



DEPARTMENT OF THE NAVY  
CRANE DIVISION  
NAVAL SURFACE WARFARE CENTER  
300 HIGHWAY 361  
CRANE, INDIANA 47522-5001

N00164.AR.000217  
NSWC CRANE  
5090.3a

IN REPLY REFER TO  
5090  
095/6109

Indiana Department of Environmental Management  
Solid and Hazardous Waste Management  
Solid Waste Facilities Branch  
ATTN: Laura Steadham, Acting Chief  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, IN 46206-6015

25 APR 1996

Dear Ms. Steadham:

On March 19, 1996, representatives from Crane Division, Naval Surface Warfare Center (NAVSURFWARCENDIV Crane) met with the Indiana Department of Environmental Management (IDEM) to discuss locating a bioremediation facility at the Sanitary Landfill. Three permitting options were discussed, as summarized in your letter dated April 10, 1996. NAVSURFWARCENDIV Crane agrees to remove the bioremediation area from the permitted acreage of the landfill. This will involve abandoning some future volume of landfill capacity. As such, enclosure (1) contains the request for a minor modification to the permit. The permit modification fee (\$2500) has been mailed under separate cover, and may already be at IDEM. Enclosure (2) provides documentation of the issuance of the fee. The final grading plans with the final contours are provided in enclosure (3). Enclosure (4) contains the revised closure cost estimate and closure plan.

Construction of the biofacility at the Sanitary Landfill necessitates the removal of an unused portion of a leachate collection line, including four manholes, as well as elevating five other manholes on the remaining portion of the leachate collection line. Upon approval of the permit modification, the leachate collection line will no longer be part of the permitted facility. Furthermore, NAVSURFWARCENDIV Crane originally proposed to relocate a force-main in the area of construction. However, upon further review of facility drawings, this will not be necessary.

NAVSURFWARCENDIV Crane respectfully requests that IDEM expedite review of the modification request. Construction of structures, in support the pilot scale operations scheduled for June, is currently behind schedule awaiting approval of the permit modification. Personnel from NAVSURFWARCENDIV Crane are available to meet to discuss any questions or concerns regarding the submittals. Please note that the drawings provided in enclosure (3) are in draft form, but are submitted to hasten the review process.

NAVSURFWARCENDIV Crane point of contact is Mr. Thomas J. Brent,  
Code 09510, telephone 812-854-6160, or Mr. Robert E. Lee,  
Code 0958, telephone 812-854-6158.

Sincerely,



Encl:

- (1) Minor Modification Request
- (2) Fee Documentation
- (3) Drawings of Revised Contours
- (4) Revised Closure Cost Estimate and Closure Plan

G. R. HILL  
Deputy Director, Public Works Directorate  
By Direction of the Director

Copy to (w/o encl):

USEPA (HRP-8J)  
SOUTHNAVFACENGCOM, (CODE 1864)  
COMNAVSEASYSKOM (SEA 07E)  
MK (Steve Downey)

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT SOLID WASTE FACILITY PERMIT APPLICATION

### Instructions:

This application shall be used to apply for all solid waste facility permits pursuant to 329 IAC 2-8. Upon completion, return this application and any additional materials to the following address:

Office of Solid and Hazardous Waste Management (N1154)  
Indiana Department of Environmental Management  
100 North Senate Avenue, P.O. Box 6015  
Indianapolis, IN 46208-6015

This application is for a:

- new (construction/operating) permit
- minor permit modification

- major permit modification (acreage expansion)
- major permit modification (height increase)

## Section A. Applicant(s) Information

Name: CRANE DIVISION, NAVAL SURFACE WARFARE CENTER		
Mailing Address:	Street	City
COMMANDER, CODE 095 BUILDING 3260, NAVSURFWARCENDIV, 300 HIGHWAY 361, CRANE		
State	Zip Code	Telephone Number (with Area Code):
IN	47522-5001	812-854-3114

## Section B. Property Owner(s) Information

Name: U S NAVY		
Mailing Address:	Street	City
SAME AS ABOVE		
State	Zip Code	Telephone Number (with Area Code):

