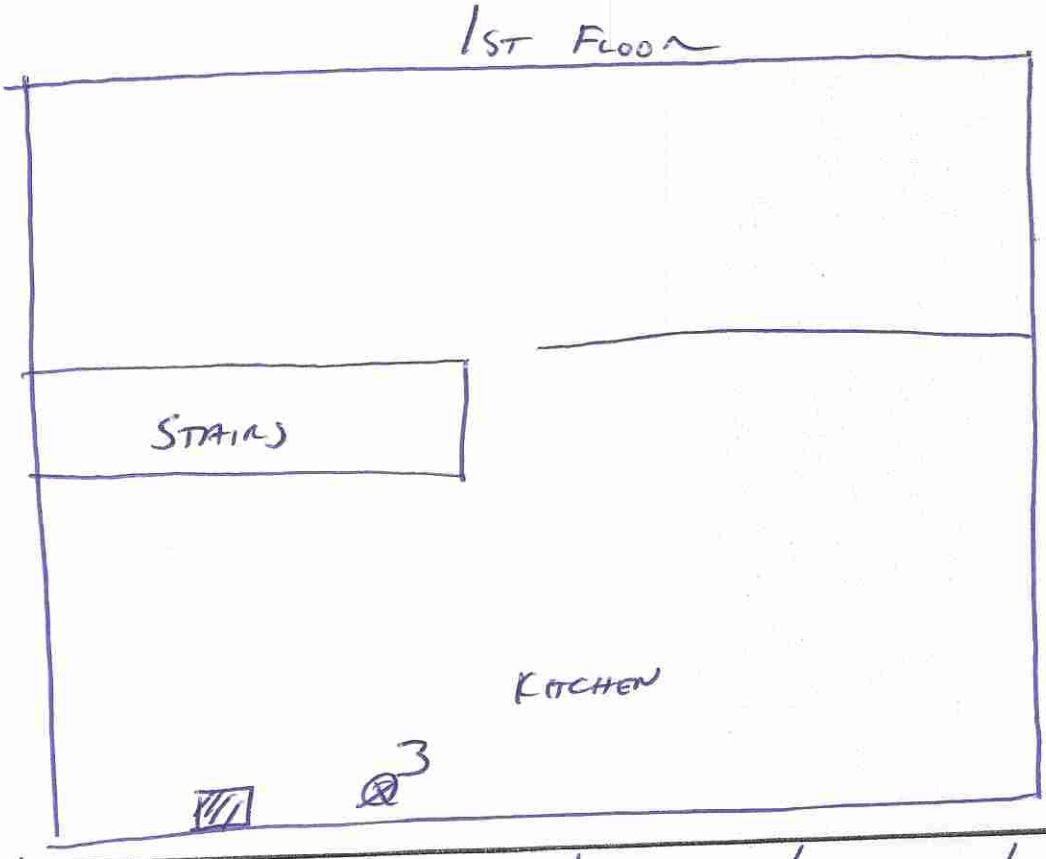
Industrial Hygienist **Date** **Time**

AEC Site Map

REM

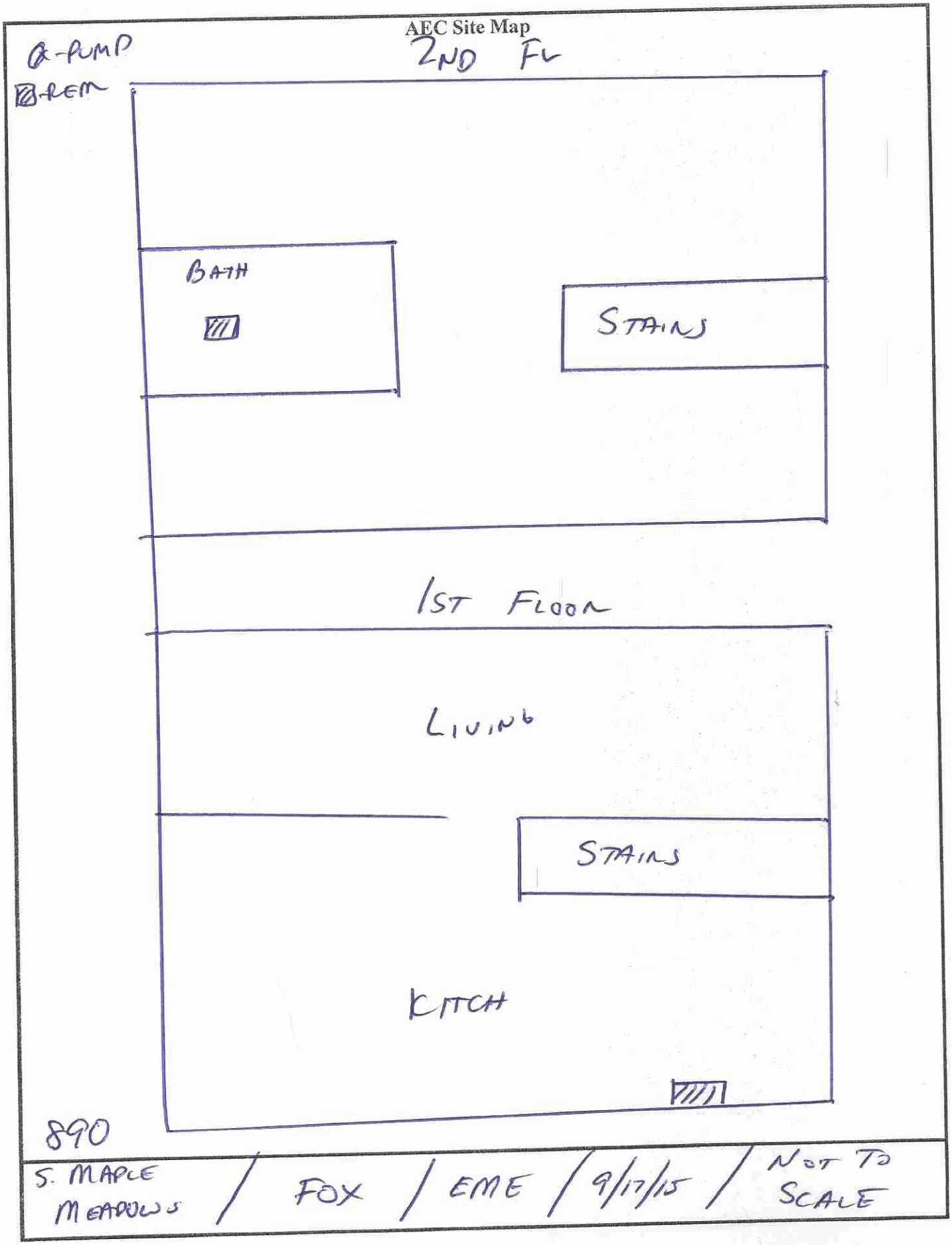
⊗ PUMP





884	S. MAPLE MEADOWS	FOX	EME	9/17/15	NOT TO SCALE

AEC Site Map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STAINS
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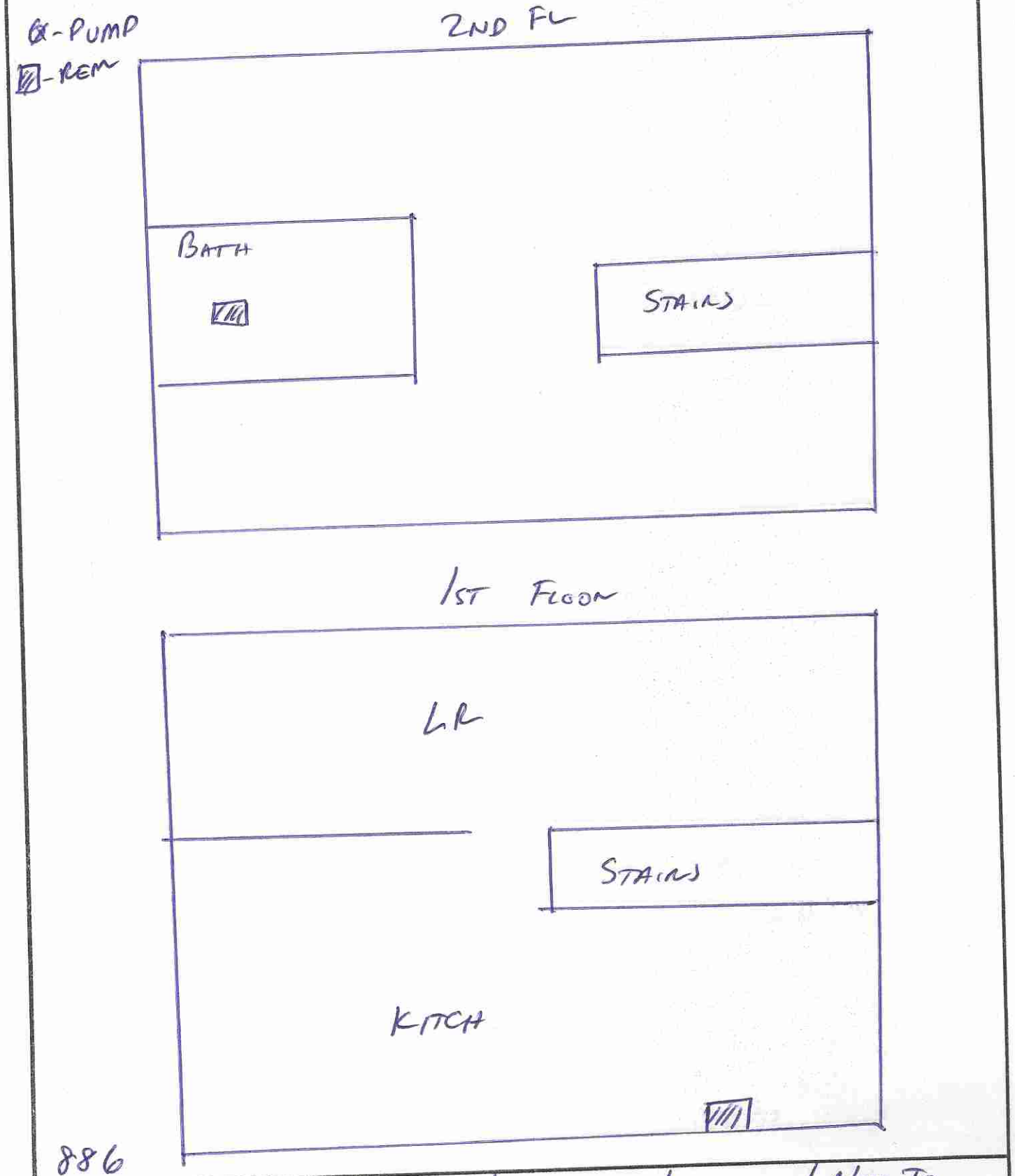
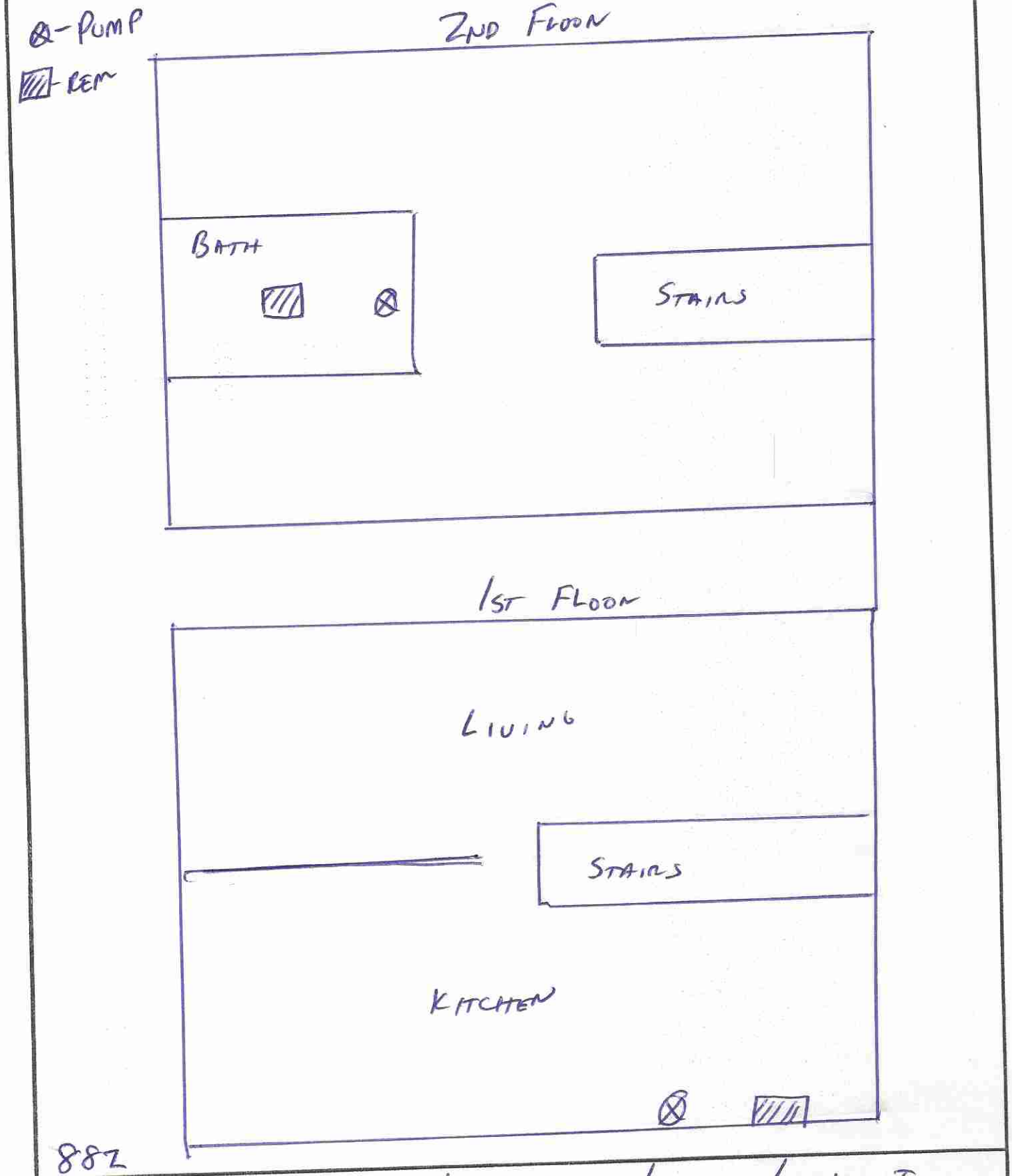
STAINS
KITCH
890
S. MAPLE MEADOWS / FOX / EME / 9/17/15 / NOT TO SCALE

