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JEB FORT STORY, VA
5090.3a

FINAL REPORT VOLUME 2 OF 3 FIREFIGHTER TRAINING AREA AND LIGHTER AMPHIBIOUS RESUPPLY CARGO (LARC) 60 MAINTENANCE AREA FORT STORY VA

11/1/1994

INTERNATIONAL TECHNOLOGICAL CORPORATION

0330

INTERNATIONAL TECHNOLOGY CORPORATION

Project No. 519029
November 1994

Final Report - Volume II of III

Fire Training Area No. 4 and LARC Area Fort Story, Virginia

Contract No. DACW45-90-D-9002
Delivery Order No. 55

Prepared for:
U.S. Army Corps of Engineers
Rapid Response Group
Omaha, Nebraska

Prepared by:
IT Corporation
Monroeville, Pennsylvania

RESPONSIVE TO THE NEEDS OF ENVIRONMENTAL MANAGEMENT

APPENDICES

APPENDIX A

KEY CORRESPONDENCE

DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS, OMAHA DISTRICT
215 NORTH 17TH STREET
OMAHA, NEBRASKA 68102-4978

REPLY TO
ATTENTION OF

November 24, 1992

Environmental Branch

Mr. Al Meyers
Program Director
IT Corporation
11499 Chester Road
Cincinnati, Ohio 45246

Dear Mr. Meyers:

You are requested to provide Rapid Response support, under your Contract Number DACW45-90-D-9002 for NAPL removal, Fort Story, Virginia. Support requested includes:

a. Prepare and submit a cost proposal for all work associated with this project to:

Department of the Army
Corps of Engineers
ATTN: CEMRO-CT-H/Daubman
215 North 17th Street
Omaha, Nebraska 68102-4978

b. Prepare and submit: Workplan, Safety and Health Plan, Sampling and Analysis Plan, each 90% complete to:

Department of the Army
Corps of Engineers
ATTN: CEMRO-ED-ER/Hubbard
215 North 17th Street
Omaha, Nebraska 68102-4978

This work request will be identified as Control Number EMGER930020055. Following negotiations, a Delivery Order will be issued to cover the costs of the required work, or to reimburse the Contractor for costs incurred in accordance with Advance Agreement Number 20.

Please contact Mr. Jeffrey Hubbard at (402) 221-7764, with any technical questions, or Mr. Ronald Witcofski at (402) 221-4297, regarding contractual matters.

Sincerely,

Robert F. Smart

Robert F. Smart, P.E.
Assistant Chief, Environmental Branch
Engineering Division
Authorized Representative of the Contracting Officer

INTERNATIONAL TECHNOLOGY CORPORATION

April 15, 1993

Project No. 519029

Ms. Dorothy Small
Solutions Environmental Associates, Inc.
814-B Greenbriar Circle
Chesapeake, VA 23320

Fire Training Area and LARC Area
Fort Story, Virginia
Contract No. DACW45-90-D-9002
Delivery Order No. 55

Dear Ms. Small:

In reference to the subcontract work which your firm is to provide at the Fort Story Project, IT Corporation and the U.S. Army Corps of Engineers (USACOE) recognizes the fact that considerable costs may be incurred during the predesign studies prior to the proposed remediation plan being accepted by the State of Virginia Water Control Board. Although we do not anticipate any delays or problems with the acceptance by the State, the possibility does exist that they may alter our approach to the remediation of the LARC Area after the predesign studies are complete.

The USACOE has discussed this possibility with Ms. Joan Vandervort, the Installation/Restoration Program Manager for Fort Story, and she has assured us that all costs incurred will be reimbursed should the State of Virginia change our proposed approach. With this assurance from Fort Story and the USACOE contractual obligations with IT Corporation, please proceed with confidence with the implementation of this project.

Should you have any further questions or comments concerning this matter, please contact me at you convenience.

Sincerely,

Thomas P. Mathison
Project Manager

TPM:mal

cc: Mr. Jeff Hubbard - USACOE
Mr. Wally Shaheen - USACOE
Mr. Al Meyers - IT Corporation

SOLUTIONS
Environmental Associates, Inc.

April 29, 1993

Mr. Tom Mathison
IT International Technology Corp.
William Penn Plaza
2790 Mosside Boulevard
Monroeville, PA 15146-2792

SUBJECT: Findings at Fort Story LARC Parking Area

Dear Mr. Mathison,

During our scheduled preliminary site work, we have done the following:

1. Installed 5 wells for purposes of initial groundwater information, and pump test to determine the proper cone of depression for hydraulic isolation.
2. Excavation of 15 pits to investigate the subsurface conditions.
3. Sampling of soils and water for process purposes and initial observation information.

Several observations were made that we want to document, and we wish further discussions on these items to ensure we are following the proper decision path.

1. During the excavation, we found a layer of coal approximately 18 inches below grade, the volume and extend of the area is unknown. We did find out that a coal boiler was used many years ago.
2. During the excavation, we also found an old road bed, clay tile, concrete, and clay below the road bed. During on-site discussions with personnel we were told that the clay tile is a drain from the shop, and there was a significant amount of oil dumped down the drain 10 to 15 years ago. We were also told that alot of metal debris may be found.
3. A telephone cable that crosses the heavily contaminated area was marked during the utilities check.
4. Free product was observed on the water outside the maintenance area, additional information and quantification will be available as soon as possible.
5. "Running" sand was found at various depths, which may require a change in our preliminary plans of construction of the pond. We will keep you advised on our approach if any changes will be required.