## Section C. Facility Information

Name: CRANE DIVISION, NAVAL SURFACE WARFARE CENTER LANDFILL 51-2		
Mailing Address: COMMANDER, CODE 095 BUILDING 3260, NAVSURFWARCENDIV, 300 HIGHWAY 361, CRANE IN 47522-5001		
Facility Contact Person and Telephone Number (with Area Code): ROBERT E. LEE, 812-854-3114		
County and General Location: MARTIN		
Type of Operation:	<input checked="" type="checkbox"/> Sanitary Landfill <input type="checkbox"/> Construction/Demolition <input type="checkbox"/> Incinerator - 10 tons/day or greater <input type="checkbox"/> Infectious Waste Incinerator - 7 tons/day or greater	
		<input type="checkbox"/> Restricted Waste Site TYPE I <input type="checkbox"/> Restricted Waste Site TYPE II <input type="checkbox"/> Restricted Waste Site TYPE III <input type="checkbox"/> Solid Waste Processing Facility
Total Acreage Proposed for Facility: 5.83	Planned Life of Facility in Years: 20 YEARS	
Type of Waste to be Received: N/A	Expected Volume of Waste per day (cu. yds or tons): N/A	

## Section D. Permit Application Completeness Checklists

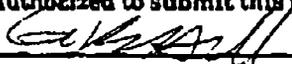
Enclosure (2)

Checklists to facilitate the submittal of complete applications are included in this packet from the Office of Solid and Hazardous Waste Management. The appropriate checklists for the facility type checked in Section C above should be completed and attached as part of this application.

### Section E. Signatories

329 IAC 2-8-1(b) states the owner of the facility is responsible for applying for and obtaining a permit.  
329 IAC 2-8-4 contains detailed signatory information and provides the following certification statement:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information."



25 APR 1996

Facility Owner's Signature

Date

G. K. HILL

Facility Owner's Name Typed

The owner of the land upon which the facility is located shall also sign the application form acknowledging the land owner's responsibility in accordance with 329 IAC 2-8-7.

"I hereby certify that I am fully aware of my responsibilities established in 329 IAC 2 as owner(s) of the land upon which a solid waste facility is located and shall be liable for any environmental harm caused by the facility."

Property Owner's Signature

Date

Property Owner's Name Typed

Per S.E.A. 418, the Indiana Department of Environmental Management requires the following to be submitted for all applications received after July 1, 1995.

- 1) President, County Commissioners of the county where the facility is (or is to be) located:

Typed Name of Pres., Co. Comm.: N/A

Typed Address: \_\_\_\_\_

Typed Address: \_\_\_\_\_

Typed City, State, Zipcode: \_\_\_\_\_

- 2) Mayor(s) of the city (cities) that is (are) affected by the permit application:

Typed Name of Mayor: N/A

Typed Address: \_\_\_\_\_

Typed Address: \_\_\_\_\_

Typed City, State, Zipcode: \_\_\_\_\_

- 3) President of a Town Council of a town that is affected by the permit application (if applicable):

Typed Name of President, Town Council: N/A

Typed Address: \_\_\_\_\_

Typed Address: \_\_\_\_\_

Typed City, State, Zipcode: \_\_\_\_\_

Please attach an additional sheet for other local officials who you feel are affected by this proposed facility or modification.

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT SOLID WASTE FACILITY PERMIT APPLICATION & REGISTRATION

## FEE TRANSMITTAL

### Instructions:

This form shall be used to transmit fees for all solid waste management facility permits, applications (NEW permits, RENEWALS of permits, MAJOR and MINOR MODIFICATIONS of permits) and registrations. The current fee schedule was established by Ind. Code § 13-7-8.1-2(g), and is to accompany all payments. Make check or money order payable to the Indiana Department of Environmental Management. Upon completion, return this form and appropriate fees to the following address:

Cashier's Office (N1324)  
Indiana Department of Environmental Management  
100 North Senate Avenue  
P. O. Box 7060  
Indianapolis, IN 46206-7060