AEC Site Map


⊗-PUMP
▨-REM
2ND FL
BATH
STAIRS
1ST FLOOR
LR
STAIRS
KITCH
886
S. MAPLE MEADOWS / FOX / 9/17/15 / EME / NOT TO SCALE

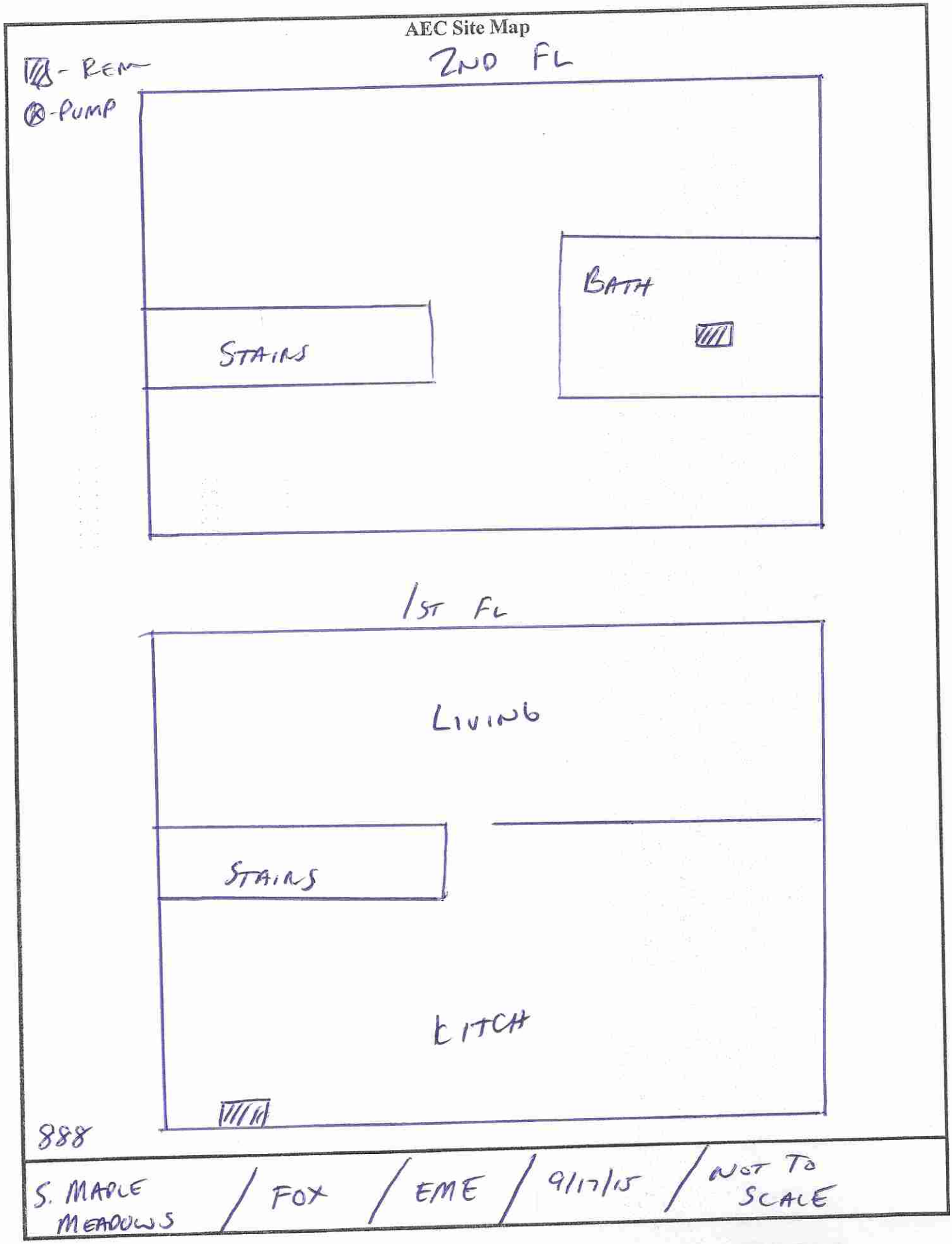
AEC Site Map



882

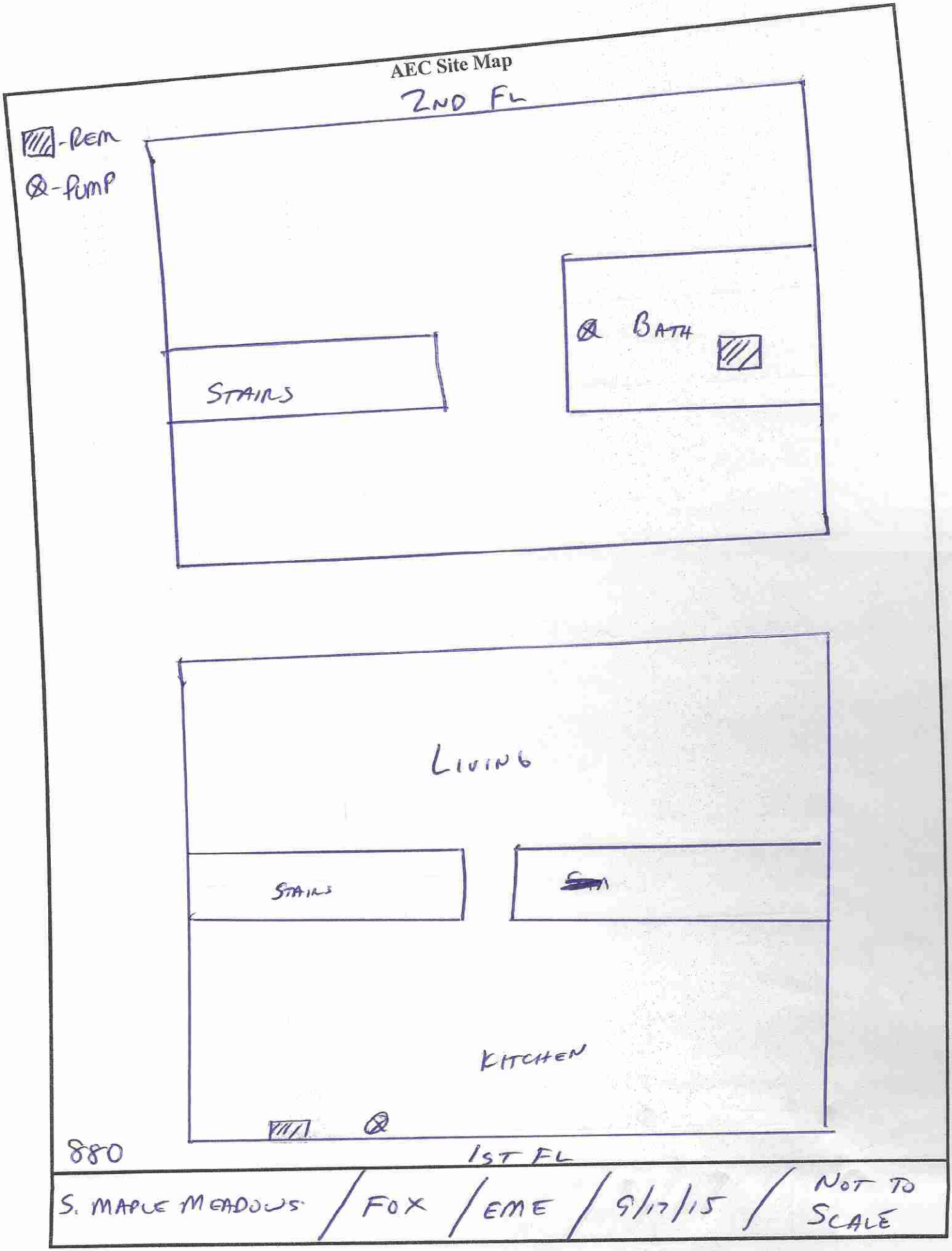
5. MAPLE MEADOWS / FOX / 9/17/15 / EME / NOT TO SCALE

AEC Site Map



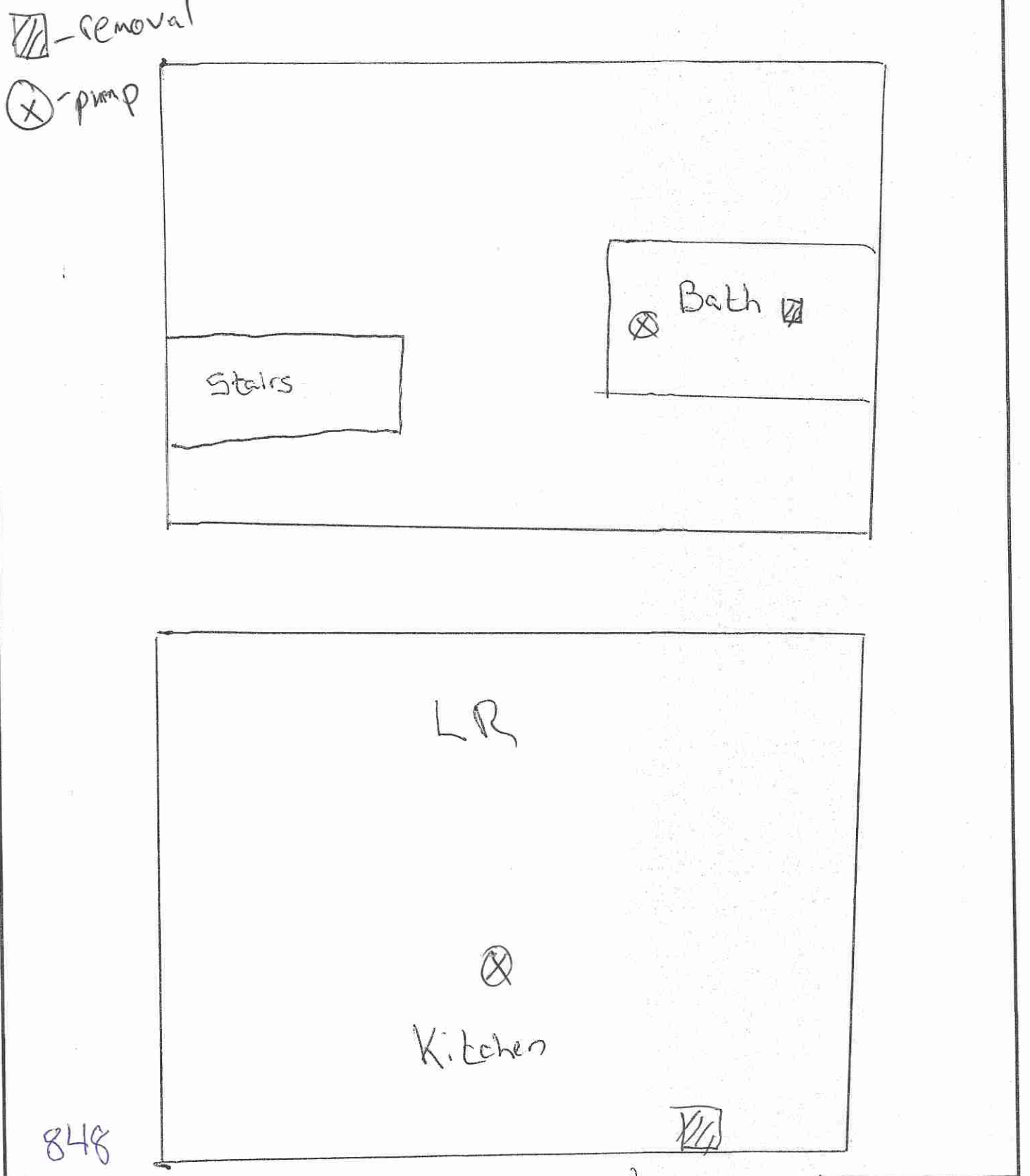
S. MAPLE MEADOWS	FOX	EME	9/17/15	NOT TO SCALE

AEC Site Map



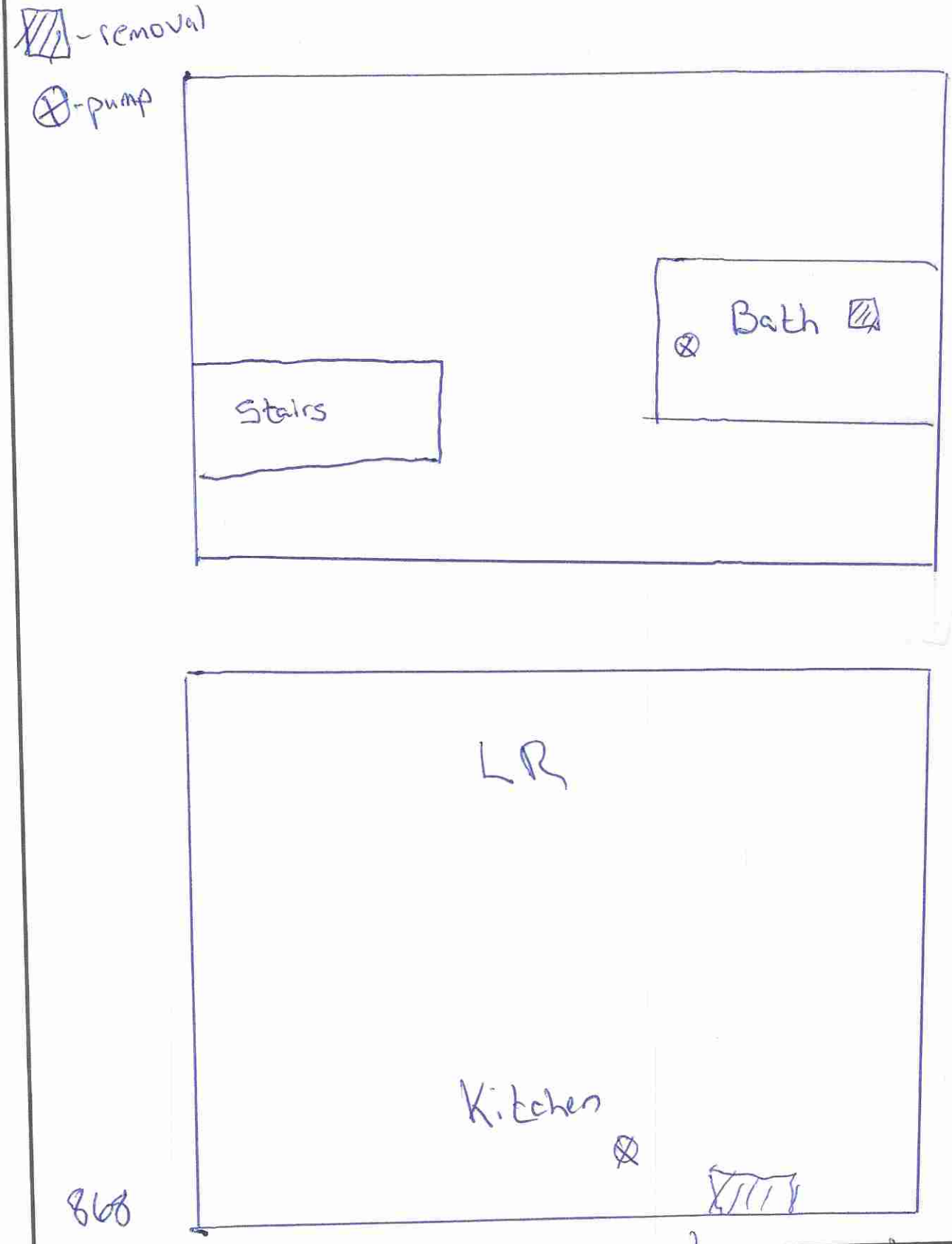
S. MAPLE MEADOWS	FOX	EME	9/17/15	NOT TO SCALE

AEC Site Map



S. Maple Meadows / Hassell / EME A Plak / 9/17/15 / Not to Scale

AEC Site Map



S. Maple Meadows / Hassell / EME A Plan / 9/17/15 / Not to Scale

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 9-18-15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: S. Maple

Site's Full Address: ~~800~~ - 880 S. Maple. Ann Arbor, MI

Work Areas (Be Specific): 800 - 802 - 804 - 820 - 828 - 830

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Plaik

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 9-18-15

Containment: ☒ N/A

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

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

☐ Yes ☐ No ☐ N/A Other: _____

Glovebags: ☒ N/A

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

Clean up: ☐ N/A

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

Please describe any other work area conditions that exist not outlined above: 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.	70

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

If no, please explain _____

Date: 9-18-25

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 9-18-15

Other personal protective equipment (check all that apply):

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

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

N/A

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

N/A

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 9-18-15

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:

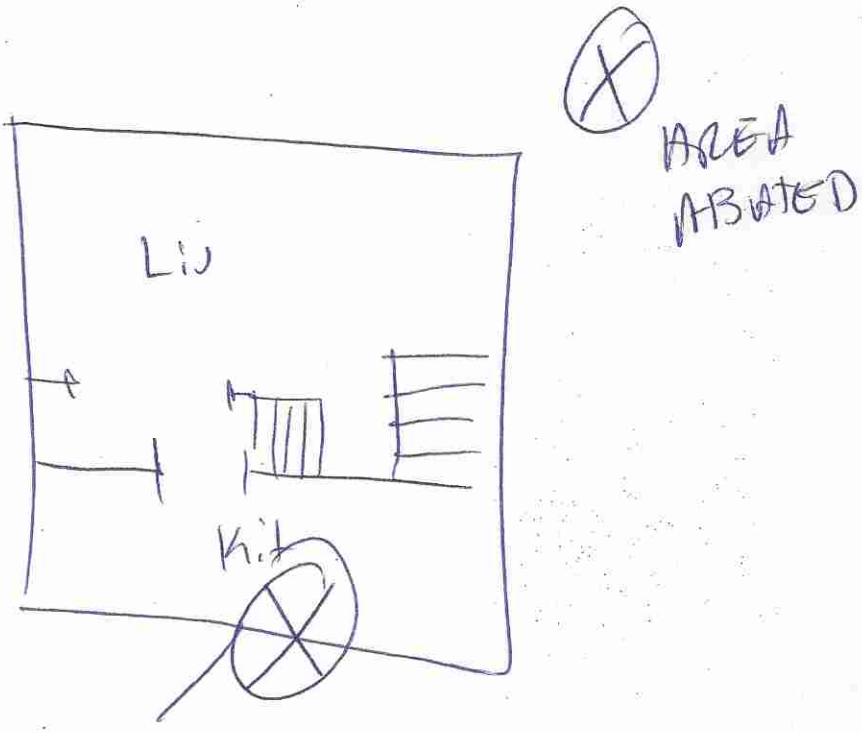
N/A

Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map



< 10 Sq. Ft
Per unit

S. Maple, Ann Arbor.

Not to scale

9-18-12

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/3/15 Start Time: 1300 AEC Representative: FOX

Site Name: S. MAPLE MEADOWS

Site's Full Address: 800 S MAPLE, ANN ARBOR, MI

Work Areas (Be Specific): 822

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PTAK

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

Scope of work

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

Work area

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

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

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

Date: 11/3/15

Containment: ☐N/A

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

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

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

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

Clean up: ☒N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
DRYWALL/JC	822	200 SF
HEAT SHIELD	822	5 SF

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

If no, please explain_____

Date: 11/3/15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/3/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: ☐ Yes ☐ No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: ☐ Yes ☐ No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

_____

_____

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

_____

Date: 11/3/15

Clearance sampling

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

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

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

If no, please explain_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
ANDREW PTAK	A25587
KEN WATLAND	A26616
MANTY STEWART	A45497

Date: 11/3/15

Onsite visit of government officials

☒ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Submitted By: JEF FOX
Printed Name