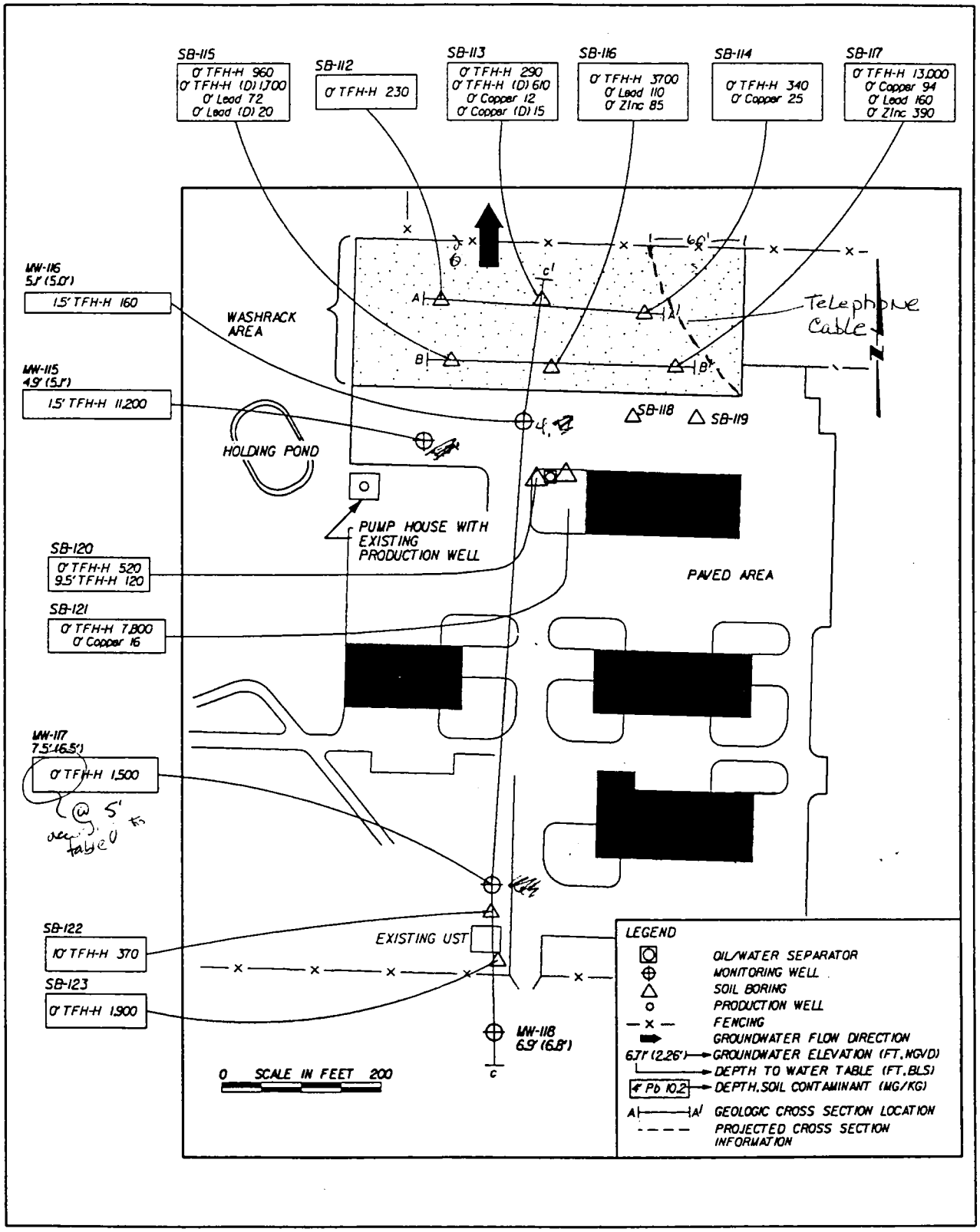
On April 29, 1993 we requested that the telephone line be moved, Mr. Sweet, in the telephone utility office at (804) 422-7111 stated that they do not remove or relocat underground cable. We can not proceed with the site excavation of the area due to the location of the cable. Please advise us if we need to pursue a different means of relocating the line.

Please contact us with any questions.

Sincerely,

Dorothy S. Small
President

814-B Greenbrier Circle, Chesapeake, Virginia 23320
(804) 420-0467



JMM

Soil Chemistry Concentration and Geologic Cross Section Locations,
Site 6, LARC Maintenance Area
Ft. Story, VA

Figure 2-20

SOLUTIONS
Environmental Associates, Inc.

August 30, 1993

Mr. Tom Mathison
International Technology Corp.
2790 Mosside Blvd.
Monroeville, PA 15146-2792

SUBJECT: Fort Story, Virginia - Final Site Close-Out Sampling

Dear Mr. Mathison:

The final site closure sampling for the LARC Maintenance Area at Fort Story, Virginia commenced on July 21, 1993 and was completed on August 3, 1993. Additionally, sampling was conducted on August 23, 1993 to provide duplicate samples for the confirming laboratory due to inadequate sample volume submitted previously. All sampling was conducted using a 3 1/4" diameter stainless steel hand auger that was cleaned between samples using distilled water and alconox detergent followed by a distilled water rinse.

The locations for sampling were selected from a 3 dimensional grid system (25' x 25' grids) arranged in 5 layers, each 1 foot thick, over the entire site. Enclosure 1 (Drawing #915-02-03) provides sample locations based on the 3 dimensional grid system. The actual sample locations were determined using a random number chart, Enclosure 2. Column "10" on the chart was selected by a representative of the U.S.A. C.O.E. as the starting point for the final sampling. A total of 60 sample locations were selected from the random number chart. The number of samples was based on the contract volume of treated soil (15,000 cubic yards), with one sample per 250 cubic yards. The 250 cubic yards sample volume is based on incinerator treatment requirements.

RESULTS OF ANALYSIS

	Results (ppm-TPH)		
Sample Location	Diesel	Motor Oil	Other
189	--	3.58	--
442	--	1.52	--
568	<.1	<.1	--
358	<.1	<.1	--
272	--	31.9	--
566	<.1	<.1	--
104	<.1	<.1	--
107	--	37.6	--
233	<.1	<.1	--
607	<.1	<.1	--
67	<.1	<.1	--
361	--	14.7	--
353	--	--	1.41 (Kerosine)

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(804) 420-0467

RESULTS OF ANALYSIS (cont.)

480	<.1	<.1	--
184	--	24	--
352	<.1	<.1	--
531	<.1	<.1	--
238	<.1	<.1	--
267	<.1	<.1	--
393	<.1	<.1	--
155	<.1	<.1	--
350	<.1	<.1	--
518	--	29.6	--
533	--	31.9	--
30	<.1	<.1	--
223	<.1	<.1	--
475	<.1	<.1	--
601	<.1	<.1	--
264	<.1	<.1	--
53	<.1	<.1	--
95	<.1	<.1	--
116	<.1	<.1	--
284	<.1	<.1	--
178	<.1	<.1	--
472	1.44	36.7	--
135	<.1	<.1	--
286	<.1	<.1	--
471	3.69	14.4	--
496	2.56	86.8	--
8	<.1	<.1	--
134	--	16.3	--
161	.64	21.5	--
203	<.1	<.1	--
595	5.67	62.8	--
163	2.34	32.5	--
247	16.8(diesel/motor oil combination)	--	--
626	<.1	<.1	--
4	<.1	<.1	--
81	--	28.3	--
207	8.63	9.06	--
585	<.1	<.1	--
45	<.1	<.1	--
124	<.1	<.1	--

RESULTS OF ANALYSIS (cont.)

255	121	3.85	--
339	57.4	--	--
2	<.1	<.1	--
83(see Note1)	22.7(diesel/motor oil combination)	--	--
1	42.9	--	--
595	4.37	41.6	--
505	<.1	<.1	--

Note 1: Sample Location #83 was substituted for #125 because #125 was physically off the site due to location of the fence on the North side of the site.

ADDITIONAL SAMPLES TAKEN 08/23/93 FOR DUPLICATES

01	<.1	<.1
124	<.1	<.1
04	<.1	<.1
203	<.1	<.1
471	3.99	--
284	--	12.7

SAMPLE ANALYSIS

Four of the 60 samples were above the target level of 50 ppm:

#496	89.36 ppm
#595	68.47 ppm
#339	57.4 ppm
#255	124.85 ppm

Samples #496, 595, and 339, although above the project target level of 50 ppm, are below the Virginia response level of 100 ppm TPH. Sample #255, taken at the edge of the concrete pad leading from the LARC hangers and parking area may have been influenced by the run-off from the pad or from the soil under the edge of the pad which was not remediated (per the contract). It should be noted that the site is receiving visible surface staining along the edge of the concrete pad from the run-off from the maintenance areas.

All of the other samples (11 total) taken at various locations and depths along the edge of the pad were below the target level of 50 ppm.