(NOTE: A COPY of your check and a COPY of this fee transmittal form must be attached to your permit application or registration. Submit application or registration materials to:

Office of Solid and Hazardous Waste Management (N1154)  
Indiana Department of Environmental Management  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015

### Section A. Applicant(s) Information

<b>Name:</b> CRANE DIVISION, NAVAL SURFACE WARFARE CENTER		
<b>Mailing Address:</b>		<b>City</b>
COMMANDER, CODE 095 BUILDING 3260, NAVSURFWARCENDIV, 300 HIGHWAY 361, CRANE		
<b>State</b> .. IN	<b>Zip Code</b> 47522-5001	<b>Telephone Number (with Area Code):</b> 812-854-3114
<b>Facility Name and County:</b> CRANE DIVISION, NAVAL SURFACE WARFARE CENTER LANDFILL, MARTIN		

## Section B. Solid Waste Permit Fee Schedule

The following fees are to accompany applications and registrations.

<u>Applications</u>	<u>Permit Application for New Sites and Major Modifications</u>	<u>Renewal</u>	<u>Minor Modifications</u>
Sanitary Landfill	<input type="checkbox"/> \$31,300	<input type="checkbox"/> \$15,350	<input checked="" type="checkbox"/> \$2,500
Processing Facility			
Transfer Station	<input type="checkbox"/> \$12,150	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,500
Other Processing Facility	<input type="checkbox"/> \$12,150	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,500
Incinerators	<input type="checkbox"/> \$28,650	<input type="checkbox"/> \$5,900	<input type="checkbox"/> \$2,500
Restricted Waste Site Type I	<input type="checkbox"/> \$31,300	<input type="checkbox"/> \$15,350	<input type="checkbox"/> \$2,500
Restricted Waste Site Type II	<input type="checkbox"/> \$31,300	<input type="checkbox"/> \$15,350	<input type="checkbox"/> \$2,500
Restricted Waste Site Type III	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$7,150	<input type="checkbox"/> \$2,500
Construction/Demolition Sites	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$7,150	<input type="checkbox"/> \$2,500
<u>Registrations</u>			
Waste Tire Storage	<input type="checkbox"/> \$500		
Waste Tire Processing (i.e. cutting, shredding, etc.)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	
Waste Tire Transportation	<input type="checkbox"/> \$25		

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
Expires Dec 31, 1993

PAGE 1 OF  
**3**

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Wash., DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.  
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.

1. CONTRACT/PURCH ORDER NO. <b>N00164-96-M-2801</b>	2. DELIVERY ORDER NO.	3. DATE OF ORDER (YYMMDD) <b>96 APR 02</b>	4. REQUISITION/PURCH REQUEST NO. <b>6950960733123</b>	5. PRIORITY <b>00-S10</b>
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6. ISSUED BY <b>CONTRACTING OFFICER NAVSURFWARCEN DIV 300 HIGHWAY 361 CRANE BUYER: HARBISON, M./11656</b>	CODE <b>N00164</b>	7. ADMINISTERED BY (if other than 6) <b>IN 47522-5001 (912-854-3647)</b>	CODE <b>N00164</b>	8. DELIVERY PCB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <small>(See Schedule 1 letter)</small>
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9. CONTRACTOR <b>INDIANA DEPT OF ENVIRONMENTAL/MGMT ATTN: CASHIER 100 N. SENATE AVE. P.O. BOX 7060 INDIANAPOLIS IN 46206-7060</b>	CODE <b>42805</b>	FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>96-MAY-14</b>	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> GOVERNMENT
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14. SHIP TO <b>RECEIVING OFFICER CODE 1121 BLDG 415E NAVSURFWARCEN DIV 300 HIGHWAY 361 CRANE IN 47522-5001</b>	CODE <b>N00164</b>	15. PAYMENT WILL BE MADE BY <b>DFAS CHARLESTON OPLOC VENDOR PAY AND TRAVEL DIVISION CODE FP BOX 118054 CHARLESTON SC 29323-8054</b>	CODE <b>088892</b>	MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
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B. ORDER TYPE	DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	Reference your <b>NON PROFIT</b> furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED. SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<input type="checkbox"/> (this box is marked, supplier must sign Acceptance and return the following number of copies:			