_____
Signature

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

_____

_____

_____

_____

_____

Technical Review By: JEF FOX
Printed Name

_____
Signature

1/18/16
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS Contractor: EME

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

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

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

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

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

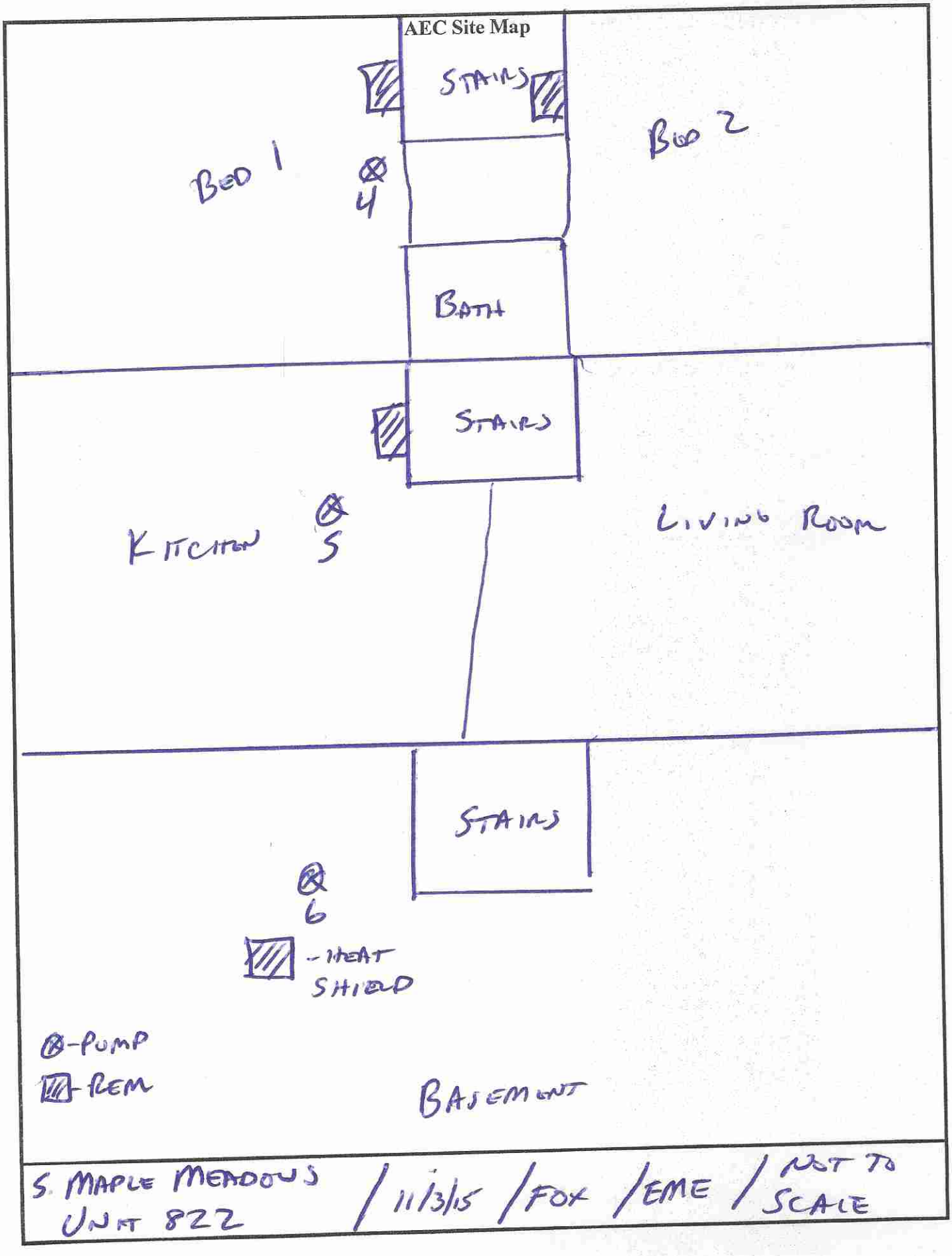
AREAS:

822

[signature] **Industrial Hygienist**

11/3/15 **Date**

1730 **Time**


AEC Site Map
STAIRS
BED 1
4
BED 2
BATH
STAIRS
KITCHEN
5
LIVING ROOM
STAIRS
6
- HEAT SHIELD
- PUMP
- REM
BASEMENT
S. MAPLE MEADOWS UNIT 822
11/3/15
FOX
EME
NOT TO SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/9/15 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 880 S. Maple Ann Arbor, MI

Work Areas (Be Specific): Unit 808 and unit 810

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 11/9/15

Containment: ☒N/A

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

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

☐Yes ☐No ☐N/A Other:_____

Glovebags: ☒N/A

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

Clean up: ☐N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	50

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

If no, please explain_____

Date: 11/9/15

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 11/9/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 11/9/15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Ptak	

Date: 11/9/15

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.

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

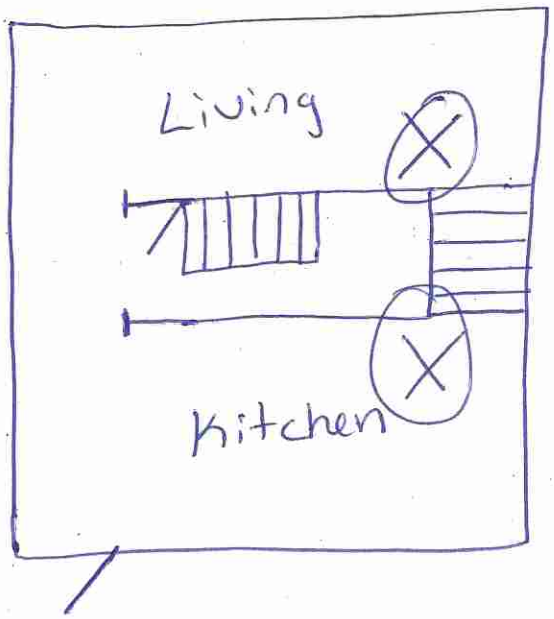
Technical Review By: Joe Fox
Printed Name

Signature

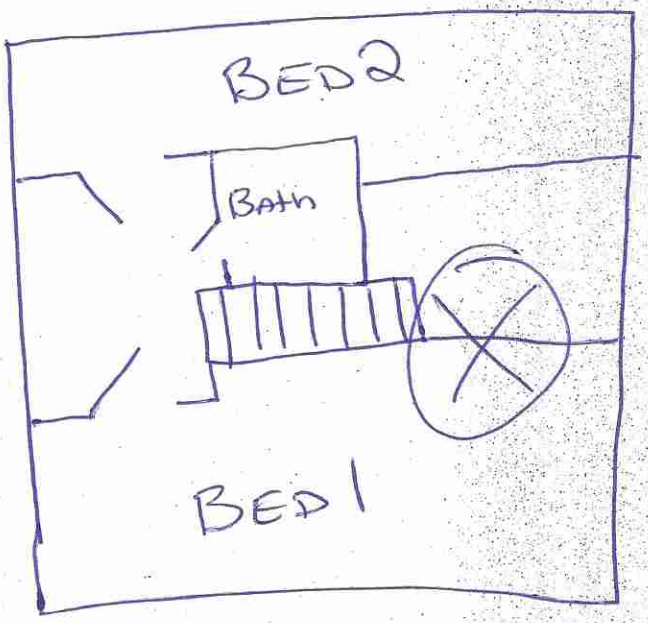
1/18/16
Date

AEC Site Map

1st FL



X = AREA ABATED



S. Maple
Ann Arbor

NOT TO SCALE

11/9/15

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 11/20/15 Start Time: 800 AEC Representative: FOX / FRALEY

Site Name: SOUTH MAPLE MEADOWS

Site's Full Address: 800 S MAPLE, ANN ARBOR, MI

Work Areas (Be Specific): 826, 824

Contaminant(s) of Concern: ASBESTOS

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: ANDREW PTAK

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 11/10/15

Containment: ☐N/A

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

Glovebags: ☒N/A

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

Clean up: ☒N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
Drywall/JC	826	200 SF
	824	200 SF

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

☐				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: 11/10/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: ☐ Yes ☐ No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: ☐ Yes ☐ No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

_____

_____

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

_____

Date: 11/10/15

Clearance sampling

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

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

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

If no, please explain_____

_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Ken Wayland	A26616
Keith Holland	
Andrew Stahl	A25587

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: Joe Fox
Printed Name

_____
Signature

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

Technical Review By: Joe Fox
Printed Name

_____
Signature

1/18/16
Date

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOWS Contractor: EME

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

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

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

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

0.0037 Average F/cc (PCM) _____ Average S/mm^2 (TEM)

AREAS:

824

Industrial Hygienist 11/10/15 Date _____ Time

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
AUTHORIZATION FOR REOCCUPANCY

Site Name: S. MAPLE MEADOW **Contractor:** EME

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

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

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

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

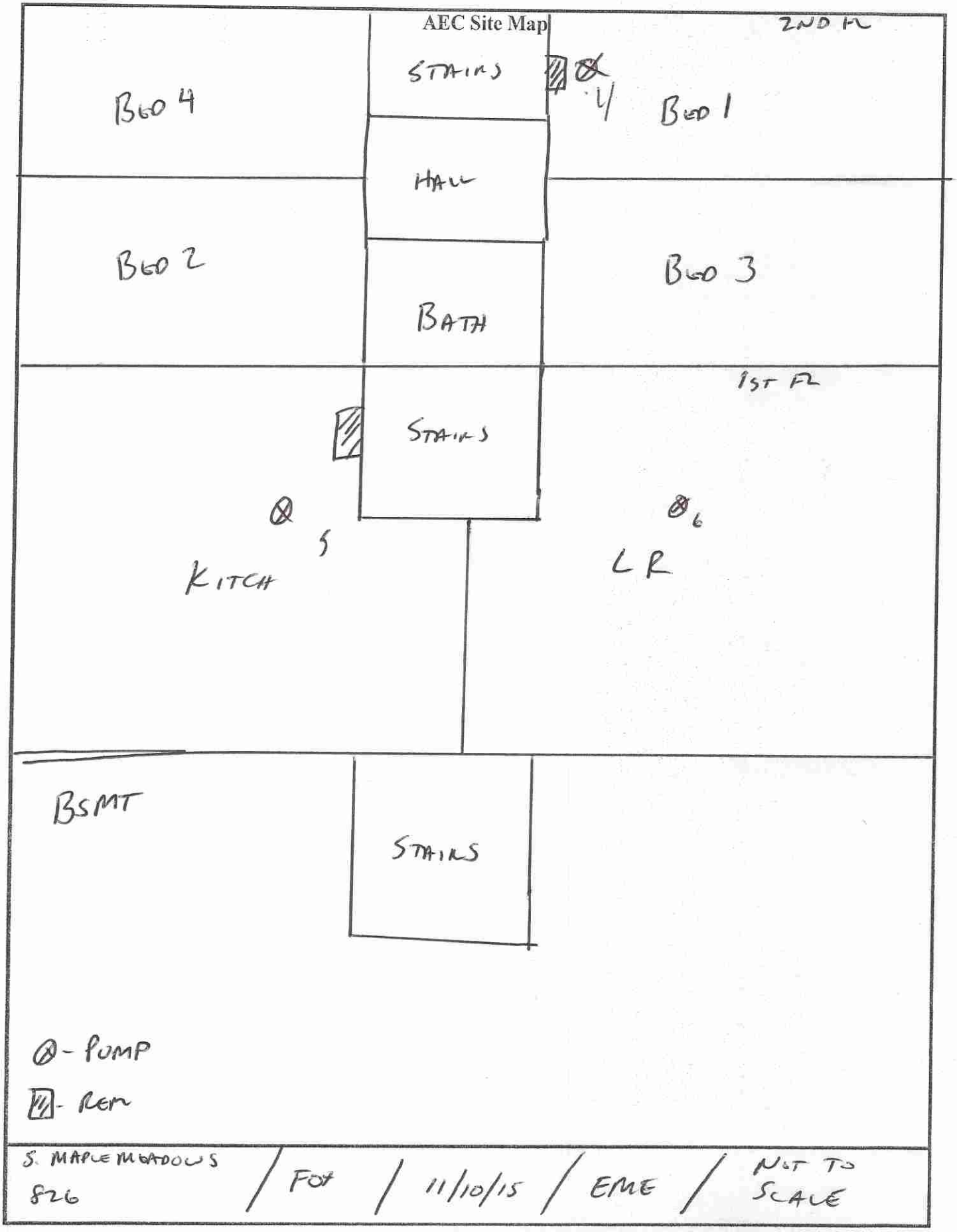
0.0037 **Average F/cc (PCM)** _____ **Average S/mm^2 (TEM)**

AREAS:

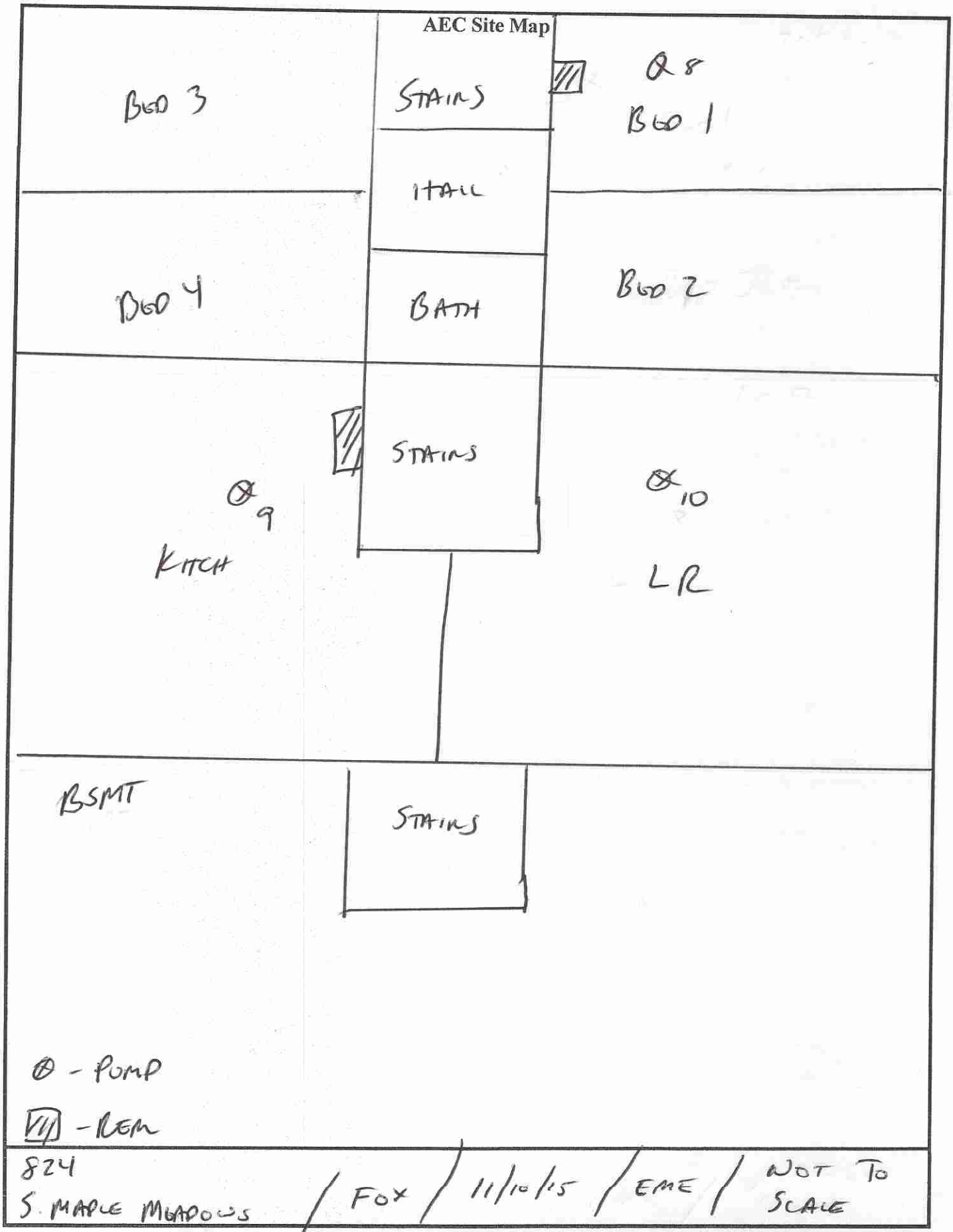
826

_____ _____ _____ _____

Industrial Hygienist 11/10/15 **Date** _____ **Time**



S. MAPLE MEADOWS 826 | FOF | 11/10/15 | EME | NOT TO SCALE



824 S. MAPLE MEADOWS / FOX / 11/10/15 / EME / NOT TO SCALE

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12/4/15 Start Time: 08:00 AEC Representative: Lance Hassell

Site Name: S. Maple

Site's Full Address: Ann Arbor, MI

Work Areas (Be Specific): 842, 844, 850

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: A. Ptak

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 12/4/15

Containment: ☐N/A

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

Glovebags: ☑N/A

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

Clean up: ☐N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
Joint Compound	842, 844, 850	

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

If no, please explain_____

Date: 12/4/15

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

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

Waste handling and disposal

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

Personal protective equipment

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

If no, please explain_____

Respiratory protection (check all that apply):

☑Half face negative pressure air purifying respirator
☐Full face negative pressure air purifying respirator
☐Positive pressure air purifying respirator
☐Other:_____

Date: 12/4/15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Joint Compound

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

_____

_____

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

_____

Date: 12/4/15

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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