Of the 60 total samples, 35 samples or 58.3%, were below the detection level of .1 ppm. The average of the 60 samples, using 1 ppm each for the 35 samples below detection levels, is 14.27 ppm.

CONCLUSION

We recommend that this site be closed out as-is with no further actions. The intent of the contract has been satisfied, even with the additional contaminants found on the site (coal, kerosine, grease additives).

We have enjoyed the challenges of this project and working through all of the unexpected problems encountered in bringing this project to a successful completion.

Very truly yours,

SOLUTIONS ENVIRONMENTAL ASSOCIATES, INC.

Albert C. Fosi Jr., P.E.

FOR Dorothy S. Small

ACD:dsv

Enclosure: Drawing #915-02-03
Laboratory Reports w/ Chain-of-Custody Forms

cc: File(JOB914)

SOLUTIONS
Environmental Associates, Inc.

February 18, 1994

Mr. Tom Mathison
I. T. Corp.
2790 Mosside Blvd.
Monroeville, PA 15146

Subject: Re-sampling and Analysis of Ft. Story LARC Site.

Dear Mr. Mathison:

As per our recent discussions we have been informed that a comprehensive re-sampling and laboratory analysis is planned at the Ft. Story LARC site during the period February 22 - 24, 1994. We understand that this re-sampling event was authorized by USACE under a separate contract with I. T. Corp. We also understand that the laboratory analysis is very extensive, and includes analysis for compounds not previously addressed in either the JMM Report (pre-bid document) or our contract with I. T. Corp. for the bio-remediation of motor oil and diesel oil at the LARC site.

We are concerned that this extensive analysis will further delay the resolution of the negotiated agreement between Solutions Environmental and I. T. Corp. that was forwarded by I. T. Corp. to the USACE on February 14, 1994 and which has a reply date of February 25, 1994. We are also concerned that this extensive analysis is being undertaken without any apparent re-examination of the analytical standards applied to this complex, non-homogeneous site. Our concerns with respect to this matter are well documented in previous correspondence.

We submit the following information for your consideration with regard to sampling and analysis:

- The close-out sampling of the LARC site was completed on August 3, 1993 and the site was used by the LARC vehicles shortly thereafter. The site has been used by the LARC vehicles on a regular basis since August as verified by our personnel and I. T. Corp. personnel. The LARC maintenance activities were responsible for the original soil contamination at the site.

- Our local area has received approximately 20" of recorded rainfall since August 1993, as verified with the NOAA Weather Station at Norfolk Airport. Ft. Story, located approximately 8 miles east of the Norfolk Airport, at the juncture of the Chesapeake Bay and the Atlantic Ocean, may have received greater amounts of rainfall. The LARC site not only receives direct rainfall but also surface water run-on from the large concrete surfaces that drain onto the area that will be re-sampled. These concrete surfaces contain fuel and lubricant residue from maintenance operations conducted in the hangars and on the concrete outside the hangars. The sand at the edge of the concrete was discolored following the first rainfall after the site was restored, as verified by a field visit (A. Davis and T. Mathison) on August 12, 1993. The large concrete surfaces are also used to wash the LARCs following field operations with drainage directed to the area that will re re-sampled. The west end of the site contains the "wash-rack" area where bilges and crankcase lubricants are regularly dumped during maintenance activities. The "wash-rack" is connected to an oil-water separator, however this system was observed to overflow oily residue to the LARC area during heavy rain fall events in the summer of 1993.

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(804) 420-0467

- This extensive sampling of the site should have been conducted prior to the pre-bid walk-through of the site, as recommended by the JMM Report. The site still contains the complex compounds which we discovered during the bio-remediation, and which were not identified by the JMM Report, such as: coal and coal dust, boiler residue (ash, cinders), grease residue (lampblack, graphite, stearates) and asphalt. These compounds are affecting the analysis of the soils for TPH and are not normally considered for inclusion in health risk assessments conducted in Virginia (ref: Craney Island report previously submitted).

We have negotiated in good faith to bring this project to a closure. We are hopeful that I. T. and USACE will utilize this sampling and analytical event to develop a procedure for evaluating the complex contamination on this site and other similar sites.

Very truly yours,

SOLUTIONS ENVIRONMENTAL ASSOCIATES, INC.

Albert C. Davis, Jr.

ACD:clb

APPENDIX B

RAPID RESPONSE QUALITY CONTROL REPORTS

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fitz Gatorg [illegible]
(SITE NAME AND LOCATION)

REPORT NO. 17 DELIVERY ORDER NO. #55 DATE 6/7/93
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 67 MAX. 87

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):
Crew taken soil samples in the Fire training Area
6 soil samples were taken and drop off at Solutions Lab.
Sample A, B, C, D, E, F.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): None

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 6 TESTED: _____ AMPLIFYING INFO. _____
6 - Soil Samples

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
		None

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: None

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			None	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: None

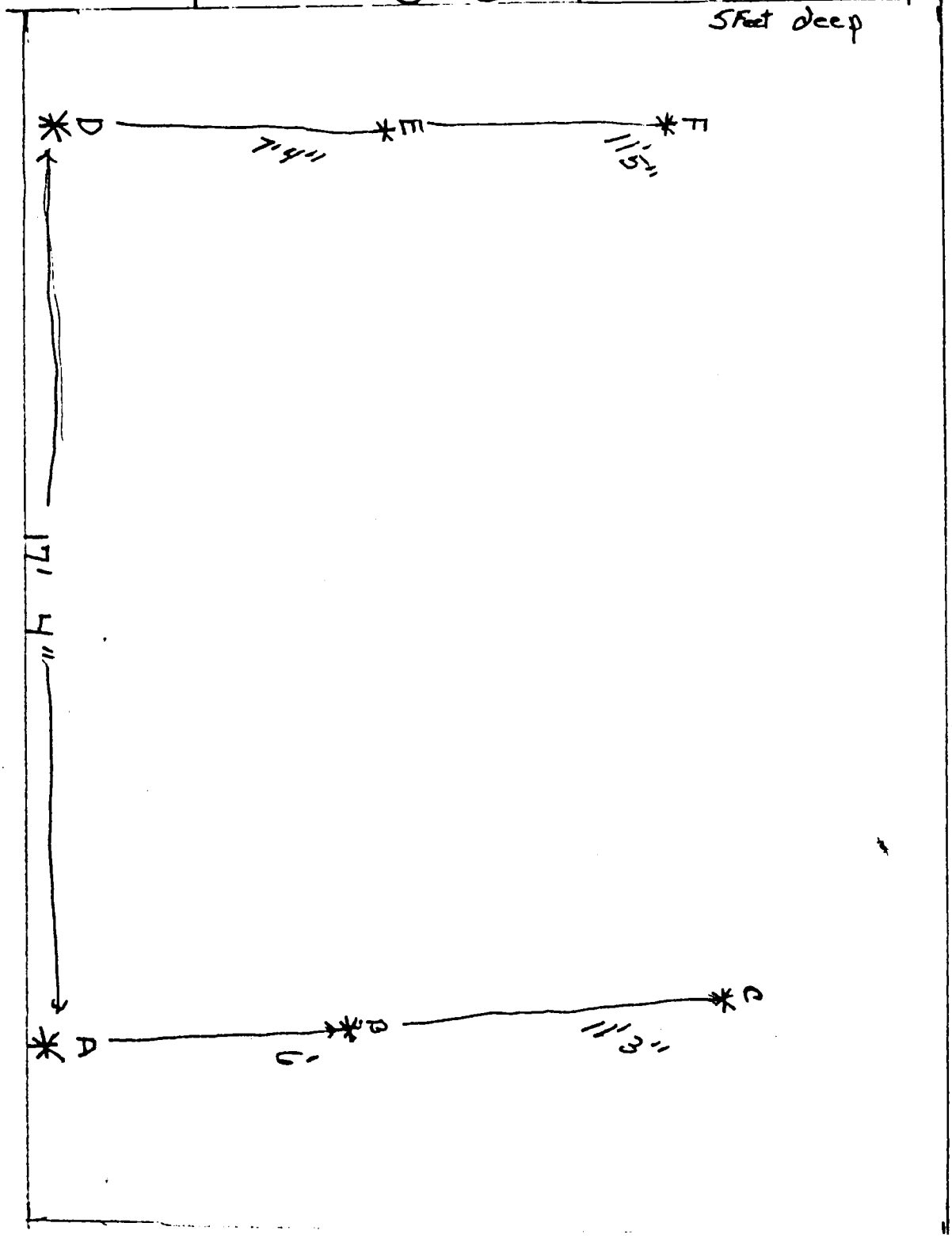
19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