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  
ACR:A1 97X4930 NH1J 000 77777 0 000164 2E 000000 809511109895 2500.00

18. ITEM NO	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	REQN. NO. 6950960733123 ITEM NAME: SOLID WASTE FEE SOLID WASTE PERMIT FEE FOR MINOR MODIFICATION TO LANDFILL 51-2 PERMIT	1	EA	2500.0000	2500.00

# PREPAYMENT

24. UNITED STATES OF AMERICA <i>Robert E. Spissell</i> CONTRACTING/ORDERING OFFICER	25. TOTAL 2500.00
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	27. SHIP NO.

DATE	SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. Q.O. VOUCHER NO.	29. DIFFERENCES
DATE	SIGNATURE AND TITLE OF CERTIFYING OFFICER	30. PAID BY	31. AMOUNT VERIFIED CORRECT FOR

32. CHECK NUMBER	33. BILL OF LADING NO	34. RECEIVED AT	35. RECEIVED BY (Print)	36. DATE RECEIVED (YYMMDD)	37. TOTAL CONTAINERS	38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NO.
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NAME OF OFFEROR OR CONTRACTOR

INDIANA DEPT OF ENVIRONMENTAL MGMT

BUSINESS HOURS

CRANE DIVISION, NAVAL SURFACE WARFARE CENTER, CRANE, INDIANA ALLOWS FLEXIBLE WORKING HOURS FOR ITS EMPLOYEES. THE NORMAL EIGHT-HOUR SHIFT MAY BE WORKED BETWEEN THE HOURS OF 6:30 AM AND 3:00 PM EST. MANY OF OUR EMPLOYEES WORK 6:30 AM TO 3:00 PM AS A REGULAR PRACTICE. THE CORE TIME, WHEN ALL EMPLOYEES ARE SCHEDULED TO WORK, IS 9:00 AM TO 3:00 PM.

ADDITIONAL MARKING INSTRUCTIONS

IN ADDITION TO ANY OTHER MARKING INSTRUCTIONS IN THIS ORDER, IT IS ESSENTIAL THAT ALL PACKAGES BE ACCOMPANIED BY PACKING SLIPS AND ALL PACKING SLIPS BE LOCATED ON THE OUTSIDE OF THE BOX OR CONTAINER AND THAT ALL PACKAGES, SHIPPING PAPERS, AND INVOICES BE MARKED WITH THE FOLLOWING INFORMATION TO PERMIT EFFECTIVE RECEIPT PROCESSING AND TIMELY PAYMENT:

1. ORDER NUMBER
2. ITEM NUMBER

THE FOREGOING REQUIREMENTS MUST BE PASSED ON TO ANY ORGANIZATIONAL ENTITY ORIGINATING A SHIPMENT AS A DELIVERABLE UNDER THIS ORDER.

CAUTION: ANY PACKAGES RECEIVED WHICH ARE NOT MARKED IN ACCORDANCE WITH THE ABOVE REQUIREMENT MAY BE REFUSED AND RETURNED TO THE CONTRACTOR AT THE CONTRACTOR'S EXPENSE.

PREPARATION FOR DELIVERY (STANDARD COMMERCIAL)

STANDARD COMMERCIAL PRESERVATION, PACKAGING AND PACKING IS AUTHORIZED UNLESS OTHERWISE SPECIFIED.

MOST FAVORED CUSTOMER ASSURANCE

THE CONTRACTOR AGREES THAT THE PRICES FOR THE SUPPLIES OR SERVICES FURNISHED UNDER THIS CONTRACT ARE AS LOW OR LOWER THAN THOSE CHARGED THE SUPPLIER'S MOST FAVORED CUSTOMER FOR COMPARABLE QUANTITIES UNDER SIMILAR TERMS AND CONDITIONS, IN ADDITION TO ANY DISCOUNTS FOR PROMPT PAYMENT.