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

Date: 12/4/15

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

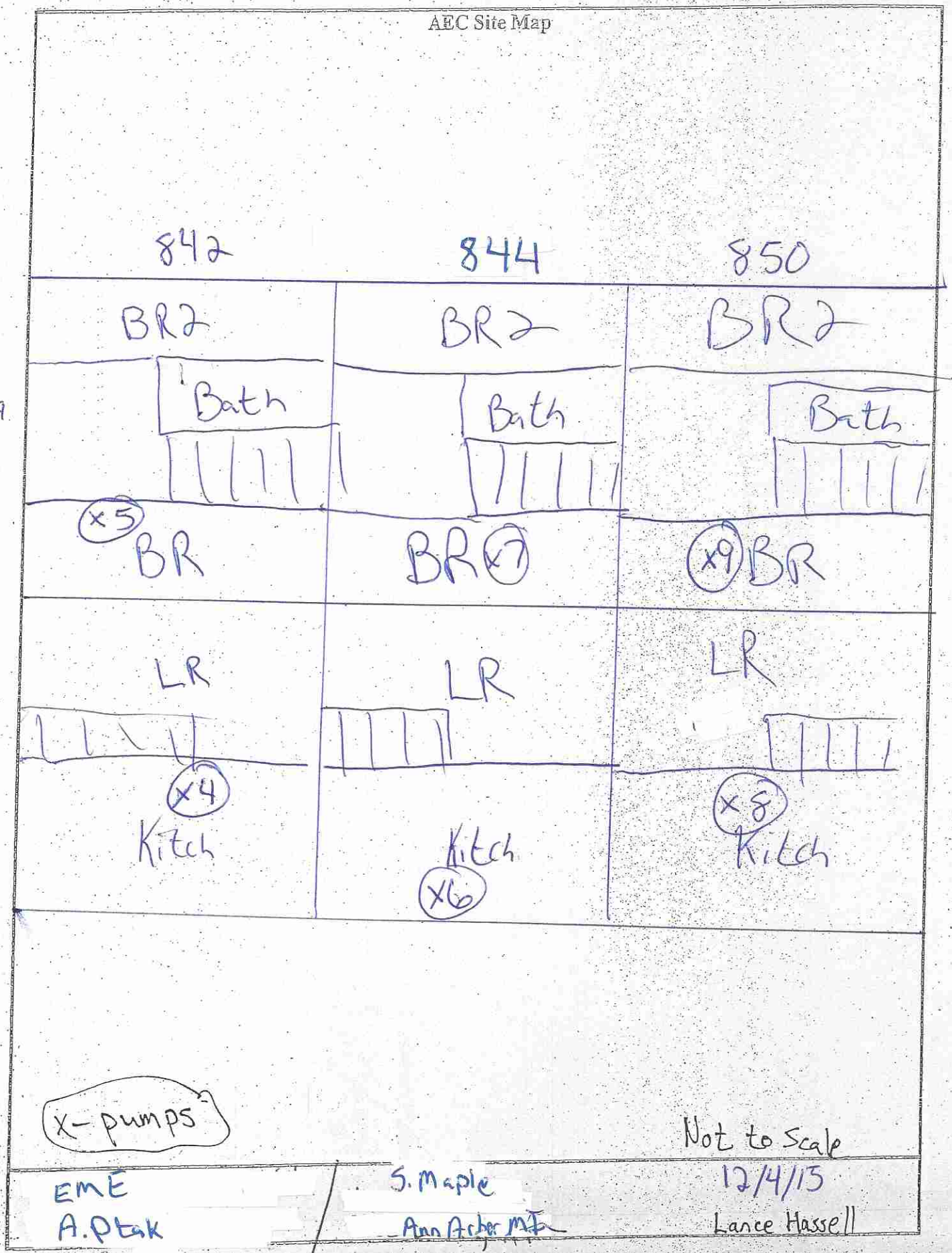
This section is reserved for any additional comments by the reviewer: _____

Technical Review By: Joe Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map


842
844
850
BR2
BR2
BR2
Bath
Bath
Bath
2nd Fl
x5
BR
BR
x7
x9
BR
LR
LR
LR
1st Fl.
x4
Kitch
Kitch
x6
x8
Kitch
x-pumps
Not to Scale
12/4/15
Lance Hassell
EME
A. Ptak
S. Maple
Ann Arbor MI

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12-7-15 Start Time: 730 AEC Representative: Finley

Site Name: 5 Maple Ann Arbor

Site's Full Address: 800 S Maple Ann Arbor MI

Work Areas (Be Specific): 842 840

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:

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

Date: 12-7-15

Containment: ☐N/A

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

Glovebags: ☒N/A

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

Clean up: ☒N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
wall compound	842	200 Sf
Heat Shield	842	5 Sf
wall compound	840	200 Sf
Heat Shield	840	5 Sf

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

If no, please explain

Date: 12-7-15

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

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

Clean up/close out activities

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12-7-15

Other personal protective equipment (check all that apply):

- [X] Disposable clothing
- [ ] Washable clothing
- [ ] Hoods
- [X] 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 [X]

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [X] Clearance samples (see clearance sampling section below)
- [X] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 12-7-15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Chris Treglown	IA36314
Andrew Garza	#H5727

Date: 12-7-15

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.

_____

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

Submitted By: Ron Finley
Printed Name

Ron Finley
Signature

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

_____

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_____

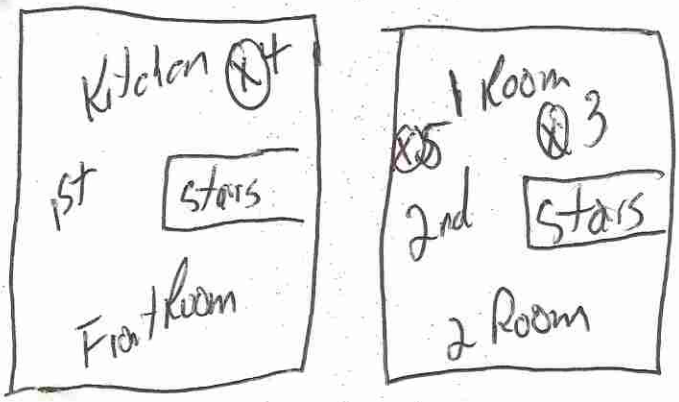
Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map

842



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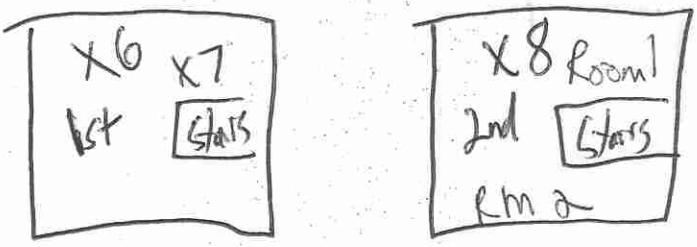

5 Maple / 12-7-15 / Friday

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12-8-15 Start Time: 730 AEC Representative: Fraley

Site Name: 5 Maple Meadows

Site's Full Address: 800 S Maple Ann Arbour

Work Areas (Be Specific): 870, 864

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 m

Set up:

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

Date: 12-8-15

Containment: ☐N/A

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

Glovebags: ☒N/A

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

Clean up: ☒N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
Joint Compound Heat Shield	870	200 sq ft
	870	5 sq ft
Joint Compound Heat Shield	864	200 sq ft
	864	5 sq ft

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12-8-15

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): Asbestos

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

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: ☐ Yes ☐ No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: ☐ Yes ☐ No
  - If no, please explain: _____
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

_____

_____

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

_____

Date: 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/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other:_____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Chris Treglown	A36314
Andrew Garza	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.

_____

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_____

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

Submitted By: Ron Fraley
Printed Name

Ron
Signature

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

_____

_____

_____

_____

_____

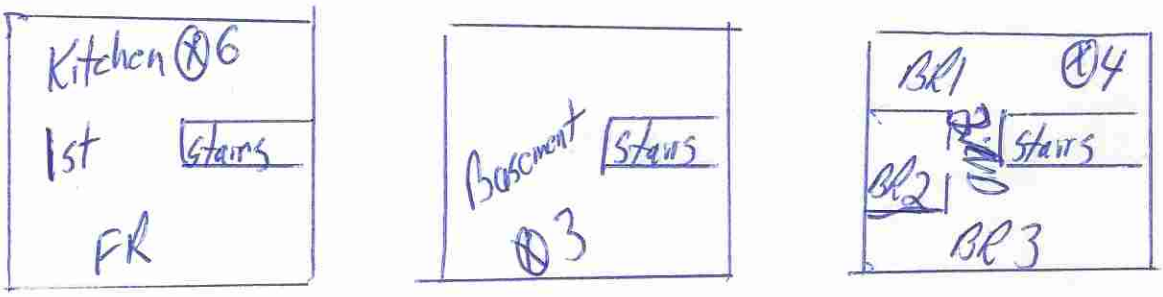
Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map

870



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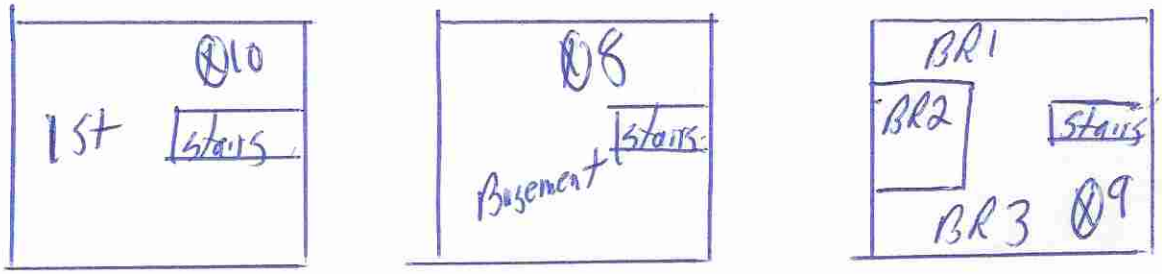

5 maple / 870, 864 / 12-8-15 / Fraley

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12-9-15 Start Time: 0730 AEC Representative: Finley

Site Name: 800 S Maple

Site's Full Address: 800 S Maple Ann Arbor MI.

Work Areas (Be Specific): 864 – 862

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew PtAK

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 12-9-15

Containment: ☐N/A

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

Glovebags: ☒N/A

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

Clean up: ☒N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
wall compound	864	200 Sf
Heat Shield	864	5 Sf
wall compound	862	200 Sf
Heat Shield	862	5 Sf

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12-9-15

Other personal protective equipment (check all that apply):

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

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

_____

_____

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

_____

Date: 12-9-15

Clearance sampling

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

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

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

If no, please explain _____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Chris Treglown	A36314
Andrew Garza	A45727

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.

_____

_____

_____

_____

_____

_____

_____

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

Submitted By: Ron Fidler
Printed Name

Ron
Signature

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

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_____

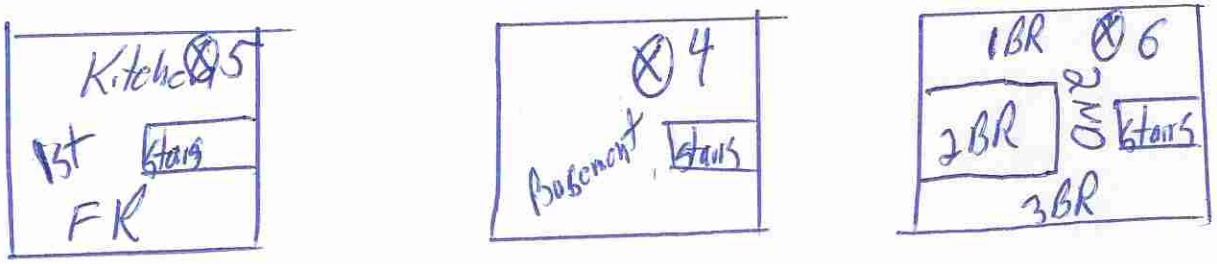
Technical Review By: Jet Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map

864



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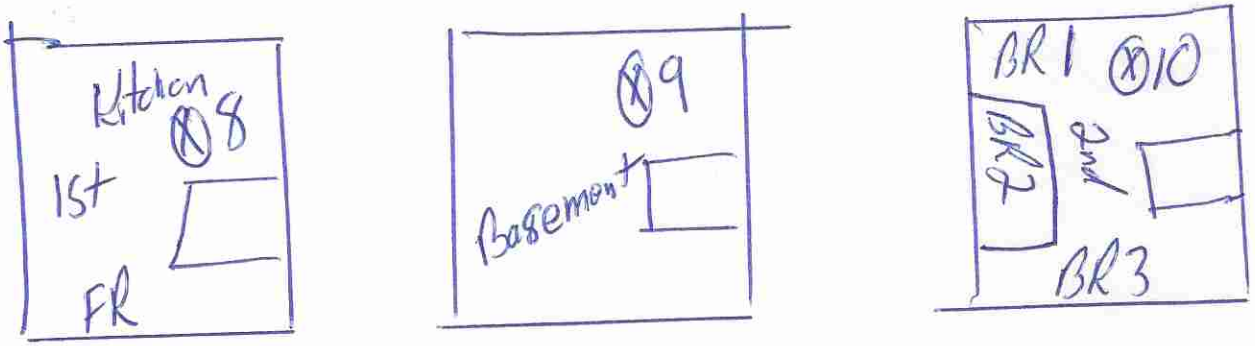


5 Maple / 12-9-15 / Fraley

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12-10-15 Start Time: 0730 AEC Representative: Farley

Site Name: S Maple ~~Ban~~

Site's Full Address: 800 S Maple Ann Arbour MI

Work Areas (Be Specific): 860 – 880 Kitchen only

Contaminant(s) of Concern: Asbestos

Abatement/Remediation Contractor: EME

Abatement/Remediation Contractor Foreman/Supervisor: Andrew Ptack

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

Scope of work

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

Work area

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

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

Set up:

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

Date: 12-10-15

Containment: ☐N/A

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

Glovebags: ☐N/A

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

Clean up: ☐N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
~~880~~ Heat Shield	860	5 Sq
wall Compound	860	200 Sq
wall Compound	880	165 Sq

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

If no, please explain_____

Date: 12-10-15

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12-10-15

Other personal protective equipment (check all that apply):

- [x] Disposable clothing
- [ ] Washable clothing
- [ ] Hoods
- [x] Safety glasses
- [ ] Other:

- [ ] Boots
- [x] Gloves
- [ ] Hard hats
- [ ] Safety harnesses, lanyards, tie offs

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory:

Time and date dropped off:

Turn around time indicated on the chain of custody:

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: ☐ Yes ☐ No
  - If yes, please explain:
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: ☐ Yes ☐ No
  - If no, please explain:
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other:

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain

Date: 12-10-15

Clearance sampling

Before clearance sampling the following criteria MUST be met:

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

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

If no, please explain _____

_____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew Garza	#45727
Chris Treglown	#36314

Date: 12-10-15

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 Fraley
Printed Name

Ron Fraley
Signature

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

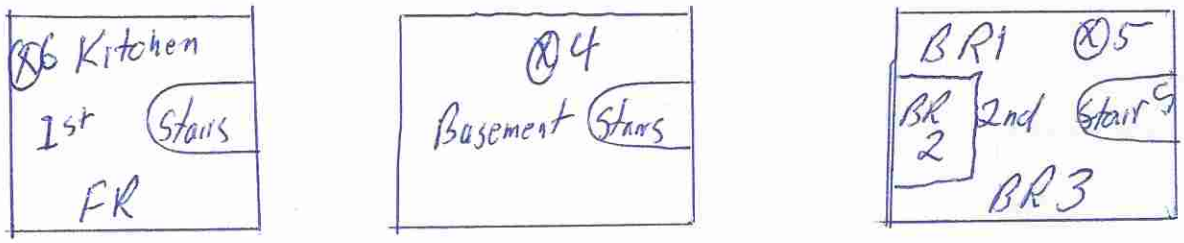
Technical Review By: Jeff Fox
Printed Name

Signature

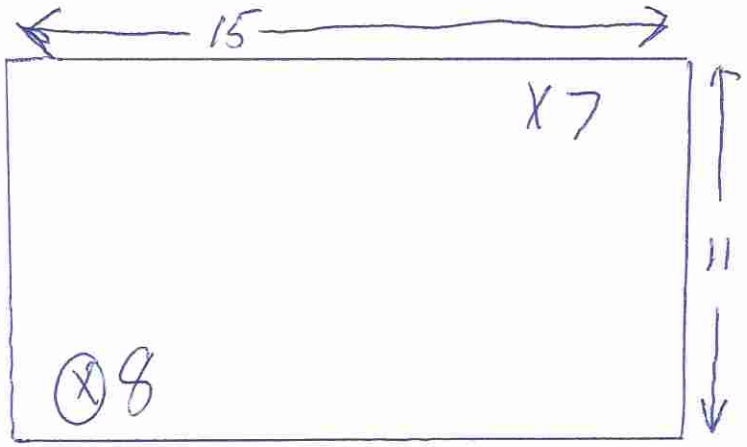
1/18/16
Date

AEC Site Map

860



880 Kitchen Only Hole Ceiling



5 Maple / 12-10-15 / Fraley

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 12-15-15 Start Time: 0730 AEC Representative: Farley

Site Name: S Maple

Site's Full Address: 800 S Maple Ann Arbor MI

Work Areas (Be Specific): 866

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:

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

Date: 12-15-15

Containment: ☐N/A

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

Glovebags: ☐N/A

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

Clean up: ☐N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
wall compound	866	200 sq

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

If no, please explain_____

Date: 12-15-15

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

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

Waste handling and disposal

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

Personal protective equipment

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

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

Date: 12-15-15

Other personal protective equipment (check all that apply):

- [X] 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 [X]

If taken to the laboratory, Name of Laboratory: _____

Time and date dropped off: _____

Turn around time indicated on the chain of custody: _____

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain: _____
- [ ] Set up samples
- [ ] Work area samples
  - Were samples below allowable levels for applicable standards: [ ] Yes [ ] No
  - If no, please explain: _____
- [ ] Ambient air samples
- [X] Clearance samples (see clearance sampling section below)
- [X] Personal samples (see personal sampling section below)
- [ ] Other: _____

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

Personal sampling

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

Criteria for worker selection:

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

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

If no, please explain _____

Date: 12-15-15

Clearance sampling

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

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

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

If no, please explain _____

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

Applicable Standard

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

Abatement Personnel Roster

Name:	SSN or State Card Number:
Michael Hoaston	431621
Chas Treglown	A36314

Date: 12-15-15

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.