Ft. Story

6-Soil Sample
5 feet deep



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT CORP.

F.T.P. #4 Ft Story VA

(SITE NAME AND LOCATION)

REPORT NO. 07 DELIVERY ORDER NO. 55 DATE 04-25-93

WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 75°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE MGMT PROJECT MGMT AND OFFICE/COST ADMIN. RENTED A 20 YD FRAT BED LOADER AND THE 10 CYD DUMP TRANS/WITH DRIVERS TO MOVE THE SOIL FROM THE STORAGE COILS AT THE FTP TO THE LARC AREA. 240 TONS OF SOIL WAS PLACED ON A 40'X 100' DRY LINED AREA AT THE LARC AREA. THE SCRAP STEEL WAS REMOVED FROM THE SOIL STAGED AT THE EAST COIL. THE STEEL IS PLACED IN A SMALL DRY LINED COIL AT THE F.T.P AREA. THE TWO OTHER COILS WHERE RESTORED AND GRADED. REMOVED SOME CONCRETE FROM THE ROLLOFF THAT WAS TO HEAVY AND PLACED IT INTO ANOTHER ROLLOFF.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): NONE

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): PREPARATORY AND FOLLOWUP ON THE SOIL TRANSFER - ALL WORK WAS COMPLETED SATISFACTORY

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: _____

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lemoyne

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT CORP.

F.T.P #4 Ft Story VA.

(SITE NAME AND LOCATION)

REPORT NO. 06 DELIVERY ORDER NO. 55 DATE 04-19-93

WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. 60° MAX. 74°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE site MGMT, PROJECT MGMT AND office/COST ADMIN. FINISHED BACKFILLING F.T.P EXCAVATION with 3/4" STONE - 255 tons of stone used TODAY total Amount of stone - 547 tons. MOVED office ADMIN. AND office to Ft Eustis. REMOVED 3 Rolloffs filled with concrete debrie. collected samples. Demob from Ft Story, mob to Ft Eustis

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): N/A

FIGURE 7.7.22

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Followup on Backfilling of F.T.P. with 3/4" stone - All work completed satisfactory

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: 4 confirmation samples - 1 each from the sides of the F.T.P - N/S/E/W

3 samples for P.C.B - from the 3 stockpiles of soil excavated

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 7 TESTED: _____ AMPLIFYING INFO. 4-CONFIRMATION SAMPLES TAKEN FOR - to be tested for - TPH & METALS - SENT to AUSTIN Jet fuel, BNA AND VOA SENT to EXPORT. 3 SAMPLES COLLECTED AND SENT to SOLUTIONS FOR P.C.B testing

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: 60 YDS/TONS

AMPLIFYING INFO: 3 Rolloffs of NON HAZ Busted Concrete Removed by B.F.I

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: There are two Rolloffs left at the site, they will be removed this week

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T Long

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT CORP.

FIRE TRAINING AREA #4 FT STORY, VA
(SITE NAME AND LOCATION)

REPORT NO. 05 DELIVERY ORDER NO. 55 DATE 04-17-93
WEATHER CLEAR RAINFALL _____ INCHES TEMP: MIN. 55° MAX. 68°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE MGMT, PROJECT MGMT AND OFFICE/COST ADMIN. BUILT 3 40'x40' TEMP. HOLDING CELLS TO HOLD THE EXCAVATED SOIL FROM THE FIRE TRAING PIT. THE CELLS WHERE DOUBLE 6 MIL POLY LINED AND BERMED. EXCAVATED APPROX. 550 TONS OF SOIL AND PLACED INTO THE CELLS. THE CELLS ARE LOCATED ON THE EAST, NORTH AND WEST SIDE OF THE FIRE TRAINING PIT. THE CURRENT EXCAVATION IS APPROX 45'x45'x6' BACKFILLED WITH THE STOCKPILED STONE. CONDUCTED FIELD SCREEN TESTS FINISHED LOADING BUSTED CONCRETE INTO THE ROLLOFFS

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): NONE

FIGURE 2.2.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): None

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: CONDUCTED 12 HNU HANBY FIELD SCREEN tests AROUND the FIREPIT. tests RESULTS RANGE between 10 - 1000+ PPM. the 1000+ PPM RESULT WAS FOUND AT the S/W CORNER

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: N/A YDS/TONS

AMPLIFYING INFO: _____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: Jeff Hubbard was on site TODAY

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT CORP.

FIRE TRAINING AREA #4 FT STORY, VA
(SITE NAME AND LOCATION)

REPORT NO 03 DELIVERY ORDER NO. 55 DATE 04-15-93
WEATHER SUNNY RAINFALL 0 INCHES TEMP: MIN. 65° MAX. 85°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE MGMT, PROJECT MGMT AND OFFICE AND COST ADM. REMOVED 45 TON OF 2" STONE FROM FIRE PIT AND SPREAD IT ON THE CONCRETE APRON. PRESSURE WASHED THE STONE TO REMOVE ANY FUEL. THE WATER WAS COLLECTED IN THE FIREPIT. AFTER THE STONE WAS WASHED IT WAS LOADED INTO A ROLLOFF. PRESSURE WASHED THE CONCRETE FIREPIT APRON AND WALLS. ALL LIQUID WAS REMOVED BY A VAC TRUCK. STARTED TO BREAKUP THE CONCRETE APRON. THE CONCRETE THICKNESS RUNS BETWEEN 8"-18"

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): NONE

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: [redacted] the USACE AND I T DID Not think there was 2' of stone in the Fire pit. Pressure washing AND Removing the stone ADDED Approx 8hrs

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Preparatory on pressure washing AND concrete Busting.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: None TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: None GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: 1100 BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: Removed approx 1100 gal of wash water by a vac truck - water was non haz

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: USACE Jeff Hubbard ON Site TODAY

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT CORP.