FAR 52.252-2 CLAUSES INCORPORATED BY REFERENCE JUN 1988

THIS ORDER INCORPORATES ONE OR MORE CLAUSES BY REFERENCE, WITH THE SAME FORCE AND EFFECT AS IF THEY WERE GIVEN IN FULL TEXT. UPON REQUEST, THE CONTRACTING OFFICER WILL MAKE THEIR FULL TEXT AVAILABLE.

FAR 52.203-3	GRATUITIES	APR 1984
FAR 52.222-26	EQUAL OPPORTUNITY	APR 1984
FAR 52.232-1	PAYMENTS	APR 1984
FAR 52.232-28	ELECTRONIC FUNDS TRANSFER METHODS	APR 1989
FAR 52.233-1	DISPUTES	APR 1989
DFAR 252.243-7001	PRICING OF CONTRACT MODIFICATIONS	DEC 1991
FAR 52.246-1	CONTRACTOR INSPECTION REQUIREMENTS	JUL 1985

TAX EXEMPTION

SECTION 39(A) AND SECTION 6 OF THE INDIANA GROSS INCOME TAX ACT OF 1933, SPECIFICALLY EXEMPTS CRANE DIVISION, NAVAL SURFACE WARFARE CENTER, CRANE, INDIANA, AS A GOVERNMENT ACTIVITY FROM ANY PAYMENT OF SALES AND USE TAX. EXEMPTION NUMBER 0018103400015 ASSIGNED.

THE CONTRACTING OFFICER RESERVES THE RIGHT TO TERMINATE ANY DELINQUENT PORTION OF THIS ORDER WITHOUT FURTHER NOTIFICATION.

INVOICES: CONTRACTORS SHALL INCLUDE, AS A MINIMUM, THE FOLLOWING INFORMATION ON EACH INVOICE. THE FOLLOWING EIGHT (8) REQUIREMENTS ARE TAKEN FROM FAR 52.232-25 PROMPT PAYMENT CLAUSE. FAILURE TO INVOICE PROPERLY MAY RESULT IN SIGNIFICANT PAYMENT DELAYS.

STANDARD FORM 38, JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-18.101	CONTINUATION SHEET	REF. NO. OF DOC. BEING CONTINUED N00164-96-M-2801	PAGE 3	OF 3
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NAME OF OFFEROR OR CONTRACTOR  
 INDIANA DEPT OF ENVIRONMENTAL MGMT

1. NAME AND ADDRESS OF THE CONTRACTOR.
2. INVOICE DATE.
3. CONTRACT NUMBER OR OTHER AUTHORIZATION FOR SUPPLIES DELIVERED OR SERVICES PERFORMED (INCLUDING ORDER NUMBER AND CONTRACT LINE ITEM NUMBER).
4. DESCRIPTION, QUANTITY, UNIT OF MEASURE, UNIT PRICE, AND EXTENDED PRICE OF SUPPLIES DELIVERED OR SERVICES PERFORMED.
5. SHIPPING AND PAYMENT TERMS (E.G., SHIPMENT NUMBER AND DATE OF SHIPMENT, PROMPT PAYMENTS DISCOUNT TERMS). BILL OF LADING NUMBER AND WEIGHT OF SHIPMENT WILL BE SHOWN FOR SHIPMENTS ON GOVERNMENT BILL OF LADING.
6. NAME AND ADDRESS OF CONTRACTOR OFFICIAL TO WHOM PAYMENT IS TO BE SENT (MUST BE THE SAME AS THAT IN THE CONTRACT OR IN A PROPER NOTICE OF ASSIGNMENT).
7. NAME (WHERE PRACTICABLE), TITLE, PHONE NUMBER AND MAILING ADDRESS OF PERSON TO BE NOTIFIED IN EVENT OF A DEFECTIVE INVOICE.
8. ANY OTHER INFORMATION OR DOCUMENTATION REQUIRED BY OTHER REQUIREMENTS OF THE CONTRACT (SUCH AS EVIDENCE OF SHIPMENT).