_____

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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: _____

_____

_____

_____

_____

_____

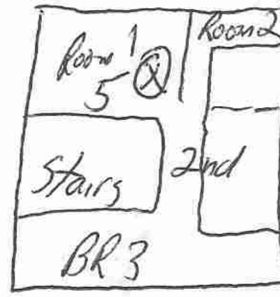
Technical Review By: Joe Pilsk
Printed Name

Signature

1/18/16
Date

AEC Site Map

866



S maple / 12-15-15 / FiAlex

AMERICAN ENVIRONMENTAL CONSULTANTS, LLC
DAILY PROJECT LOG

Date: 1/11/16 Start Time: 0730 AEC Representative: M. Rodgers

Site Name: South Maple

Site's Full Address: 880 S. Maple Ann Arbor

Work Areas (Be Specific): Living AREA 2nd FL - Both

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:

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

Date: 1/11/16

Containment: ☒N/A

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

Glovebags: ☒N/A

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

Clean up: ☐N/A

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

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

Abatement/remediation activities

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

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

Contaminant:	Location:	Quantity:
ASBESTOS	Drywall Systems	150

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

If no, please explain_____

Date: 1/11/16

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

N/A

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

N/A

Clean up/close out activities

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

Waste handling and disposal

☐ No waste generated
Number of bags, drums, or dumpsters utilized during shift:_____
☑ 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: 1/11/16

Other personal protective equipment (check all that apply):

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

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

Consultant activities

Contaminant(s): ASBESTOS

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

If taken to the laboratory, Name of Laboratory:

Time and date dropped off:

Turn around time indicated on the chain of custody:

Please attach copy of chain of custody

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

- [ ] Baseline air samples
  - Was any significant level of the contaminant identified in the sampling: [ ] Yes [ ] No
  - If yes, please explain:
- [ ] Set up samples
- [x] Work area samples
  - Were samples below allowable levels for applicable standards: [x] Yes [ ] No
  - If no, please explain:
- [ ] Ambient air samples
- [x] Clearance samples (see clearance sampling section below)
- [x] Personal samples (see personal sampling section below)
- [ ] Other:

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

Personal sampling

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

Criteria for worker selection:

- [ ] Only worker performing task
- [x] Workers performing same tasks
- [ ] 1 worker samples-Represents worst case scenario
- [ ] 2 or more workers sampled- Represents worst case scenario

Were workers below the OSHA TWA for the contaminant(s) sampled: [x] Yes [ ] No

If no, please explain

Date: 1/11/16

Clearance sampling

Before clearance sampling the following criteria MUST be met:

- ☑ All surfaces HEPA vacuumed
- ☑ All surfaces wet cleaned
- ☑ Visual inspection conducted
- ☑ No dust/debris observed
- ☑ Work area locked down

Was work area inspected and found clean and free of any contaminated debris: ☑ Yes ☐ No

If no, please explain _____

_____

Did work area pass applicable clearance standards: ☑ Yes ☐ No

Applicable Standard

- ☑ EPA PCM Clearance Guideline of 0.01 f/cc, utilizing NIOSH 7400 protocol
- ☐ EPA TEM Clearance Guideline of 70 S/mm^2, utilizing 40 CRF 763 Subpart E Appendix A protocol
- ☐ Other: _____

Abatement Personnel Roster

Name:	SSN or State Card Number:
Andrew ptak	
Dan Walerski	

Date: 1/11/16

Onsite visit of government officials

☐ N/A

Name of Person(s): _____

Employer/Department: _____

Time on and off site: _____

Stated reason for visit: _____

_____

Please use the following section to note any comments or additional information not described in this report.

N/A

All information contained in this report is complete and accurate to the best of my knowledge:

Submitted By: Matt Rodgers
Printed Name

Signature

This section is reserved for any additional comments by the reviewer: _____

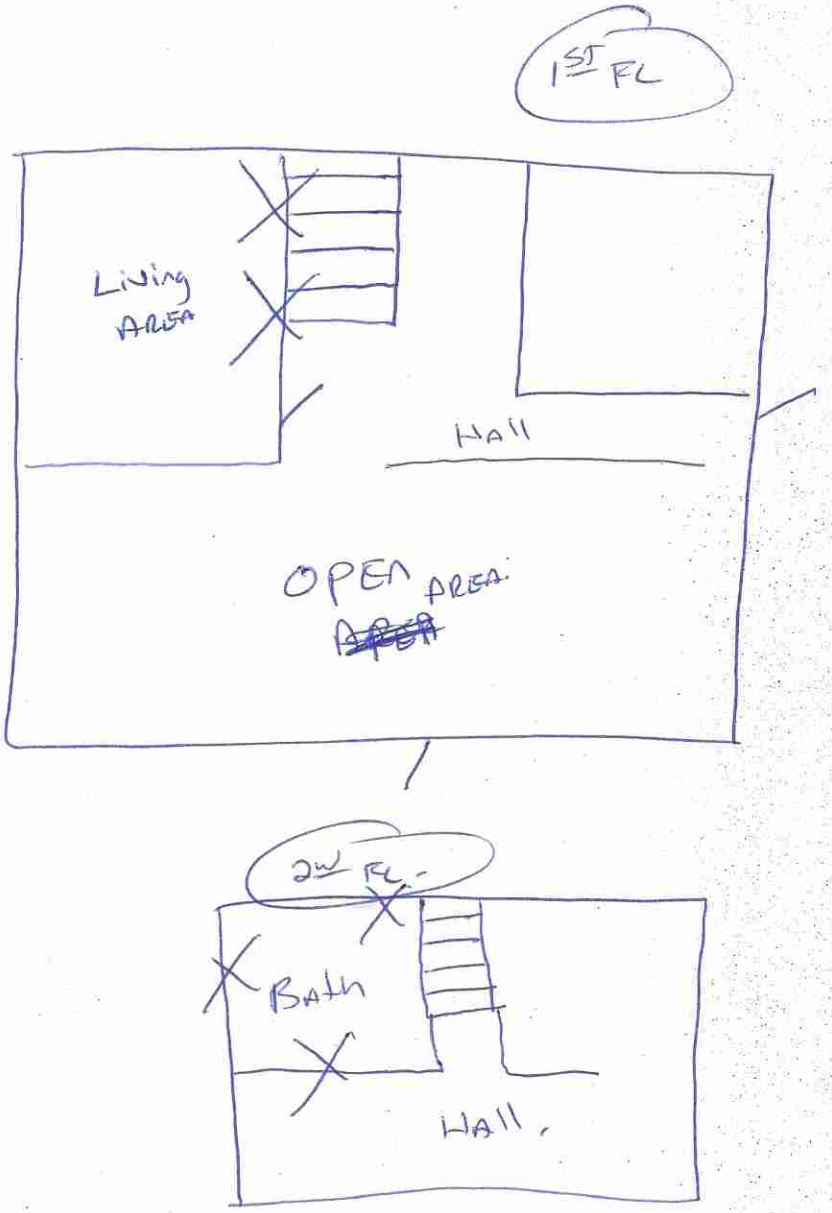
Technical Review By: Jeff Fox
Printed Name

Signature

1/18/16
Date

AEC Site Map

X = AREA ABATED



S. maple
880

Not to SCALE

1/11/18

ATTACHMENT 2

EME ABATEMENT CLOSEOUT DOCUMENTS

ENVIRONMENTAL
MAINTENANCE
ENGINEERS, INC.
25851 Trowbridge St., Inkster, MI 48141 *Office* 313.791.2600 - *Fax:* 313.791.2601

January 13, 2016

Mr. Andy Foerg
Environmental Consulting Solutions
523 West Sunnybrook
Royal Oak, MI 48073

RE: AAHC-River Run Project – South Maple Meadow
Asbestos Abatement Closeout Documents
EME Job #: 14-553A

Dear Mr. Foerg:

Thank you for the opportunity for Environmental Maintenance Engineers, Inc. (EME) to provide environmental abatement services at the above referenced project.

I have enclosed the following closeout documents for your review and approval:

- Asbestos Abatement Contractor License
- Certificate of Liability Insurance
- State of Michigan Asbestos Notifications
- Daily Construction Reports
- Employee Paperwork
- Waste Manifests

EME is looking forward to working with you in the future. If you have any questions or if I can be of further assistance please do not hesitate to call me at 313.791.2600.

Sincerely,

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

Diane Highfill

Diane Highfill

Enclosures

Environmental Maintenance Engineers, Inc.
25851 Trowbridge Street
Inkster, MI 48141

Contractor Number: C2684

Expiration Date: 12/08/2016

State of Michigan

Department of Licensing and Regulatory Affairs

Environmental Maintenance Engineers, Inc.
has satisfactorily met the requirements of Michigan Public Act 135 of 1986,
as amended, and is hereby recognized as a

LICENSED ASBESTOS ABATEMENT CONTRACTOR

Type II (5 + employees)

The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.

MIO 3003 (05/2011)
Authority: Michigan Public Act 135 of 1986, as amended

119093

2053

MM
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	CONTACT NAME: Carolyn Belcher
Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	PHONE (A/C, No, Ext): (248) 471-0970 FAX (A/C, No): (248) 471-0641 E-MAIL ADDRESS: cbelcher@gswins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Westchester Surplus Lines Insurance	10172
INSURER B: Travelers Indemnity Company of CT	25682
INSURER C: Liberty Mutual Insurance	0077
INSURER D:	
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT LOC OTHER:			G27138470003	10/1/2015	10/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ $ $ $ $ $ $	2,000,000 50,000 5,000 2,000,000 2,000,000 2,000,000 1,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			BA0135C519	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist combined	$ $ $ $ $	1,000,000 1,000,000
A	UMBRELLA LIAB OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			G27140476003	10/1/2015	10/1/2016	EACH OCCURRENCE AGGREGATE	$ $	3,000,000 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC534S542329	10/1/2015	10/1/2016	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
A	Professional Liability			G27138470003	10/1/2015	10/1/2016	Limit:		$2,000,000
A	Contractor's Pollution			G27138470003	10/1/2015	10/1/2016	Limit:		$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Ann Arbor Housing Commission, Various Locations

CERTIFICATE HOLDER

Environmental Resources Group LLC
28003 Center Oaks Court
Suite 106
Wixom, MI 48393

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patrick Williams/CTB Patrick Williams

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY (MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M

LARA MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA USE ONLY

Postmark Date ____/____/____ Rec'd Date ____/____/____
Emergency Date ____/____/____ Valid No. ____
☐ OK ☐ Send Def Ltr. Date of Def Ltr. ____/____/____
FOLLOW UP ____/____/____ Spoke w/ ____
Comments: ____
Notification No. ____ Trans No. ____

Calculate LARA Asbestos Project Fee: (1% Project Fee)
Total Project Cost: ____ x 0.01 = ____
Type of Contractor: ____ License No.: ____
Licensing Authority: ____

1. NOTIFICATION:
Date of Notification: 06/29/2015
Date of Revision(s): 07/14/2015
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	07/17/2015	08/03/2015
+Demolition:		
Encapsulation:		

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	MO, TU, WE, TH, FR	8a-4:30p
Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553F
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: South Maple Meadows
Location Address/Description: 800 S. Maple
If Apt. # of units: 28
City/Twp. Ann Arbor State: MI Zip Code: 48103
County: WASHTENAW Nearest Crossroad: 7th Street
Size: (sq. ft.) 49500 No. of Floors: 2 Floor No.: 1
Age: 65 Present Use: Housing Apartments Prior Use: Same
Specific Location(s) in Facility: Interior Units

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd.
City/State/Zip: New Boston, MI, 48164

8. WASTE TRANSPORTER 1:
Environmental Maintenance Engineers
25851 Trowbridge
Inkster, MI, 48141

WASTE TRANSPORTER 2:
Republic Services - Wayne
5400 Cogswell
Wayne, MI, 48184
(734)216-.824

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
Gov't Agency Ordering Demo: ____
Name/Title of Person Signing Order: ____
Date of Order: ____ Date Ordered to Begin: ____

10. IS ASBESTOS PRESENT? ☒ Yes ☐ No ☐ To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (**NOTE:** In a demolition, cementatious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo. Category I	Non-friable ACM not removed prior to demo. Category II	Units of Measure	
				☐ Ln. Ft.	☐ Ln. M.
4200				☒ Sq. Ft.	☐ Sq. M.
				☐ Cu. Ft.*	☐ Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

One Stop ID: 355563 Previous Doc#: 280500 Doc #: 280953

(continued on reverse side)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition:**

A) RENOVATION: Mark all surfaces/types of RACM to be removed:
☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☒ Other (describe) Drywall Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:
☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): 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, 05/30/2013

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 07/14/2015
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 07/14/2015
Printed Name of Owner/Operator *Date*

Michael Kelly : kellym1991 07/14/2015
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

One Stop ID: 355563 Previous Doc#: 280500 Doc #: 280953

Submitter ID: kellym1991

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M

LARA MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

1. NOTIFICATION:

Date of Notification: 09/15/2015 Document #: 0000001504
Date of Original: 08/14/2015 Original Document #: 0000000140
Notification Type: ☐ Original ☑ Revised ☐ Canceled

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) [*260 ln. ft./160 sq. ft. or more is threshold*]

☑ Planned Renovation - 10 **working** days notice
☐ Emergency Renovation
☐ Scheduled Demolition - 10 **working** days notice
☐ Intentional Burn - 10 **working** days notice
☐ Ordered Demolition

LARA (MIOSHA) [*Will not accept annual notifications*]

☑ Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
☐ Emergency Renovation/Encapsulation

Calculate LARA Asbestos Project Fee:(1% Project Fee) ☑ Time & material
Total Project Cost: $0 x 0.01 = $0.00
Type of Contractor: Type II License No: C2684
Licensing Authority: MIOSHA

2. PROJECT SCHEDULE:

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

	START DATE	END DATE
* Renovation:		
+ Asb. Removal:	09/17/2015	09/18/2015
+ Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	Th, F	7:30am-4:00pm
Demolition:		
Encapsulation:		

☐ Check here if the work hours are not the same across the days of the week or vary from day to day and attach a document with Detailed Work Hours.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553G
Name: Environmental Maintenance Engineers, Inc.
Mailing Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141-2465
E-mail: mikek@teameme.com
Contact: Michael Kelly Phone: 313-791-2600

4. DEMOLITION CONTRACTOR: Internal Project #:
Name:
Mailing Address:
City/State/Zip:
E-mail:
Contact: Phone:

5. FACILITY OWNER: Internal Project #:
Name: 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: South Maple Meadows
Location Address: 800 S. Maple
City/State/Zip: Ann Arbor, MI 48103
County: Washtenaw Age: 65
No. of Floors: 2 If Apt. # of units: 28
Nearest Crossroad: 7th Street
Size: (sq. ft.) 49500 Floor No.: 1
Present Use: Housing Apartments
Prior Use: Same
Specific Location(s) in Facility: Interior Units

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd
City/State/Zip: New Boston, MI 48164

8. WASTE TRANSPORTER(S):
Name: Republic Services-Wayne
Location Address: 5499 Cogswell
City/State/Zip: Wayne, MI 48164
Name: Environmental maintenance Engineers Inc.
Location Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
Gov't Agency Ordering Demo:
Name/Title of Person Signing Order:
Date of Order: Date Ordered to Begin:

10. ASBESTOS INFORMATION

Is asbestos present? *(i.e. Assumed or identified in asbestos inspection report)* ☑ Yes ☐ No Will asbestos be removed prior to demolition? ☐ Yes ☐ No

Estimate the amount of asbestos: *Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. **(NOTE:** In a demolition, cementatious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition. Also, all asbestos must be removed prior to an intentional burn.)*

RACM/ACM to be removed	RACM to be Encapsulated	Non-friable ACM **not** removed prior to demo. Category I	Non-friable ACM **not** removed prior to demo. Category II	Units of Measure
				☐ Ln. Ft. ☐ Ln. M.
270				☑ Sq. Ft. ☐ Sq. M.
				☐ Cu. Ft.* ☐ Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition:**

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☑ Other (describe):
Drywall andf Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe):

Method of removal: Describe how the asbestos will be removed:

☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into sections and remove ☐ Hand Scraping
☐ Dry Removal (please provide attachment with a description and explanation ☑ Other (describe):
Mini Enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Indicate if complete or partial demolition:

☐ **Complete** or ☐ **Partial** (describe part of facility to be demolished):

Method of Demolition: Describe the method of demolition of facility, bridge, etc.:

☐ Excavator or other heavy equipment ☐ Disassembly by hand ☐ Explosives ☐ Other (describe):

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal:

☑ Water spray to control dust ☑ Place in leak tight containers ☑ Adequately wet material ☐ Other (describe):

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

☑ Stop Work ☑ Wet material ☑ Contact DEQ and abatement contractor ☐ Revise notification ☐ Other (describe):

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:

A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification):

☑ All suspect materials sampled and analyzed using Polarized Light Microscopy (PLM) ☐ Other (describe):

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, 313-491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/30/2013

15. EMERGENCY RENOVATIONS: Date/time of emergency:
Describe the sudden, unexpected event:

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden:

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Michael Kelly — 09/15/2015
Signature of Owner or Abatement/Demolition Contractor — *Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee — *Date*

Michael Kelly — 09/15/2015
Signature of Asbestos Abatement Contractor Representative — *Date*

NOTE: **It is not mandatory that a signed copy be sent to LARA unless requested.**

For affected projects, this section of the notification form must be completed, signed, and made part of **your** records before the project begins.