FIRE TRAINING AREA #4 FT. STORY VA
(SITE NAME AND LOCATION)

REPORT NO. 02 DELIVERY ORDER NO. 55 DATE 4-15-93
WEATHER SUNNY RAINFALL 0 INCHES TEMP: MIN. 53° MAX. 68°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): Performed site set up. Received 5-30 yd rolloffs for the concrete debris. Received 580 case with hoe ram, 690 excavator, 3" trash pump, power washer. [redacted] Removed trees and rubble from fire pit. Pumped water from fire pit into 6,000 gal tanker. Set up Hospital Route. Sent two men to Ft Lee to pickup supplies, testing equipment and safety items and bring back to Ft Story.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): N/A

FIGURE 1.1.22

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: _____

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Held site specific TRAINING for ff story

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: 5700 BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: Removed 5700 gals of water from the Fire training, the water was shown to be Non HAZ from the Analytical testing

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: The Fire training was found to be 4 ft deep. there is approx 2' of 2-3" stone in the pit. F.T and the USACE will decide what to do with the stone. Solutions cannot treat the stone at the L.A.R.C. area.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT CORP.

FIRE TRAINING AREA #4, FT STORY, VA.
(SITE NAME AND LOCATION)

REPORT NO. 01 DELIVERY ORDER NO. 55 DATE 4-13-93
WEATHER CLEAR RAINFALL _____ INCHES TEMP: MIN. _____ MAX. _____

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): CREW OF 5 MEN MOBED FROM Pitch - 1-OP. SUP, 1-COST/FOREMAN, 2 OPERATORS AND 1 SAMPLER/AIR.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): None

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED:_____ TESTED:_____ AMPLIFYING INFO. N/A

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: _____

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: Corps

Ft. Story
(SITE NAME AND LOCATION)

REPORT NO. 34 DELIVERY ORDER NO. #55 DATE 6/30/95
WEATHER Cloudy RAINFALL 0 INCHES TEMP: MIN. 72 MAX. 8

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): overseeing Solutions operation and Soil treatment at the LARC Area
· It will take one soil samples from the two piles of soil that is stage at the North of the concrete pad adjacent to the LARC Area.
These samples will be sent to ChemWaste for the Final disposal purposes.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solution Environmental Continue treating the Soil
Excavation of trench 4 has been completed processing of sand to begin.
pumping pool water into Pit #4 sand water from well #5 this to water tank. Once completed will begin contaminated pit #1.
C&M arrived on site to continue pumping out Pit #2
C&M out truck almost 1/2 Full. Material from Pit #2 is getting trucked using excavator bucket and water to empty out speed up pumping process. Processing sand and emptying trench 4

FIGURE

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Crew using caution when [illegible] the equipment.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: n/a

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 1 TESTED: _____ AMPLIFYING INFO. A composite soil samples was taken from the two pile that were stage at the end of concrete pad by the labs

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: n/a GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	n/a	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: 350 BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: C&M pumped out 350 gal of waste oil

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			N/A	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: I Think that Solution will be finish 3 week after today.
Sampling, regrading, taken down and down the heavy equipment. 3 week
I think also that IT and USACE has to do an site QC sampling and close down of site

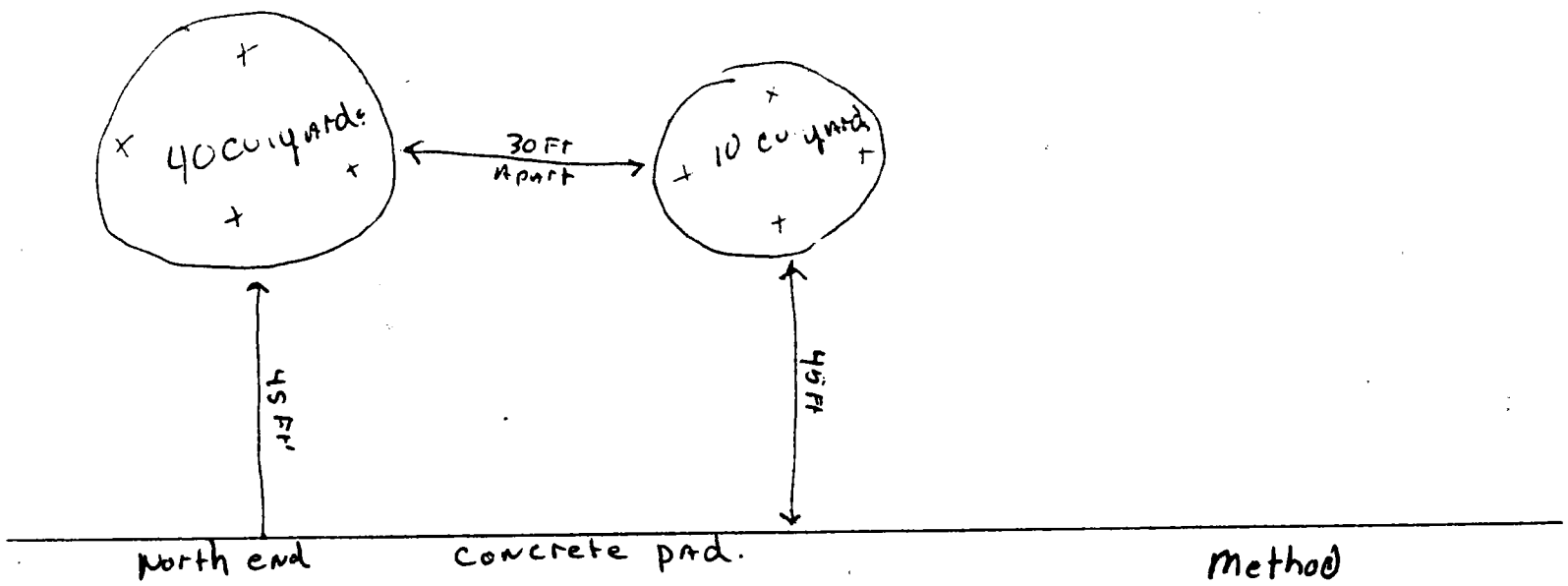
19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bennett
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

INTERNATIONAL TECHNOLOGY CORPORATION

By _____ Date 6/30/93 Subject Ft Story Lare Area Sheet No. ___

Chkd. By _____ Date _____ Proj. No. ___



Lare Area
parking

Composite Sample was taken
Sample ID. No. 1-A

	Method
Flashpoint	SW 846, 1010/1020
BTEX	SW 846, 8240
Reactivity	SW846
PH	SW846, 9040/9045
Paint Filter	SW846

108-10 85

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I Tech

Ft. Story
(SITE NAME AND LOCATION)

REPORT NO. 33 DELIVERY ORDER NO. #55 DATE 6/27/
WEATHER Sunny/Hot RAINFALL _____ INCHES TEMP: MIN. 60 MAX. 9

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): overseeing
Solutions Environmental operation at the Tank Area and will coordinate all correspondence between Solutions and the USACE and also the State of Va
Started excavation at the Fire training Area this area is approximately 50"x7"x4.
regrading and backfilling area with Gravel.
Sample will be taken from the middle of the trench

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions continue processing sand
Excavation of Pit #6 approximately from Pit 2 is 215' to a concrete pad.
Currently moving all remaining unprocessed contaminated sand in this vicinity onto Pit #6 It will become a temporary cyntique sand
Stockpile while an additional trench was excavated.
CEM removed the remaining residual from Pit #2
Excavation of trench 4 was made it runs North to South along tree line from the concrete pad to Pit #5
Pumping pool water into Pit #4 so that Solutions can remove the pool.
Excavation Started at the Fire training Area the area is approximately 50"x7"x4". The trench was filled in with approximately 83.00 tons of gravel.