MAIL INVOICES TO: COMMANDER  
 CODE 0561 BLDG 2701  
 NAVSURFWARCENDIV  
 300 HIGHWAY 361  
 CRANE IN 47522-5001

FAR 52.222-4	CONTRACT WORK HOURS AND SAFETY STANDARDS ACT -- OVERTIME COMPENSATION	MAR 1986
FAR 52.222-40	SERVICE CONTRACT ACT OF 1965, AS AMENDED CONTRACTS OF \$2,500 OR LESS	MAY 1989
FAR 52.249-4	TERMINATION FOR CONVENIENCE OF THE GOVERNMENT (SERVICES) (SHORT FORM)	APR 1984
FAR 52.232-23	ASSIGNMENT OF CLAIMS (ALTERNATE I) (APR 1984)	JAN 1986
FAR 52.222-3	CONVICT LABOR	APR 1984
FAR 52.213-2	INVOICES	APR 1984

THE CONTRACTOR'S INVOICES MUST BE SUBMITTED BEFORE PAYMENT CAN BE MADE. THE CONTRACTOR WILL BE PAID ON THE BASIS OF THE INVOICE, WHICH MUST STATE (a) THE STARTING AND ENDING DATES OF THE SUBSCRIPTION DELIVERY, AND (b) EITHER THAT ORDERS HAVE BEEN PLACED IN EFFECT FOR THE ADDRESSES REQUIRED, OR THAT THE ORDERS WILL BE PLACED IN EFFECT UPON RECEIPT OF PAYMENT.

IT IS HEREBY CERTIFIED THAT THE CONTRACTOR REFUSES TO SUBMIT A BILL OR INVOICE FOR THE ITEM(S) PURCHASED HEREUNDER, AND, ACCORDINGLY, PAYMENT IN ADVANCE IS REQUIRED. PAYMENT BY CHECK WILL BE MADE DIRECTLY TO THE CONTRACTOR BY THE PAYING OFFICE DESIGNATED HEREIN.

FAR 52.247-34	F.O.B. DESTINATION	NOV 1991
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**SOLID WASTE CLOSURE PLAN****I. GENERAL INFORMATION**

- A. Facility Name: Naval Weapons Support Center Crane  
Sanitary Fill Site
- B. Facility Location: Naval Weapon Support Center  
Crane, Indiana
- C. Facility County: Martin
- D. Facility Solid Waste Permit No.: 51-2
- E. Total Fill Acreage: 15

**II. CLOSURE ACTIVITIES** (Provide a description of the steps that will be used to partially close, if applicable, and finally close the facility. See instructions for items that should be included.)

1. Within 30 days of the closure of the sanitary fill site, the Indiana Department of Environmental Management and all of the using units on center will be notified of the closure, including the final date of acceptance of waste.
2. The sanitary fill site operates on a partial closure basis. As each cell is filled to its capacity, reclamation procedures are put into effect. Final cover, soil, tilling, seeding, and mulching is done along with contouring to create a topography which controls runoff and prevents ponding anywhere on the fill sites. There are two types of fill sites on the permitted fill area, trench fill and area fill.
3. The two-foot thick compacted clay cover will be excavated from the sanitary fill site area. The six-inch layer of topsoil will be purchased from an as yet unidentified commercial source.
4. When any portion of the site reaches within two feet of final elevation, as shown on the map entitled "Proposed Contours," Drawing No. 6453 dated April 1996 (Planned Modifications), compacted final cover shall be applied, not less than two (2) feet in depth. Vegetation shall be provided to prevent soil erosion. Final cover shall have a slope of not less than two percent (2%).
5. The area will be contoured and compacted in one-foot lifts to the required elevation using a bulldozer,

sheepsfoot roller, and a scraper. The final contours will be verified by surveying and will conform to Drawing No. 6453, dated April 1996, (Planned Modifications)