18. I certify that the above information is correct:

Michael Kelly — 09/15/2015
Printed Name of Owner/Operator — *Date*

Michael Kelly — 09/15/2015
Signature of Owner/Operator — *Date*

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M

LARA MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

1. NOTIFICATION:

Date of Notification: 11/03/2015 Document #: 0000008586
Date of Original: 09/29/2015 Original Document #: 0000002954
Notification Type: ☐ Original ☑ Revised ☐ Canceled

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) ***[260 ln. ft./160 sq. ft. or more is threshold]***

☑ Planned Renovation - 10 **working** days notice
☐ Emergency Renovation
☐ Scheduled Demolition - 10 **working** days notice
☐ Intentional Burn - 10 **working** days notice
☐ Ordered Demolition

LARA (MIOSHA) ***[Will not accept annual notifications]***

☑ Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
☐ Emergency Renovation/Encapsulation

Calculate LARA Asbestos Project Fee:(1% Project Fee) ☑ Time & material
Total Project Cost: $0.00 x 0.01 = $0.00
Type of Contractor: Type II License No: C2684
Licensing Authority: MIOSHA

2. PROJECT SCHEDULE:

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

	START DATE	END DATE
* Renovation:		
+ Asb. Removal:	11/03/2015	11/10/2015
+ Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	M, Tu, W, Th, F	7:30am-4:00pm
Demolition:		
Encapsulation:		

☐ Check here if the work hours are not the same across the days of the week or vary from day to day and attach a document with Detailed Work Hours.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553H
Name: Environmental Maintenance Engineers, Inc.
Mailing Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141-2465
E-mail: mikek@teameme.com
Contact: Michael Kelly Phone: 313-791-2600

4. DEMOLITION CONTRACTOR: Internal Project #:
Name:
Mailing Address:
City/State/Zip:
E-mail:
Contact: Phone:

5. FACILITY OWNER: Internal Project #:
Name: 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: South Maple Meadows
Location Address: 800 S. Maple
City/State/Zip: Ann Arbor, MI 48103
County: Washtenaw Age: 65
No. of Floors: 2 If Apt. # of units: 28
Nearest Crossroad: 7th Street
Size: (sq. ft.) 49500 Floor No.: 1
Present Use: Housing Apartments
Prior Use: Same
Specific Location(s) in Facility: Interior Units

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd
City/State/Zip: New Boston, MI 48164

8. WASTE TRANSPORTER(S):
Name: Republic Services-Wayne
Location Address: 5499 Cogswell
City/State/Zip: Wayne, MI 48164
Name: Environmental maintenance Engineers Inc.
Location Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
Gov't Agency Ordering Demo:
Name/Title of Person Signing Order:
Date of Order: Date Ordered to Begin:

10. ASBESTOS INFORMATION

Is asbestos present? *(i.e. Assumed or identified in asbestos inspection report)* ☑ Yes ☐ No Will asbestos be removed prior to demolition? ☐ Yes ☐ No

Estimate the amount of asbestos: *Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (**NOTE:** In a demolition, cementatious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition. Also, all asbestos must be removed prior to an intentional burn.)*

RACM/ACM to be removed	RACM to be Encapsulated	Non-friable ACM **not** removed prior to demo. Category I	Non-friable ACM **not** removed prior to demo. Category II	Units of Measure
				☐ Ln. Ft. ☐ Ln. M.
350				☑ Sq. Ft. ☐ Sq. M.
				☐ Cu. Ft.* ☐ Cu. M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) or **B) for Demolition:**

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Mag Block ☑ Other (describe):
Drywall and Joint Compound

Encapsulation (for LARA): Mark surfaces/types to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tanks(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe):

Method of removal: Describe how the asbestos will be removed:

☐ Glove Bag ☑ Neg. Pressure Cont. ☑ Cut into sections and remove ☐ Hand Scraping
☐ Dry Removal (please provide attachment with a description and explanation ☑ Other (describe):
Mini Enclosures for cutting out drywall for plugs, vent fans & plumbing tie-ins

B) DEMOLITION: Indicate if complete or partial demolition:

☐ **Complete** or ☐ **Partial** (describe part of facility to be demolished):

Method of Demolition: Describe the method of demolition of facility, bridge, etc.:

☐ Excavator or other heavy equipment ☐ Disassembly by hand ☐ Explosives ☐ Other (describe):

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal:

☑ Water spray to control dust ☑ Place in leak tight containers ☑ Adequately wet material ☐ Other (describe):

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

☑ Stop Work ☑ Wet material ☑ Contact DEQ and abatement contractor ☐ Revise notification ☐ Other (describe):

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:

A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification):

☑ All suspect materials sampled and analyzed using Polarized Light Microscopy (PLM) ☐ Other (describe):

B) Name, address, and phone number of company performing asbestos survey: American Environmental Consultants, LLC, 313-491-2600, 12838 Gavel, Detroit, MI, 48227

C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/30/2013

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	11/03/2015
Signature of Owner or Abatement/Demolition Contractor	*Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

		Michael Kelly	11/03/2015
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	11/03/2015	Michael Kelly	11/03/2015
Printed Name of Owner/Operator	*Date*	*Signature of Owner/Operator*	*Date*

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)

1. NOTIFICATION:

Date of Notification: 12/03/2015 Document #: 0000012191
Date of Original: 11/11/2015 Original Document #: 0000009692
Notification Type: ☐ Original ☑ Revised ☐ Canceled

Mark appropriate boxes: (both DEQ and LARA may apply):

DEQ (NESHAP) [*260 ln. ft./160 sq. ft. or more is threshold*]

☑ Planned Renovation - 10 **working** days notice
☐ Emergency Renovation
☐ Scheduled Demolition - 10 **working** days notice
☐ Intentional Burn - 10 **working** days notice
☐ Ordered Demolition

LARA (MIOSHA) [*Will not accept annual notifications*]

☑ Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
☐ Emergency Renovation/Encapsulation

Calculate LARA Asbestos Project Fee:(1% Project Fee) ☑ Time & material
Total Project Cost: $0.00 x 0.01 = $0.00
Type of Contractor: Type II License No: C2684
Licensing Authority: MIOSHA

2. PROJECT SCHEDULE:

☐ Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

	START DATE	END DATE
* Renovation:		
+ Asb. Removal:	12/01/2015	12/09/2015
+ Demolition:		
Encapsulation:		

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include **only** those dates you are conducting asbestos removal/demo.

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	M, Tu, W, Th, F	7:30am-4:00pm
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Encapsulation:		

☐ Check here if the work hours are not the same across the days of the week or vary from day to day and attach a document with Detailed Work Hours.

3. ABATEMENT CONTRACTOR: Internal Project #: 14-553I
Name: Environmental Maintenance Engineers, Inc.
Mailing Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141-2465
E-mail: mikek@teameme.com
Contact: Michael Kelly Phone: 313-791-2600

4. DEMOLITION CONTRACTOR: Internal Project #:
Name:
Mailing Address:
City/State/Zip:
E-mail:
Contact: Phone:

5. FACILITY OWNER: Internal Project #:
Name: 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: South Maple Meadows
Location Address: 800 S. Maple
City/State/Zip: Ann Arbor, MI 48103
County: Washtenaw Age: 65
No. of Floors: 2 If Apt. # of units: 28
Nearest Crossroad: 7th Street
Size: (sq. ft.) 49500 Floor No.: 1
Present Use: Housing Apartments
Prior Use: Same
Specific Location(s) in Facility: Interior Units

7. DISPOSAL SITE:
Name: Carleton Farms Landfill
Location Address: 28800 Clark Rd
City/State/Zip: New Boston, MI 48164

8. WASTE TRANSPORTER(S):
Name: Republic Services-Wayne
Location Address: 5499 Cogswell
City/State/Zip: Wayne, MI 48164
Name: Environmental maintenance Engineers Inc.
Location Address: 25851 Trowbridge St.
City/State/Zip: Inkster, MI 48141

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365				☑ Sq. Ft. ☐ Sq. M.
				☐ Cu. Ft.* ☐ Cu. M.*

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NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

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☐ Other (describe):

Method of removal: Describe how the asbestos will be removed:

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B) DEMOLITION: Indicate if complete or partial demolition:

☐ **Complete** or ☐ **Partial** (describe part of facility to be demolished):

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☐ Excavator or other heavy equipment ☐ Disassembly by hand ☐ Explosives ☐ Other (describe):

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C) Name, accreditation number of inspector, and date of inspection: Jef Fox, A34641, 05/30/2013

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Michael Kelly	12/03/2015
Signature of Owner or Abatement/Demolition Contractor	*Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)

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		Michael Kelly	12/03/2015
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	12/03/2015	Michael Kelly	12/03/2015
Printed Name of Owner/Operator	*Date*	*Signature of Owner/Operator*	*Date*

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 7-17-15	**Job #:** 14 553
Week Ending Date: 7-19-15	**Job Name:** South Maple
Truck #/Driver: 24 / Steve	(ACM) / Mold / Lead / Other
Work Area: 882	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	-		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up	✓		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure			

Consultant Firm: **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. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	Andrew Ptak
Steven Lyell	A4613	W	6:30	12:00	12:30	4:30	9.5	Steven Lyell
Timothy Highland	A4277	W	7:30	12:00	12:30	4:00	8	Timothy Highland

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
14	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

✓ **Project On-going** - someone to return
Note:
☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: 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 7-20-15	**Job #:** 14553A
Week Ending Date: 7-26-15	**Job Name:** South Maple
Truck #/Driver: 35/Treglown	**ACM** / Mold / Lead / Other
Work Area: 886 884	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	~		

The type of abatement conducted:

	Y	N	n/a
Removal	~		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	~		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	~		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	~		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	~		
Criticals Set-up	~		
Full/Mini Enclosure	~		
Plywood 2"x4" Structures			
AFD's Set-up Vented	~		
Isolation of HVAC system	~		
Poly Walls Floors Drops	~		
Portable/Full Decon Chamber	~		
Water System Set-up	~		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	~		
Half-Face/Full-Face/PAPR's	~		
Disposable Suits	~		
Steel Toe/Rubber Boots	~		
Gloves Rubber/Cotton	~		
Safety Glasses/Full Face	~		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	~		
Load Out Activities	~		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	~		
All Equip./Tools Cleaned	~		
Final Lockdown			
Work Area Teardown	~		
Final Worksite Walk-Thru	~		

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	~		
DECON/Shower Inspection	~		
Employee PPE Used	~		
Electrical Safety In Place	~		
OSHA Inspection Site Review			
Consultant/EME Monitoring	~		
Consultant/Supervisor Visual	~		
Personnel Decontaminated	~		
Work Area Inspected/Secure	~		

Consultant Firm: **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. Ptak	A25587		6:30	~		11:30	5	
Timothy Highland	A42977		7:30	~		11:30	4	
Chris Treglown	A35314		6:30	~		11:30	5	

Safety Issues:

Asbestos Waste ✓	~~Friable~~		~~ Non-Friable~~	
	18	Bags		Bags
		Drums		Drums
		Bundles		Bundles

Dumpster ~ EME ___ Onsite

Status of Job

~ **Project On-going** - someone to return

Note:

___ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-21-15	Job #: 14 553A
Week Ending Date: 7-26-15	Job Name: South Maple
Truck #/Driver: 35 / Treglown	ACM / Mold / Lead / Other
Work Area: 880 888 890	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Heat Shield	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	~		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up	✓		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: **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. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	
Chris Treglown	A36314		6:30	12:00	12:30	4:30	9.5	
Timothy Highland	A42977		7:30	12:00	12:30	4:00	8	

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
24	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

☐ **Project On-going** - someone to return
Note:
☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature:

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-22-15 | Job #: 14553A
Week Ending Date: 7-26-15 | Job Name: South Maple
Truck #/Driver: 35 Treglown | (ACM) / Mold / Lead / Other
Work Area: 802 804

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Heat Shield	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up	✓		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: | **Visual/Testing:**
Representative Name: | **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	10:30	10:30	4:30	9.5	Andrew Ptak
Chris Treglown	A36314		6:30	12:00	12:30	4:30	9.5	Chris Treglown
Timothy Highland	A42977		10:30	12:00	12:30	4:00	5	Timothy Highland

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
24	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster | ✓ EME | | Onsite

Status of Job

✓ **Project On-going** - someone to return
Note:
Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W (T) F S 7-23-15	Job #: 14553A
Week Ending Date: 7-26-15	Job Name: South Maple
Truck #/Driver: 35 / Treglown	(ACM) / Mold / Lead / Other
Work Area: 820 830	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Hook Shift			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Dry wall	–		

The type of abatement conducted:

	Y	N	n/a
Removal	–		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	–		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	–		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	–		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	–		
Criticals Set-up	–		
Full/Mini Enclosure	–		
Plywood 2"x4" Structures			
AFD's Set-up Vented	–		
Isolation of HVAC system	–		
Poly Walls Floors Drops	–		
Portable/Full Decon Chamber	–		
Water System Set-up	–		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	–		
Half-Face/Full-Face/PAPR's	–		
Disposable Suits	–		
Steel Toe/Rubber Boots	–		
Gloves Rubber/Cotton	–		
Safety Glasses/Full Face	–		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	–		
Load Out Activities	–		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	–		
All Equip./Tools Cleaned	–		
Final Lockdown			
Work Area Teardown	–		
Final Worksite Walk-Thru	–		

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	–		
DECON/Shower Inspection	–		
Employee PPE Used	–		
Electrical Safety In Place	–		
OSHA Inspection Site Review			
Consultant/EME Monitoring	–		
Consultant/Supervisor Visual	–		
Personnel Decontaminated	–		
Work Area Inspected/Secure	–		

Consultant Firm: 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		6:30	12:00	12:30	4:30	9.5	
Chris Treglown	ASC314		6:30	12:00	12:30	4:30	9.5	
Timothy Highland	A42977		10:30	12:00	12:30	4:00	5	

Safety Issues:

Asbestos Waste ✓			
~~Friable~~		~~Non-Friable~~	
20	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME | Onsite

Status of Job

✓ **Project On-going** - someone to return
Note:
Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-24-15	Job #: 145534
Week Ending Date: 7-26-15	Job Name: South Maple
Truck #/Driver: 42 / Tim	ACM / Mold / Lead / Other
Work Area: 828 883	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ HeatShield	–		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	–		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	–		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	–		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	–		
Criticals Set-up	–		
Full/Mini Enclosure	–		
Plywood 2"x4" Structures			
AFD's Set-up Vented	–		
Isolation of HVAC system	–		
Poly Walls Floors Drops	–		
Portable/Full Decon Chamber	–		
Water System Set-up	–		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	–		
Half-Face/Full-Face/PAPR's	–		
Disposable Suits	–		
Steel Toe/Rubber Boots	–		
Gloves Rubber/Cotton	–		
Safety Glasses/Full Face	–		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	–		
Load Out Activities	–		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	–		
All Equip./Tools Cleaned	–		
Final Lockdown			
Work Area Teardown	–		
Final Worksite Walk-Thru	–		

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	–		
DECON/Shower Inspection	–		
Employee PPE Used	–		
Electrical Safety In Place	–		
OSHA Inspection Site Review			
Consultant/EME Monitoring	–		
Consultant/Supervisor Visual	–		
Personnel Decontaminated	–		
Work Area Inspected/Secure	–		

Consultant Firm: **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. Plaks	A25587		6:30	12:00	12:30	4:30	9.5	Andrew Plaks
Stefano D'Onofrio	A46920	W	7:30	12:00	12:30	4:00	8	Stefano D'Onofrio
Timothy Highland	A42977		6:30	12:00	12:30	4:30	9.5	Timothy Highland

Safety Issues:

Asbestos Waste ✓			
~~Friable~~		~~ Non-Friable~~	
24	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster | ✓ EME | | Onsite

Status of Job

✓ **Project On-going** - someone to return
Note:
Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Plaks

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-28-15	Job #: 14-553A
Week Ending Date: 8-2-15	Job Name: South Maple
Truck #/Driver: 45 / T.M	ACM / Mold / Lead / Other
Work Area: 868 848	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	-		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	-		

The type of abatement conducted:

	Y	N	n/a
Removal	-		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	-		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	-		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	-		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	-		
Criticals Set-up	-		
Full/Mini Enclosure	-		
Plywood 2"x4" Structures			
AFD's Set-up Vented	-		
Isolation of HVAC system	-		
Poly Walls Floors Drops	-		
Portable/Full Decon Chamber	-		
Water System Set-up	-		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	-		
Half-Face/Full-Face/PAPR's	-		
Disposable Suits	-		
Steel Toe/Rubber Boots	-		
Gloves Rubber/Cotton	-		
Safety Glasses/Full Face	-		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	-		
Load Out Activities	-		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	-		
All Equip./Tools Cleaned	-		
Final Lockdown			
Work Area Teardown	-		
Final Worksite Walk-Thru	-		

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	-		
DECON/Shower Inspection	-		
Employee PPE Used	-		
Electrical Safety In Place	-		
OSHA Inspection Site Review			
Consultant/EME Monitoring	-		
Consultant/Supervisor Visual	-		
Personnel Decontaminated	-		
Work Area Inspected/Secure	-		

Consultant Firm: AEC
Representative Name: M&H Rodgers
Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
APlark	A25587		9:30	12:00	12:30	4:30	6.5	
Stefano D'Onofrio	A46920	W	7:30	12:00	12:30	3:30	7.5	
Tim Highland	A42977		6:30	12:00	12:30	4:30	9.5	