FIGURE 1.1.2a

INTERNATIONAL TECHNOLOGY CORPORATION

P. _____ Date _____ Subject _____ Sheet No. ___ of ___

xd. By ____ Date 6/29/93 _____ Proj. No. _____

6- loads of contaminated Soil was taken from the Fire training area to Solutions treatment area that is the LRTC Area approximately 95 ton of soil that came from the Fire training Area.

Tarmac delively approximately 83 tons of gravel to be used for backfill.

The trench was graded and backfilled.

106-10-85

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): N/A

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: n/a

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 2 TESTED: 2 AMPLIFYING INFO.
ONE Sample was tested for SW 846, 8015 — Austin Tx.
ONE Sample was tested for EPA 418.1 — Export Pa

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: n/a GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	n/a	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: 3,000 BBL/GAL SOLIDS: _____ YDS/TONS
Sludge

AMPLIFYING INFO: C&M removed 3,000 gal of Waste oil and Sludge.

FIGURE 1.3.7a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/T		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 1.1.1

8. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

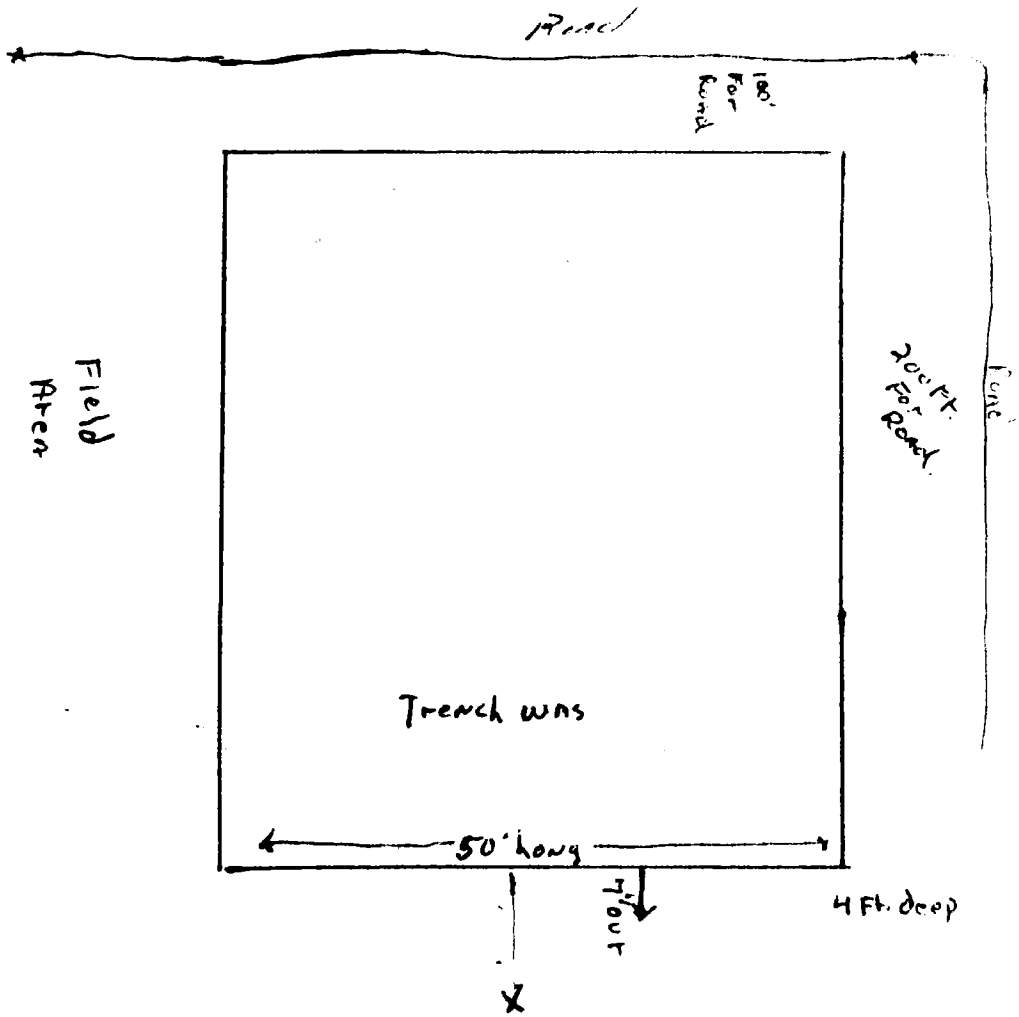
Louis Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

INTERNATIONAL TECHNOLOGY CORPORATION

Date _____ Subject Ft. Story Sheet No

Chkd. By ____ Date 6/29/93 Fire training Area Proj. No



Sample was taken
From the back wall
in the middle of trench
ONE sample test For SW846, 8015
ONE sample test For EPA 418.1

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: ITCorp

Ft. Story
(SITE NAME AND LOCATION)

REPORT NO. 32 DELIVERY ORDER NO. #55 DATE 6/28/03
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. _____ MAX. _____

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): Previous Solutions Environmental operation at the Tare Area and will coordinate all correspondence between Solutions and the USACE and the State of Va.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation processing sand.
Continue processing sand.
C&M arrived on site to remove the Sludge from Pit 2
Completes cleaning excavator and all other repairs
South end of trencher E and F appears to be clear.
Removed 4 pumps and meters from work site
Conducted Dreger reading adjacent to trench E While reading were 5ppm

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: n/a

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: crew working safety when in the zone.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Oreger test was taken at the Northend of Site. the reading were 5ppm.

FIGURE 1.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 2 TESTED: 2 AMPLIFYING INFO. PH & Ammonia
PH in pool 8.1

Ammonia Monitoring Results
location
North East Corner 4ppm

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:
Oil
LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: oil waste & heavy grease

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS:

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernardo

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story

(SITE NAME AND LOCATION)

REPORT NO. 20 DELIVERY ORDER NO. #55 DATE 6/2/93

WEATHER Rain RAINFALL 1 INCHES TEMP: MIN. 78 MAX. 88

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): Overseeing Solutions Environmental operations at the Far Area and will coordinate all correspondence between Solutions and the USACE and the State of Va.
Plan is to rinse two tankers and discharge Ammonia rinsate into trench F.
Continue processing trench

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation
Continue processing sand
Moved pump into Pit #2 and put hose from well five into to raise water level.
Started to rinse two tankers and discharge Ammonia rinsate into trench F.
Continue processing trench F and once both tank and Pit #3 are out any heavy residuals should be placed into Pit #2 for removal.
Finished rinsing out both tankers put approximately 75 min of water in both compartments in the far tanker and 25 min in near tanker approximately 7 ft. of Ammonia was in near tanker to start with.