6. Final cover will be limited to clay type soil (unified soil classification of CL, ML, CH, and OH). The use of sand or gravel (unified soil classifications of SP, SM, SC, SW, and GP) for final cover is prohibited. A laboratory will be contracted for analysis/classification of proposed cover soils and for compaction testing of the cover soil.
7. The sanitary landfill is situated around the Center's golf course and plans are that the golf course will be expanded to include the sanitary fill site.
8. Access roads will be built to all monitoring wells in such a manner that ensures all-weather passage. The road surface will be graveled and vegetation growth will be controlled along the roads and the well sites. Maintenance procedures are explained in the post-closure plan.
9. In accordance with 329 IAC 2-15-5, NWSC Crane will submit to the Commissioner the following:
  - 1) A certification statement, signed by both the permittee and a registered professional engineer, that the facility has been closed in accordance with the approved closure plan.
  - 2) Verification that the owner of the property on which the facility is located has recorded a notation on the deed to the property, or on some other instrument which is normally examined during title search, that will in perpetuity notify any potential purchaser of the property that the land has been used as a solid waste land disposal facility. At a minimum, the recording will contain:
    - A) General types and location of waste.
    - B) The depth of fill.
    - C) A plot plan, with surface contours at intervals of two feet, which shall indicate final land surface water runoff direction; surface water diversion structures after completion of the operation; and final grading.

D) A statement that no construction, installation of wells, pipes, conduits, or septic systems, or any other excavation shall be done on said property without approval by the Commissioner.

10. The final closure will be deemed adequate unless within 150 days of receipt of the documentation required by 329 IAC 2-15-5 (a), the commissioner issues a notice of deficiency of final closure, including additional action which needs to be taken and the timetable for the necessary additional actions.

### III. LABOR, MATERIALS, AND TESTING

<u>A. ITEM</u>	<u>B. QUANTITY</u>	<u>C. UNITS</u>
Tall Fescue	20 lb/acre	.80/lb
Rye Grass	6 lb/acre	1.20/lb
Sericea Lespedeza	8 lb/acre	.90/lb
Ladino Clover	.5 lb/acre	3.70/lb
19-19-19 Fertilization	500 lb/acre	.14/lb
Lime	2 T./acre	10.00/T.
Straw Mulch	100 x 50 lb bale/acre	2.30/bale
Labor	4,840 sq yd/acre	.30/sq yd

### IV. EXPECTED YEAR OF CLOSURE

- A. Expected Year of Closure: 2022
- B. Total Time Required to Close Facility: one year
- C. Time Required for Intermediate Steps in Closure: N/A

### V. COST PER ACRE FOR FINAL COVER & VEGETATION

A. What % of final cover and topsoil is available from areas that are controlled, and will be controlled through post-closure, by the permittee?

1. % of final cover: 100%

2. Describe location of sources: It will be part of the four acre permitted area.

3. % of topsoil: 0

4. Describe location of sources: From a commercial source.

B. Cost per acre for acquisition, placement, & compaction of two feet of final cover

1. Acquisition

a. Quantity of clay needed per acre (cy/acre)	<u>3,320</u>
b. Excavation unit cost (\$/cy)	<u>\$1.93/cy</u>
c. Purchase unit cost	<u>n/a</u>
d. Delivery unit cost	<u>n/a</u>
e. Acquisition cost (\$/acre)	<u>\$6,407.60/acre</u>

2. Placement and Compaction

a. Placement/spreading unit cost (\$/cy)	<u>\$1.66/cy</u>
b. Compaction unit cost (\$/cy)	<u>incl. in 2a</u>
c. Placement & compaction cost (\$/acre) Line 1a * (Line 2a + Line 2b)	<u>\$5,511.20/acre</u>

3. Testing

a. Soil classification (\$/acre)	<u>\$47/acre</u>
b. Survey control for cover thickness and proper slopes (\$/acre)	<u>\$200/acre</u>
c. Density testing	<u>incl. in 3a</u>
d. Testing cost (\$/acre) Line 3a + Line 3b + Line 3c	<u>\$247/acre</u>