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
25	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster - EME Onsite

Status of Job

- Project On-going - someone to return
- Note:
- Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature:

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 9-17-15	Job #: 14553 A
Week Ending Date: 9-20-15	Job Name: South Maple
Truck #/Driver: 35/Tim	ACM / Mold / Lead / Other
Work Area: 880 882 884 886 888 890 868 848	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up	✓		
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: AEC **Visual/Testing:**
Representative Name: Jeff Fox and Lance **Accreditation Number:**

Comments: Hassell

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Pugh	A 25587		6:30	12:00	12:30	4:00	9	
Timothy Hartland	A42977		6:30	12:00	12:30	4:00	9	
Chris Treglown	A56314		7:30	12:00	12:30	4:00	8	

Safety Issues:

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	5 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

✓ **Project On-going** - someone to return
Note:
☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T (F) S 9-18-15	Job #: 14553 A
Week Ending Date: 9-20-15	Job Name: South Maple
Truck #/Driver: 35 / Tim	(ACM) / Mold / Lead / Other
Work Area: 800 802 804 820 826 830	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Drywall	/		

The type of abatement conducted:

	Y	N	n/a
Removal	/		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	/		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	/		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	/		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	/		
Criticals Set-up	/		
Full/Mini Enclosure	/		
Plywood 2"x4" Structures			
AFD's Set-up Vented	/		
Isolation of HVAC system	/		
Poly Walls Floors Drops	/		
Portable/Full Decon Chamber	/		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	/		
Half-Face/Full-Face/PAPR's	/		
Disposable Suits	/		
Steel Toe/Rubber Boots	/		
Gloves Rubber/Cotton	/		
Safety Glasses/Full Face	/		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	/		
Load Out Activities	/		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	/		
All Equip./Tools Cleaned	/		
Final Lockdown			
Work Area Teardown	/		
Final Worksite Walk-Thru			

Inspections:

1 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	/		
DECON/Shower Inspection	/		
Employee PPE Used	/		
Electrical Safety In Place	/		
OSHA Inspection Site Review			
Consultant/EME Monitoring	/		
Consultant/Supervisor Visual	/		
Personnel Decontaminated	/		
Work Area Inspected/Secure	/		

Consultant Firm: **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. Pugh	A25587		6:30	12:00	12:30	2:30	7.5	
Chris Treglown	A36314		7:30	12:00	12:30	2:30	6.5	
Timothy Highland	A42977		6:30	12:00	12:30	2:30	7.5	

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
5	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster / EME | Onsite

Status of Job

[ ] **Project On-going** - someone to return
Note:
[/] **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Pugh

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 10-12-15	**Job #:** 14553A
Week Ending Date: 10-14-15	**Job Name:** South Maple
Truck #/Driver: 45 / Roger	**ACM** / Mold / Lead / Other
Work Area: 850, 806	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Plaster	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

1 # of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: **Visual/Testing:**

Representative Name: **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor A. Ptak	A25587		6:00	12:00	12:30	5:30	10.5	
Roger Allen	47932		6:30	12:00	12:30	5:00	10	
Mudhin Stewart			8:30	12:00	12:30	4:30	7.5	

Safety Issues:

Asbestos Waste ✓ — **Dumpster** ✓ EME ☐ Onsite

~~Friable~~		~~ Non-Friable~~		**Status of Job**
24	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: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 11-3-15	Job #: 14-553A
Week Ending Date: 11-8-15	Job Name: South Maple
Truck #/Driver: 42/Ken	(ACM) / Mold / Lead / Other
Work Area: 822	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: AEC
Representative Name: Jeff Fox
Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A Ptak	A25587				1:00	5	4	Andrew Ptak
Ken Wayland	A26616				1:00	5	4	Ken W
M. Stewart	A45477				1:00	3:30	2.5	M Stewart

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
12	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster | | EME | | Onsite

Status of Job

- [ ] **Project On-going** - someone to return
- *Note:*
- [✓] **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 11-9-15	Job #: 14-553A
Week Ending Date: 11-15-15	Job Name: South Maple
Truck #/Driver: 34/ Ken	(ACM) / Mold / Lead / Other
Work Area: 808 810	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: **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: Andrew Pfahl	A25587		6:00	12:00	12:30	4:30	10	Andrew Pfahl
Ken Wayland	A76616		6:00	12:00	12:30	4:30	9.5	Ken Wayland

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~Non-Friable~~	
23	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

✓ **Project On-going** - someone to return

Note:

☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Pfahl

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 11-10-15	**Job #:** 14-553A
Week Ending Date: 11-15-15	**Job Name:** South Maple
Truck #/Driver: 34 / Ken	(ACM) / Mold / Lead / Other
Work Area: 824 826	

Daily Construction Report

General Work Description:	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	/		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:	Y	N	n/a
Removal	–		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	–		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	–		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	–		

Set-up procedures conducted:	Y	N	n/a
Signs/Banner Tape	–		
Criticals Set-up	–		
Full/Mini Enclosure	–		
Plywood 2"x4" Structures			
AFD's Set-up Vented	–		
Isolation of HVAC system	–		
Poly Walls Floors Drops	–		
Portable/Full Decon Chamber	–		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:	Y	N	n/a
Respiratory protection	–		
Half-Face/Full-Face/PAPR's	–		
Disposable Suits	–		
Steel Toe/Rubber Boots	–		
Gloves Rubber/Cotton	–		
Safety Glasses/Full Face	–		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:	Y	N	n/a
Gross/Final Clean-up	–		
Load Out Activities	–		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	–		
All Equip./Tools Cleaned	–		
Final Lockdown			
Work Area Teardown	–		
Final Worksite Walk-Thru	–		

Inspections:	Y	N	n/a
2 # of Neg. Air Machines			
Barriers Intact And Sound	–		
DECON/Shower Inspection	–		
Employee PPE Used	–		
Electrical Safety In Place	–		
OSHA Inspection Site Review			
Consultant/EME Monitoring	–		
Consultant/Supervisor Visual	–		
Personnel Decontaminated	–		
Work Area Inspected/Secure	–		

Consultant Firm: AEC
Representative Name:
Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587	S	6:30	12:00	12:30	4:00	9	Andrew Ptak
Keith Hadland	HH570	W	7:30	12:00	12:30	3:30	7.5	Keith Hadland
Ken Wayland	A26616		6:30	12:00	12:30	4:00	9	Ken Wayland

Safety Issues:

Asbestos Waste	~~Friable~~		~~Non-Friable~~	
	25	Bags		Bags
		Drums		Drums
		Bundles		Bundles

Dumpster / EME Onsite

Status of Job

_ **Project On-going** - someone to return

Note:

– **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 12-4-15	Job #: 14553A
Week Ending Date: 12-6-15	Job Name: South Maple
Truck #/Driver: 34/Danny Ho	ACM / Mold / Lead / Other
Work Area: 846 844 850	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	–		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat shield	–		

The type of abatement conducted:

	Y	N	n/a
Removal	–		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	–		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	–		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	–		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	–		
Criticals Set-up	–		
Full/Mini Enclosure	–		
Plywood 2"x4" Structures			
AFD's Set-up Vented	–		
Isolation of HVAC system	–		
Poly Walls Floors Drops	–		
Portable/Full Decon Chamber	–		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	–		
Half-Face/Full-Face/PAPR's	–		
Disposable Suits	–		
Steel Toe/Rubber Boots	–		
Gloves Rubber/Cotton	–		
Safety Glasses/Full Face	–		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	–		
Load Out Activities	–		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	–		
All Equip./Tools Cleaned	–		
Final Lockdown			
Work Area Teardown	–		
Final Worksite Walk-Thru	–		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	–		
DECON/Shower Inspection	–		
Employee PPE Used	–		
Electrical Safety In Place			
OSHA Inspection Site Review	–		
Consultant/EME Monitoring	–		
Consultant/Supervisor Visual	–		
Personnel Decontaminated	–		
Work Area Inspected/Secure	–		

Consultant Firm: **Visual/Testing:**
Representative Name: AEC Lance Hassell **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	
Danny Carvalho	A39806	LD	6:30	12:00	12:30	4:30	9.5	
M. Stewart	A45497		7:30	12:00	12:30	4	8	

Safety Issues:

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
23	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster – EME | | Onsite

Status of Job

– **Project On-going** - someone to return

Note:

	Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature:

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 12-7-15	**Job #:** 14553A
Week Ending Date: 12-13-15	**Job Name:** South Maple
Truck #/Driver: 34 / Danny Ho	(ACM) / Mold / Lead / Other
Work Area: 840 842	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

2 # of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: AEC
Representative Name: Ron
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. Plak	A25587		6:30	12:00	12:30	4:30	9.5	Andrew Plak
Danny Carvalho	A39856	W	6:30	12:00	12:30	4:30	9.5	Danny Carvalho
Dan Walerski	A10018		7:30	12:00	12:30	4:30	8	Dan Walerski

Safety Issues:

Asbestos Waste ✓	~~Friable~~	~~ Non-Friable~~
	23 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster ✓ EME | Onsite

Status of Job

✓ **Project On-going** - someone to return
Note:
Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew 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 12-8-15	Job #: 14-553A
Week Ending Date: 12-13-15	Job Name: South Maple
Truck #/Driver: 34/Treglown	ACM / Mold / Lead / Other
Work Area: 870 864	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

4 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm:
Representative Name: AEC Ron

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. Plak	A25587		6:30	12:00			5.5	
Chris Treglown	A36314		6:30	12:00			5.5	
Drew Garza	A45727		7:30	12:00			4.5	

Safety Issues:

Asbestos Waste ✓				Dumpster	✓	EME		Onsite
~~Friable~~		~~ Non-Friable~~		Status of Job				
13	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 12-9-15	**Job #:** 14553 A
Week Ending Date: 12-13-15	**Job Name:** South Maple
Truck #/Driver: 43 Treglown	(ACM) / Mold / Lead / Other
Work Area: 864 862	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	-		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	-		

The type of abatement conducted:

	Y	N	n/a
Removal	-		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	-		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	-		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	-		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	-		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber	✓		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

2 # of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection	✓		
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: **Visual/Testing:**
Representative Name: AEC Ron **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00			5.5	Andrew Ptak
Chris Treglown	A36314		6:30	12:00			5.5	Chris Treglown
Drew Garza	A48727		6:30	12:00			4.5	Drew Garza

Safety Issues:

Asbestos Waste	~~Friable~~		~~Non-Friable~~	
	26	Bags		Bags
		Drums		Drums
		Bundles		Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

✓ **Project On-going** - someone to return

Note:

☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 12-10-15	Job #: 14-553A
Week Ending Date: 12-13-15	Job Name: South Maple
Truck #/Driver: 43 / Treglown	ACM / Mold / Lead / Other
Work Area: 860 850	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	-		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	-		

The type of abatement conducted:

	Y	N	n/a
Removal	-		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	-		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	-		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	-		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	-		
Criticals Set-up	-		
Full/Mini Enclosure	-		
Plywood 2"x4" Structures			
AFD's Set-up Vented	-		
Isolation of HVAC system	-		
Poly Walls Floors Drops	-		
Portable/Full Decon Chamber	-		
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	-		
Half-Face/Full-Face/PAPR's	-		
Disposable Suits	-		
Steel Toe/Rubber Boots	-		
Gloves Rubber/Cotton	-		
Safety Glasses/Full Face	-		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	-		
Load Out Activities	-		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	-		
All Equip./Tools Cleaned	-		
Final Lockdown			
Work Area Teardown	-		
Final Worksite Walk-Thru	-		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	-		
DECON/Shower Inspection	-		
Employee PPE Used	-		
Electrical Safety In Place	-		
OSHA Inspection Site Review			
Consultant/EME Monitoring	-		
Consultant/Supervisor Visual	-		
Personnel Decontaminated	-		
Work Area Inspected/Secure	-		

Consultant Firm:
Representative Name: AEC Ron
Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	4:30	9.5	Andrea Ptak
Chris Treglown	A3C314		6:30	12:00	12:30	4:30	9.5	Chris Treglown
Drew Garza	A45727		7:30	12:00	12:30	4:00	8	Drew Garza

Safety Issues:

Asbestos Waste ✓			
~~Friable~~		~~ Non-Friable~~	
26	Bags		Bags
	Drums		Drums
	Bundles		Bundles

Dumpster - EME ☐ Onsite

Status of Job

- ✓ **Project On-going** - someone to return
- *Note:*
- ☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrea 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 12-15-15	**Job #:** 14553A
Week Ending Date: 12-20-15	**Job Name:** South Maple
Truck #/Driver: Houston	**ACM / Mold / Lead / Other**
Work Area: 868	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ Drywall	✓		
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other Heat Shield	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure	✓		
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools	✓		
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	–		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	–		
Criticals Set-up	–		
Full/Mini Enclosure	–		
Plywood 2"x4" Structures			
AFD's Set-up Vented	–		
Isolation of HVAC system	–		
Poly Walls Floors Drops	–		
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence	–		
All Equip./Tools Cleaned	–		
Final Lockdown			
Work Area Teardown	–		
Final Worksite Walk-Thru	–		

Inspections:

2 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection			
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: **Visual/Testing:**
Representative Name: AEC Ron **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		6:30	12:00	12:30	2:30	7.5	
Michael Houston	A31621		6:30	12:30	12:30	2:30	7.5	
C. Treglown			7:30	12:30	12:30	2:00	6	

Safety Issues:

Asbestos Waste ✓	~~Friable~~	~~ Non-Friable~~
	9 Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster – EME Onsite

Status of Job

- Project On-going - someone to return
- Note:
- ✓ Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 6-29-15	Job #: 14 553 A
Week Ending Date: 7-5-15	Job Name: South Maple
Truck #/Driver: Alex Sweet / Personal	(ACM) / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

# of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound			
DECON/Shower Inspection			
Employee PPE Used			
Electrical Safety In Place			
OSHA Inspection Site Review			
Consultant/EME Monitoring			
Consultant/Supervisor Visual			
Personnel Decontaminated			
Work Area Inspected/Secure			

Consultant Firm: **Visual/Testing:**
Representative Name: AEC - Lance Hassell **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Alex Sweet	A45792	W	7:30	11:30			4	

Safety Issues:

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
Bags		
Drums		
Bundles		

Dumpster ✓ EME ☐ Onsite

Status of Job

- ✓ **Project On-going** - someone to return
- *Note:*
- ☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 6-30-15	Job #: 14-553A
Week Ending Date: 7-5-15	Job Name: South Maple
Truck #/Driver: Alex Sweet/Pessoni	ACM / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

# of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound			
DECON/Shower Inspection			
Employee PPE Used			
Electrical Safety In Place			
OSHA Inspection Site Review			
Consultant/EME Monitoring			
Consultant/Supervisor Visual			
Personnel Decontaminated			
Work Area Inspected/Secure			

Consultant Firm: AEC **Visual/Testing:**
Representative Name: Jody **Accreditation Number:**
Comments: Work Delayed Due To Rain

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Alex Sweet	A45792		7:30	—		9:30	2	

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster [ ] EME [ ] Onsite

Status of Job

- [ ] **Project On-going** - someone to return

Note:

- [ ] **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T (W) T F S 7-1-15	Job #: 14553A
Week Ending Date: 7-5-15	Job Name: South Maple
Truck #/Driver: Alex Sweet / Removal	(ACM) / Mold / Lead / Other
Work Area: Loop	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **Visual/Testing:**
Representative Name: AEC Jody **Accreditation Number:**
Comments: Work Delayed Do To Rain

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: Alex Sweet	IA45782		7:30	—		15:30	3	

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster / EME ☐ Onsite

Status of Job

/ **Project On-going** - someone to return

Note:

☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-2-15	Job #: 14-553A
Week Ending Date: 7-5-15	Job Name: South Maple
Truck #/Driver: Alex Sweat / Personal	(ACM) / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm:
Representative Name: AEC Jody

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: Alex Sweat	A45792		7:30	12:00	12:30	1:30	5.5	

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

✓ **Project On-going** - someone to return

Note:

☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Pot

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 7-3-15	**Job #:** 14-553A
Week Ending Date: 7-5-15	**Job Name:** South Middle
Truck #/Driver: Andrew Ptak / Personal	**ACM** / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **Visual/Testing:**
Representative Name: AEC Lance Hassell **Accreditation Number:**

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		7:30	-	-	12:30	5	Andrew Ptak

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster / EME Onsite

Status of Job

/ **Project On-going** - someone to return

Note:

Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S (M) T W T F S 7-6-15	Job #: 14-553A
Week Ending Date: 7-12-15	Job Name: South Maple
Truck #/Driver: A. Ptak / Personal	(ACM) / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

# of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound			
DECON/Shower Inspection			
Employee PPE Used			
Electrical Safety In Place			
OSHA Inspection Site Review			
Consultant/EME Monitoring			
Consultant/Supervisor Visual			
Personnel Decontaminated			
Work Area Inspected/Secure			

Consultant Firm:
Representative Name: AEC Lance Hassell

Visual/Testing:
Accreditation Number:

Comments:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: A. Ptak	A25587		7:30	—		12:30	5	Andrew Ptak

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~Non-Friable~~
Bags		
Drums		
Bundles		

Dumpster ☐ EME ☐ Onsite

Status of Job

- ☐ **Project On-going** - someone to return

Note:

- ☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T (W) T F S 7-8-15	Job #: 14553A
Week Ending Date: 7-12-15	Job Name: South Maple
Truck #/Driver: A Ptak / Personal	ACM / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **Visual/Testing:**
Representative Name: AEC Lange Howell **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[30]	5	