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: Original excavator broke a hydraulic line approximately 0430 this morning leak got progressively worse. Second excavator threw a track.

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up crew using caution when pumping out the grease that was staged in pit #2

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.1.7a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 2 TESTED: 2 AMPLIFYING INFO. PH
PH in Trench F 9 (Tape) before mixing
PH in trench F 9 Tape After mixing

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			N/A	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NA

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Lonie Bernardo

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: ITCAP

Ft Story
(SITE NAME AND LOCATION)

REPORT NO 20 DELIVERY ORDER NO. #55 DATE 6/26/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 72 MAX. _____

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): oversee Solutions Environmental operation at the Site Area and will coordinate all correspondence between Solutions and the USACE and the State of VA.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation continue processing sand. Trench D was excavated yesterday sand was processed and trench was filled in also trench 2 west end of site near office trailer excavation was completed and majority of Fine pile soil was processed. Excavation of trench E is underway and of trench 2 is also underway approximately 500 gals. of pool water was pumped into trench 2 for in process filtration prior to processing. pump in pool is hooked up to direct discharge hose seaward pool bottom and emptying to agitate / suspend any sediment. For more trough degreasing pump should be moved every 2-4 hours. Top 6" of trench D was scraped off and stockpiled for processing due to black film on surface. All water has been drained off of Pit #2 and discharged into the pool creating water of trench E

FIGURE 3.3.2a

INTERNATIONAL TECHNOLOGY CORPORATION

By _____ Date 6/26/93 Subject Ft. Story Sheet No. ___ of ___

Chkd. By ____ ~~Date~~ Report No 29 Proj. No ___

added approximately 1500 gallons of Ammonia hydroxide to trench E agitation of trench 2 was completed continue placing remainder of fire pit soil and adjacent stockpile top of processing sand in trench 2.
This must be done to make room for excavated soil and

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NO

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up operators using caution when running the heavy equipment.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: n/a

FIGURE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 1 TESTED: 1 AMPLIFYING INFO. PH ~~N/A~~
PH sample was taken from trench E = PH was 10

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			N/A	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louis Bonomo

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2A

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 29 DELIVERY ORDER NO. #55 DATE 6/25/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 72 MAX. 86

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): oversee Solutions Environmental operations at the Tarc Area and will coordinate all correspondence between Solutions the USACE and the State of VA.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation
Continue processing soil (sand)
Conducted dryer reading in the north end corner of soil 5 ppm.
Continue to fill trench with processed soil.
Continue processing the Fire fighting soil that is at the south end of site
Removed Floating Debris From Pit #2
CEM arrives Sat and after failing to pump out the trench because of wrong fittings.

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYER, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: crew using caution when working with the pumps.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 5 TESTED: _____ AMPLIFYING INFO. _____
Sample were taken from trench C
#1 — #2 - 25Ft, #3 - 50Ft, 4 - 75', #5 - 100

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 1.3.7a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			N/A	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: Solution's taken samples at the [illegible] site. These samples were taken for Petroleum.

The samples were taken from the soil that was already processed.

These area is approximately 50Ft x 50Ft in the northend of site running West to East.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 28 DELIVERY ORDER NO. #55 DATE 6/24/95
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 75 MAX. 85

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): Overseeing Solutions Environmental's operation at the Tire Area and will coordinate all correspondence between Solutions, the USACE and the State of Va.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation continue processing soil (Sand.)
10 Scandle venus for and another additional light tower was delivered on site.
these items were being used to begin a similar process on the Westerside of the site.
Currently shifting stockpile to make room for excavation of Trench C also dozer is moving all exposed clean sand to east side of site.
Trench C has been excavated out processing has begun on all trenches has been partially excavated at the western end of site progress is down than anticipated due to insufficient room to stockpile clean sand.

FIGURE 1.1.1a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: n/a

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up i crew using safety when hooking up and moving the generator around the site and also off site.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Ammonia Monitoring Sample was taken 20yd from North En

FIGURE 1.1.2

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED:_____ TESTED:_____ AMPLIFYING INFO. N/A

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____BBL/GAL SOLIDS: _____YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			N/A	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

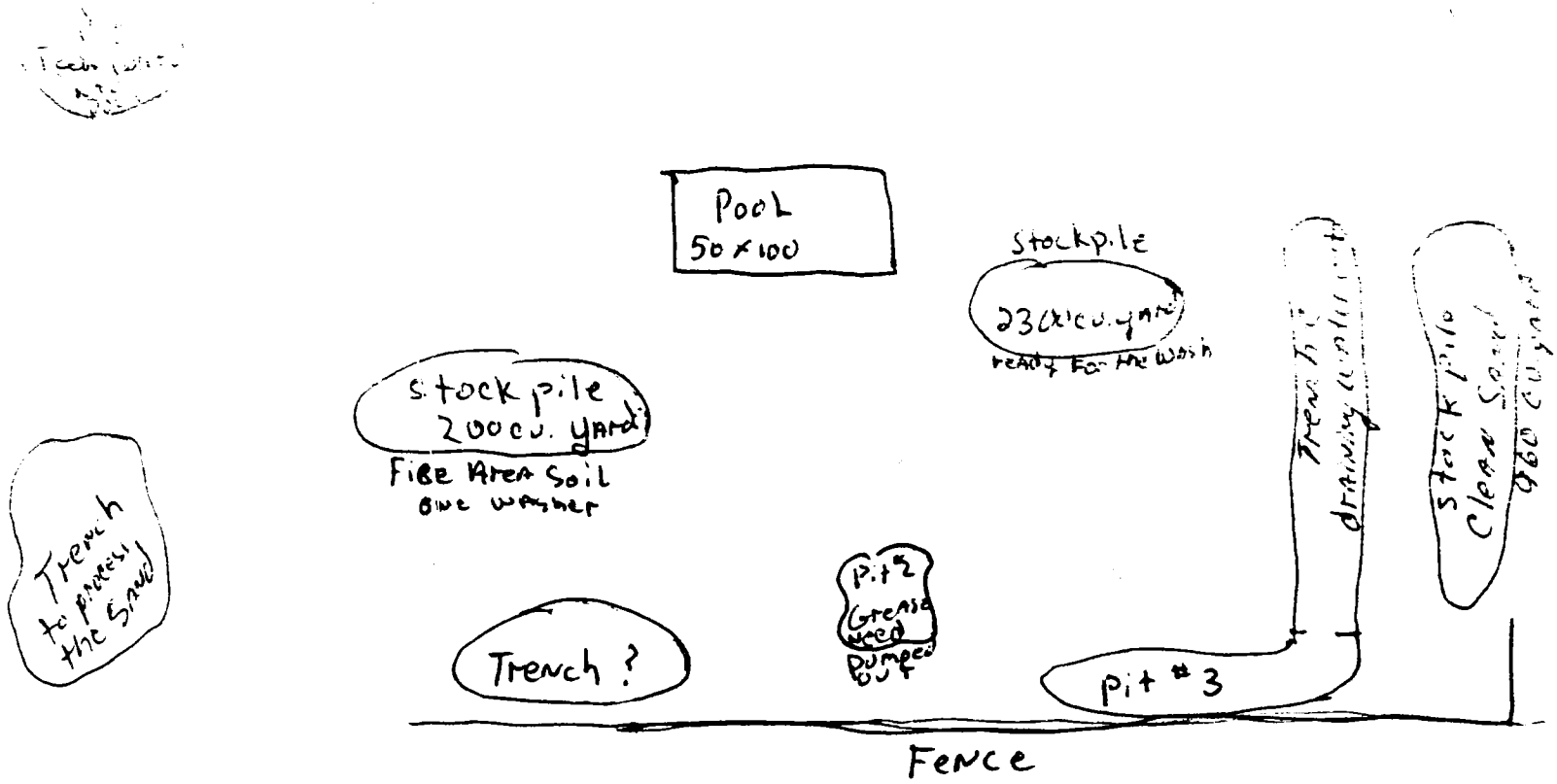
Lowe Bennett

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

INTERNATIONAL TECHNOLOGY CORPORATION

Date 6/24/93 Subject _____ Sheet No _____

Chkd By _____ Date _____ Proj No _____



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 28 DELIVERY ORDER NO. #55 DATE 6/22/93
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 75 MAX. 82