4. Clay Cover Cost (\$/acre) Line 1e + Line 2c + Line 3d	<u>\$11,965.80/acre</u>
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C. Cost per acre for acquisition & placement of Topsoil

1. Acquisition

a.	Quantity of topsoil needed per acre (cy/acre)	<u>807</u>
b.	Excavation unit cost (\$/cy)	<u>n/a</u>
c.	Purchase unit cost (\$/cy)	<u>\$11.10/cy</u>
d.	Delivery unit cost (\$/cy)	<u>\$9.77/cy</u>
e.	Acquisition cost (\$/acre) Line 1a * (Line 1c + Line 1d)	<u>\$16,842.09/acre</u>
2.	Placement	
a.	Spreading unit cost (\$/cy)	<u>\$3.84/cy</u>
b.	Placement cost (\$/acre) Line 1a * Line 2a	<u>\$3,098/acre</u>
3.	Topsoil Cost (\$/acre) Line 1e + Line 2b	<u>\$19,940.09/acre</u>
D.	Cost per acre to establish vegetation	
1.	Vegetation	
a.	Seeding unit cost (\$/acre)	<u>\$32.25/acre</u>
b.	Fertilization unit cost (\$/acre)	<u>\$90/acre</u>
c.	Mulching unit cost (\$/acre)	<u>\$230/acre</u>
d.	Vegetation establishment cost (\$/acre) Line 1a + Line 1b + Line 1c	<u>\$352.25/acre</u>
e.	Labor	<u>120.00/Total</u>
E.	Cost per acre to certify closure	
1.	Registered Professional Engineer	
a.	Initial review of closure plan (hrs)	<u>8</u>
b.	Total number of inspections	<u>2</u>
c.	Inspection time required (hrs/visit)	<u>8</u>
d.	Total inspection time (hrs) Line 1b * Line 1c	<u>16</u>
e.	Prepare final documentation (hrs)	<u>8</u>

f. Total engineer time (hrs) Line 1a + Line 1d + Line 1e	<u>32</u>
g. Engineer unit cost (\$)	<u>\$50</u>
h. Professional engineer cost (\$) Line 1f * Line 1g	<u>\$1600</u>
i. Area of site permitted for filling (acres)	<u>15</u>
j. Closure Certification Cost (\$/acre) Line 1h/Line 1i	<u>\$106</u>
<b>F. Other costs per acre for final cover and vegetation</b>	
1. Other costs (\$/acre) (Specify)	<u>N/A</u>
<b>G. Total of items B through F</b> (Must not be less than \$5,000)	<u>\$44899.03</u>
<b>VI. OTHER CLOSURE COSTS (Give these on a total facility basis rather than per acre.)</b>	
A. Notation on Property Deed	<u>\$50</u>
B. Other Costs	<u>n/a</u>
C. Total	<u>\$50</u>
<b>VII. CLOSURE COST ESTIMATE (Multiply item I.E. by Item V.G. and then add Item VI.C.):</b>	<u>\$673535.45</u>
<b>VIII. ADDITIONAL INFORMATION REQUIRED FOR FACILITIES PROVIDING FINANCIAL ASSURANCE ON AN INCREMENTAL BASIS</b>	
A. Will closure financial assurance be provided on an incremental basis? (If the answer to this question is no, skip to Item IX.):	<u>No</u>
B. Map of areas of waste deposition (Attach a copy of the facility's final contour map which shows the maximum areas of waste deposition on a yearly basis for the remaining life of the facility.)	

C. Maximum areas of waste deposition & closure costs (Fill in the following table for each remaining year of the facility's life.)

Year	Max. Area of Waste Deposition (cumulative acres) (end of year)	Closure Cost w/o Partial Closure (\$)	Area Partially Closed (cumulative acres) (start of year)	Incremental Closure Cost (\$)
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**IX. ENGINEER CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information.

Signature: *G. K. Hill*

Date: 26 APR 1996

Name: G. K. Hill  
Deputy Director, Public Works Directorate  
By ~~Printer at the Department~~

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Professional Engineer Registration No.: 62-32456 IL