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster — EME ☐ Onsite ☐

Status of Job

— **Project On-going** - someone to return

Note:

☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-10-15	Job #: 14-5531
Week Ending Date: 7-12-15	Job Name: South Maple
Truck #/Driver: A.Pugh / Personal	ACM / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **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.Pugh	A25587		7:30	—		12:30	5	Andrew Pugh

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
Bags		
Drums		
Bundles		

Dumpster — EME — Onsite

Status of Job

— **Project On-going** - someone to return

Note:

Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Pugh

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Day: S M T (W) T F S 7-22-15	Job #: 14-553A
Week Ending Date: 7-26-15	Job Name: South Maple
Truck #/Driver: 35/Treyton	(ACM) / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **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: Timothy Hyslund			7:30	—		10:30	3	

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: _____

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 7-23-15	Job #: 14-553 A
Week Ending Date: 7-26-15	Job Name: South Maple
Truck #/Driver: 35/Treglown	ACM / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **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: Timothy Highland			7:30	—	—	10:30	3	

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster — EME / Onsite

Status of Job

- ✓ **Project On-going** - someone to return
- *Note:*
- **Complete** - no one will need to return

I certify area has ~~been visually inspected~~, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S (M) T W T F S 7-27-15	**Job #:** 14-553A
Week Ending Date: 8-2-15	**Job Name:** South Maple
Truck #/Driver: 42/Tim	(ACM) / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: **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:								
Timothy Highland	A42877		6:30	—		12:30	6	

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster — EME ( ) Onsite

Status of Job

- [ ] **Project On-going** - someone to return

Note:

- [ ] **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-28-15	Job #: 14553A
Week Ending Date: 8-2-15	Job Name: South Maple
Truck #/Driver: 45/Tim	(ACM) / Mold / Lead / Other
Work Area: Roof	

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

# of Neg. Air Machines	Y	N	n/a
Barriers Intact And Sound			
DECON/Shower Inspection			
Employee PPE Used			
Electrical Safety In Place			
OSHA Inspection Site Review			
Consultant/EME Monitoring			
Consultant/Supervisor Visual			
Personnel Decontaminated			
Work Area Inspected/Secure			

Consultant Firm: **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 Ptak	A25587		6:30	—	—	4:30	9	Andrew Ptak

Safety Issues:

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster ✓ EME ☐ Onsite

Status of Job

✓ **Project On-going** - someone to return

Note:

☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC.
25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 7-29-15 | Job #: 14-553A
Week Ending Date: 8-2-15 | Job Name: South Maple
Truck #/Driver: Andrew / Personal | (ACM) / Mold / Lead / Other
Work Area: Roof

Daily Construction Report

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ _____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other _____			

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented			
Isolation of HVAC system			
Poly Walls Floors Drops			
Portable/Full Decon Chamber			
Water System Set-up			
Electric GFCI's/Temp. Panel			
Scaffold/Bakers/5'x7'/Manlift			

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots			
Gloves Rubber/Cotton			
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection			
Scaffold Safety Rails/Manlift			

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up			
Load Out Activities			
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

	# of Neg. Air Machines	Y	N	n/a
	Barriers Intact And Sound			
	DECON/Shower Inspection			
	Employee PPE Used			
	Electrical Safety In Place			
	OSHA Inspection Site Review			
	Consultant/EME Monitoring			
	Consultant/Supervisor Visual			
	Personnel Decontaminated			
	Work Area Inspected/Secure			

Consultant Firm: | **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. Ptak	A21387		7:30	—		1:00	5.5	Andrew Ptak

Safety Issues: _____

Asbestos Waste	~~Friable~~	~~ Non-Friable~~
	Bags	Bags
	Drums	Drums
	Bundles	Bundles

Dumpster — EME / Onsite

Status of Job
- ☐ **Project On-going** - someone to return
- *Note:*
- ✓ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: Andrew Ptak

Certification No. 6021
08.08.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
40 Hours, 5-Days Asbestos Contractor/Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Roger Ted Allen III
SS# :

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Abatement Worker

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: August 21, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: August 17-21, 2015 Monday-Friday
EXPIRATION DATE: August 21, 2016

EPA REG. V #515 Sponsor/Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Roger T. Allen, III

Accreditation Number
A47932

Expiration Date
09/15/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

118669

Certification No. 7805
0.02.02.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Danny Carvalho
SS#:

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act:440 of 1988 as amended and TSCA TITLE II /ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: February 20, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: February 20, 2015 Friday
EXPIRATION DATE: February 20, 2016

EPA REG. V #515 Sponsor / Instru

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Danny Carvalho

Accreditation Number
A39856

Expiration Date
04/05/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

115466

Certification No. 5827
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 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 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 / Instruc

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
03/02/2016

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

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 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

Expiration Date: April 20. 2016

E.P.A. Reg. V. #S15 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. 2740
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
Keith Nicholas Hedlund
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 59 623 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

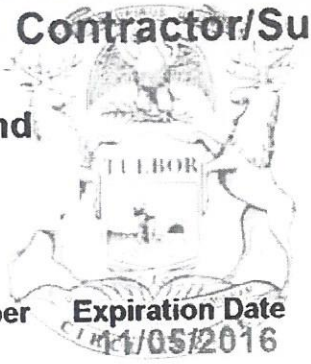
Examination Date: October 26, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: October 26, 2015 Monday
EXPIRATION DATE: October 26, 2016

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

Keith W. Hedlund



Accreditation Number
A46570

Expiration Date
11/05/2016

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

119294

Certification No. 0031
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 Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: May 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. 3412
09.09.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Michael David Houston II
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: September 14, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: September 14, 2015 Monday
EXPIRATION DATE: September 14 , 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

Michael D. Houston, II

Accreditation Number
A31621

Expiration Date
10/16/2016

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

118705

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
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

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. 9213
0.06.06.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
40 Hours, 5-Days Asbestos Contractor/Supervisor Initial Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Andrew Anthony Ptak

SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: June 05, 2015 Friday
SCORE GREATER THAN: 70%
COURSE DATES: June 01-05, 2015 Monday-Friday
EXPIRATION DATE: June 05, 2016

EPA REG. V #515 Sponsor/Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Andrew A. Ptak

Accreditation Number
A25587

Expiration Date
06/16/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

117387

Certification No. 2572
0.03.03.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Martin Stewart
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II /ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 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 / Instruc

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Martin P. Stewart

TUEBOR

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. 1399
04.04.15

JMS Asbestos Training Center & Environmental Service
Training Division
1 Day(s) / 8 Hours Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES

Alexander William Sweet

SS:

Has been awarded this certificate for successful completion of practices and procedures for:

Asbestos Contractor/Supervisor

In accordance with E.P.A. 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II / ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & State of MI. Regulations as amended

LOCATION
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041

Examination Date: April 28, 2015, Tuesday

Score: > 70%

Course Date: April 28, 2015, Tuesday

Expiration Date: April 28, 2016

Marsha Saine

E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Alexander W. Sweet

Accreditation Number
A45792

Expiration Date
05/29/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

116465

Certification No. 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) 870-9079 Fax: (313) 870-9041

Examination Date: December 11, 2015, Friday
Score: > 70%
Course Date: December 11, 2015, Friday
Expiration Date: December 11, 2016

E.P.A. Reg. V. #515 Sponsor / Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker

Christopher D. Treglown

Accreditation Number
A36314

Expiration Date
01/29/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

114126

Certification No. 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 Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: June 17, 2015 Wednesday
SCORE GREATER THAN: 70%
COURSE DATES: June 17, 2015 Wednesday
EXPIRATION DATE: June 17, 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

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

Certification No. 5484
09.09.15

JMS Asbestos Training Center & Environmental Service

TRAINING DIVISION
8 Hours, 1-Day Asbestos Contractor/Supervisor Refresher Course

CERTIFICATE OF COMPLETION

THIS CERTIFIES
Kenneth D. Wayland
SS#

Has Been Awarded This Certificate for Successful Completion of Practices and Procedures for:
Asbestos Contractor/Supervisor

In Accordance with EPA 40 CFR Par 763, Michigan Public Act 440 of 1988 as amended and TSCA TITLE II/ASHARA Section 15 (a) (3) i.e. Volume 59 #23 M.A.P. & STATE OF MI. Regulations as amended

LOCATION:
2868 E. Grand Blvd. Detroit, MI 48202
Phone: (313) 870-9079 Fax: (313) 870-9041
Alt. Phone# (313) 673-8256

Examination Date: September 28, 2015 Monday
SCORE GREATER THAN: 70%
COURSE DATES: September 28, 2015 Monday
EXPIRATION DATE: September 28, 2016

EPA REG. V #515 Sponsor/Instructor

State of Michigan
Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Kenneth D. Wayland

Accreditation Number
A26616

Expiration Date
02/23/2016

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

115094

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	14	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 7-17-15

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 Pyle	**Title:**	Supervisor
⇨ **Signature:**	⇨ **Date:**	7-17-15

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:	**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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
South Maple Meadows
800 S. Maple
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	14	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 7-17-15

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 Polk	**Title:**	Supervisor
⇨ **Signature:**	⇨ **Date:**	7-17-15

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: Mike Meeks	**Title:**	Driver
Signature:	**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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	114	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 7-24-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Stahl	**Title:**	Supervisor
⇨ **Signature:**	⇨ **Date:**	7-24-15

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:**

3419

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	114	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 7-24-15

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:**	7-24-15

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 Tacey	**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: Allyson Stutts	**Title:** Scale
Signature:	**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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:
South Maple Meadows
800 S. Maple
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	25	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 7-24-15

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 Platt	**Title:**	Supervisor
⇨ **Signature:**		⇨ **Date:**	7-28-15

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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	25	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 7-28-15

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 Platt	Title:	Supervisor
⇨ Signature:	⇨ Date:	7-28-15

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: Richard Decker	Title:
Signature:	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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	10	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 9-14-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Stak	**Title:**	Supervisor
⇨ **Signature:** Andrew Stak ⇨	**Date:**	9-15-15

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:	**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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**

South Maple Meadows
800 S. Maple
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	10	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 9-14-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Ptak	**Title:**	Supervisor
⇨ **Signature:** Andrew Ptak ⇨	**Date:**	9-15-15

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: 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

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	24	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 10-12-15

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 Ptak	**Title:**	Supervisor
⇨ **Signature:**		⇨ **Date:**	10-12-15

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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
South Maple Meadows
800 S. Maple
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	24	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 10-12-15

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 Stark	Title:	Supervisor
⇨ Signature: Andrew Stark ⇨	Date:	10-12-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number:	(734) 216-8240
Printed/Typed Name: TERRENCE ERVING	Title:	Driver
Signature: Terrence Erving	Date:	10-28-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	Title:
Signature:	Date: 10-28-15

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

South Maple Meadows
800 S. Maple
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	12	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 11-3-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Pjak	**Title:**	Supervisor
⇨ **Signature:** Andrew Pjak ⇨	**Date:**	11-3-15

10) Transporter 2 (Acknowledgement of Receipt of Materials):

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	**Phone Number:**	(734) 216-8240
Printed/Typed Name:	**Title:**	Driver
Signature:	**Date:**	

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
South Maple Meadows
800 S. Maple
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	12	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 11-3-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number:	(313) 791-2600
⇨ Printed/Typed Name: Andrew Ptak	Title:	Supervisor
⇨ Signature: Andrew Ptak ⇨	Date:	11-3-15

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number:	(734) 216-8240
Printed/Typed Name: TERRENCE ERVING	Title:	Driver
Signature: Terrence Erving	Date:	11-16-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name: Megan Stubbs	Title: Scale
Signature:	Date: 11/16

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**

South Maple Meadows
800 S. Maple
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	48	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 11-10-15

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 Ptak	**Title:**	Supervisor
⇨ **Signature:**	⇨ **Date:**	11-10-15

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:	**Title:**	Driver
Signature:	**Date:**	

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Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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Landfill Approval #: 30691314442

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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

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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	48	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**

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Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature: Jeff C	**Date:** 11-10-15

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 Ptak	**Title:**	Supervisor
⇨ **Signature:** Andrew Ptak ⇨	**Date:**	11-10-15

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 ERVING	**Title:**	Driver
Signature: Terrence Erving	**Date:**	11-16-15

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in Item 10.

Printed/Typed Name:	**Title:**
Signature:	**Date:** 11/16

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

Landfill Approval #: 30691314442

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800 S. Maple
Ann Arbor, MI 48103

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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

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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	23	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 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 Ptak	**Title:**	Supervisor
⇨ **Signature:** Andrew Ptak ⇨	**Date:**	12-4-15

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 #: 14-553H

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
South Maple Meadows
800 S. Maple
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	23	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature: [signature]	Date: 12-4-15

9) **Transporter (Acknowledgement of Receipt of Materials):**

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	Phone Number: (313) 791-2600	
⇨ Printed/Typed Name: Andrew Pugh	Title: Supervisor	
⇨ Signature: [signature] ⇨	Date: 12-4-15	

10) **Transporter 2 (Acknowledgement of Receipt of Materials):**

Name: Republic Services - Wayne		
Address: 5400 Cogswell, Wayne, MI 48184	Phone Number: (734) 216-8240	
Printed/Typed Name: Patrick Enlist	Title: Driver	
Signature: Patrick Enlist	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: Melvin Shults	Title: Scale
Signature: [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 #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
South Maple Meadows
800 S. Maple
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	55	Bag 5	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
Handled in accordance with all EPA, NESHAP, & OSHA Regulations

8) **Operator's Certification:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway condition for transport by highway according to applicable international and government regulations.

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 12-10-15

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 Stak	**Title:**	Supervisor
⇨ **Signature:** Andrew Stak ⇨	**Date:**	12-10-15

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:	**Title:**	Driver
Signature:	**Date:**	

11) **Waste disposal site owner or operator:** Certification of receipt of asbestos materials covered by this manifest except as noted in Item 10.

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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Internal Job #: 14-553A

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) **Worksite name & address:**
South Maple Meadows
800 S. Maple
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	55	Bag 5	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) **Special Handling Instructions and Additional Information:**
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Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 12-10-15

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 Stahl	Title:	Supervisor
⇨ Signature: Andrew Stahl ⇨	Date:	12-10-15

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 ERVING	Title:	Driver
Signature: Terrence Erving	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 Shutts	Title: Scale
Signature:	Date: 1-5-16

Michigan Department of Natural Resources
Air Quality Division

☐ Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 14-553A

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1) Worksite name & address:

South Maple Meadows
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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:

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Operator's Address:

25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #:

(313) 791-2600

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Disposal Site Telephone #:

(734) 654-0001

4) Responsible Agency:

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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	9	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

7) Special Handling Instructions and Additional Information:

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Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature:	**Date:** 12-15-15

9) Transporter (Acknowledgement of Receipt of Materials):

Name: Environmental Maintenance Engineers, Inc.		
Address: 25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
⇨ **Printed/Typed Name:** Andrew Ptak	**Title:**	Supervisor
⇨ **Signature:** Andrew Ptak ⇨	**Date:**	12-15-15

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:	**Title:**	Driver
Signature:	**Date:**	

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	**Title:**
Signature:	**Date:**

Michigan Department of Natural Resources
Air Quality Division

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Contact Name
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:**
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Waste Disposal Mailing Address:
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Disposal Site Telephone #:
(734) 654-0001

4) **Responsible Agency:**
Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) **Description of Materials:**

Hazard Class: 9	Identification Number: NA2212	Packing Group: III
Additional Description:		

6) **Containers:**

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
⇨ Friable Asbestos	4	Bags	
⇨ Non-Friable Asbestos			
⇨ Other:			

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Printed/Typed Name: Jeff Cheney	Title: Project Manager
Signature:	Date: 12-15-15

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: Andrew Plak	⇨ Date: 12-15-15

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: TERRENCE ERVING	Title: Driver
Signature: Terrence Erving	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 Shultz	Title: State
Signature:	Date: 1-5-16

ATTACHMENT 3

TABLE SUMMARIZING REMAINING ACMS

South Maple Meadows Remaining Asbestos Containing Material				
Unit #	Asbestos Containing Material			
	Joint Compound	Asbestos Board	Roof Material	Multi Layer Flooring
830	X	X		X
826	X			X
828	X	X		X
824	X			X
822	X	X		X
820	X	X		X
840	X	X		X
844	X	X		X
846	X	X		X
848	X	X		X
842	X	X		X
850	X	X		X
860	X	X		X
862	X			X
866	X			X
868	X	X		X
870	X	X		X
880	X	X		X
882	X	X		X
884	X			X
886	X			X
888	X	X		X
890	X			X
800	X	X		X
802	X	X		X
804	X			X
806	X			X
810	X	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

Table of Contents

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 COMMSSION** 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 BY 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 is does not become a conductive 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 is does not become a conductive 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 Splotch	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 2nd Floor, 2756 Under Layer on 2nd 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 Lensacide brand, or equivalent), is 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

Form D-1

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.

Form D-2

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 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.

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.

Form D-3

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

Form D-4

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

Form D-5

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

Form D-6

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

Form D-7

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

Form D-8

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

Form D-9

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

Form D-10

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. _____
(Zip Code)
8. TELEPHONE NUMBER _____
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 at Death _____ Don't Know			_____ Age if Living _____ Age at Death _____ 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 of 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. _____
(Zip Code)

8. TELEPHONE NUMBER _____

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 of 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 o 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 ACBMs and suspected ACBMs, 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 that 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 that 1% asbestos.

Wet-Wiping
A cleaning procedure using wet towels/rags to wipe off ACM.