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): (Oversee)
Solutions Environmentals operation at the farm area and will coordinate all correspondence between solutions the USACE and the State of Va.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation continue processing soil (sand)
Solutions added approximately 1500 gal of Ammonia to trench A to help processing of the soil treatment system.
Solutions is attempting to close out trench a and Eastern end of Pit #3
Trench B is closed stockpile has been moved toward the west and excavation of trench B has begun
Trench B is completly excavated addition of sand from stockpile begins
Processed soil from east to west conducted
processed soil with water from water pit #7
Trench B soil water extracted with Hexane water appear low in Organics/soil appear unsatisfactory or at least

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: crew using caution when working around the trenches

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Ammonia Monitoring taken out side the fence perimeter on the east end of site
Results < 5ppm

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 1 TESTED: 1 AMPLIFYING INFO. PH Sample PH in pit #3

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A.

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.7

ADDITIONAL COMMENTS/REMARKS: at this point the Fire pit is not being process still working at the western end of site

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Banard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

HEXANE EXTRACT DATA

DATE/TIME	SAMPLE SOURCE	APPEARANCE	EST. RESULT
6/20 1055	3 times washed	Light Gray	<50
6/21 0830	Dried Washed soil - 1 Time	Med Color	300
6/22 0630	Ammonia Solution Dried Washed Foam	Brown - Tines	<50
6/22 1010	Water Foam Pit	Light Brown	<50
6/22 1045	[illegible]	Brown - Gray	< insol
6/22 1000	A [illegible]	Light Brown	60-70
6/22 1040	Pool Water	Gray Water	Slight
6/23 1000	Trench [illegible] Soil	Light Gray	~~50-60~~
6/23 0545	Trench A [illegible]	Gray - Brown	40-50
6/23 0900	Pool [illegible] Washed	Med Gray	200
6/23 0800	Trench [illegible] Sump	Dark Gray	10-15
6/23 1200	Pool [illegible] Trench A	Light Gray	20-30
6/23 1200	[illegible]	Light Gray	20-30
6/23 1200	[illegible] Fed	Light Gray	30-40
6/24 0630	[illegible]	Gray - F.S.	5-10 ppm
6/24 0720	[illegible]	S.S. - Coal -	50-60 ppm
6/24 0815	[illegible]	Light Gray	10-20
6/24 0830	[illegible]	Light Gray - Yellow	10-20

Acidified Water Sample of Trench A on 6/23 precipitated approx. 1/3 solids, 1/3 water fraction w/ Oil layer on top.

HEXANE EXTRACT DATA

DATE/TIME		SAMPLE SOURCE	APPEARANCE	EST. RESU
6/12	1510	Light processed	Some grave. Light Gray	100-13
6/12	1520	Typical processed	Mod grave. Med. Gray	175-2
6/12	1530	Dark processed	Mod grave. Med Gray	250-3
6/12	1540	Random processed	Mod. grave. Med Gray	300-4
6/14	1300	Pool Water	Gray-Brown	Very
6/14	1340	Potomac Soil	Lt Gray	<50
6/14	1520	[illegible] Soil		400
6/15	1000	[illegible] layer	Gray Sand	60
6/15	1040	[illegible]	Med-Gray	60
6/15	1210	[illegible]	Med Gray	40-50
6/15	1245	[illegible]	Light Gray	40
6/15	1320	[illegible]	Med-Light Gray	50-60
6/15	1345	[illegible]	Med/Light Gray	30-40
6/15	1350	[illegible]	Med/Light Gray	40-50
6/15	2000	[illegible]	Brown-	< - No Color
6/20	0850	[illegible]	Yellow-Be Sand	<
6/20	0855	[illegible]	Gray Sand	<
6/20	0900	[illegible]	Gray-White Sand w staining " Odor	<
6/20	0905	[illegible]	Yellow Sand-Kerosene	}
6/20	0910	[illegible]	Yellow Sand-Med Color	60-100
6/20	1020	[illegible]	Gray Sand	200
6/20	1050	[illegible] Hyd Water		< No Color

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 26 DELIVERY ORDER NO. #55 DATE 6/22/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 77 MAX. 85

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): (over see) Solutions Environmental operations at the bare Area and will coordinate all correspondence between Solution the USACE and the state of Va. commenced Cluster of Pit #1 and Pit #2

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental continue process in the sand.
Clearing of the area between Pit #2 and #3 continue what appears to be diesel fuel on top of the water table in a small pit at base of the stockpile this pit was pumped into Pit #3 prior to grading the area. First step to excavating trench a runs north to South adjacent to concrete pad is complete trench is excavated down to groundwater.
leak in the East corner of the pad fixed.
Stockpile was moved away from Northern site permineter and poly was placed along the chain link fence to prevent off site run off.

FIGURE 3.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up crew using caution when filling in the trenches (Pit #1 and Pit #2)

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: ~~Start~~

Location	Results	NH3/Hr
(1) East North End of Fence	125ppm	3.T/hr
(2) Decon Area	25ppm	0.31/hr
(3) South East by the Fence	20ppm	0.41/hr.

	Started Time/Date		OFF Time/Date	
(1)	2000	6/20	0600	6/22
(2)	0820	6/20	0900	6/22
(3)	0820	6/20	0900	6/22

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: _____ TESTED: _____ AMPLIFYING INFO. PH Sample

N/A

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS:

Decon water is very muddy
Corrective Action Taken: clean water and clean soap was added to the boot wash.

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernardo

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

INTERNATIONAL TECHNOLOGY CORPORATION

By _____ Date 6/22/93 Subject Delivery order No. 55 Sheet No.

Chkd. By _____ Date _____ Proj. No.

Pit #3 and Trench A was deepened both have water levels at 6'-8' feet in the center.

The secondary processing of the sand stockpiles began at 1300.

Solutions are surprisingly able to maintaining an 60° slope on the sides of trench which are below water must keep area surrounding trenches as close to water level as possible to prevent erosion.

One problem to be resolved is the substantial water displacement that occurs as the trench is filled in after 1.5 hours of processing the pool and Pit #4 and #3 are full. Instructions were to continually increase water level in pit #3.

additional instruction were to try three different amount of agitation with the excavator bucket.

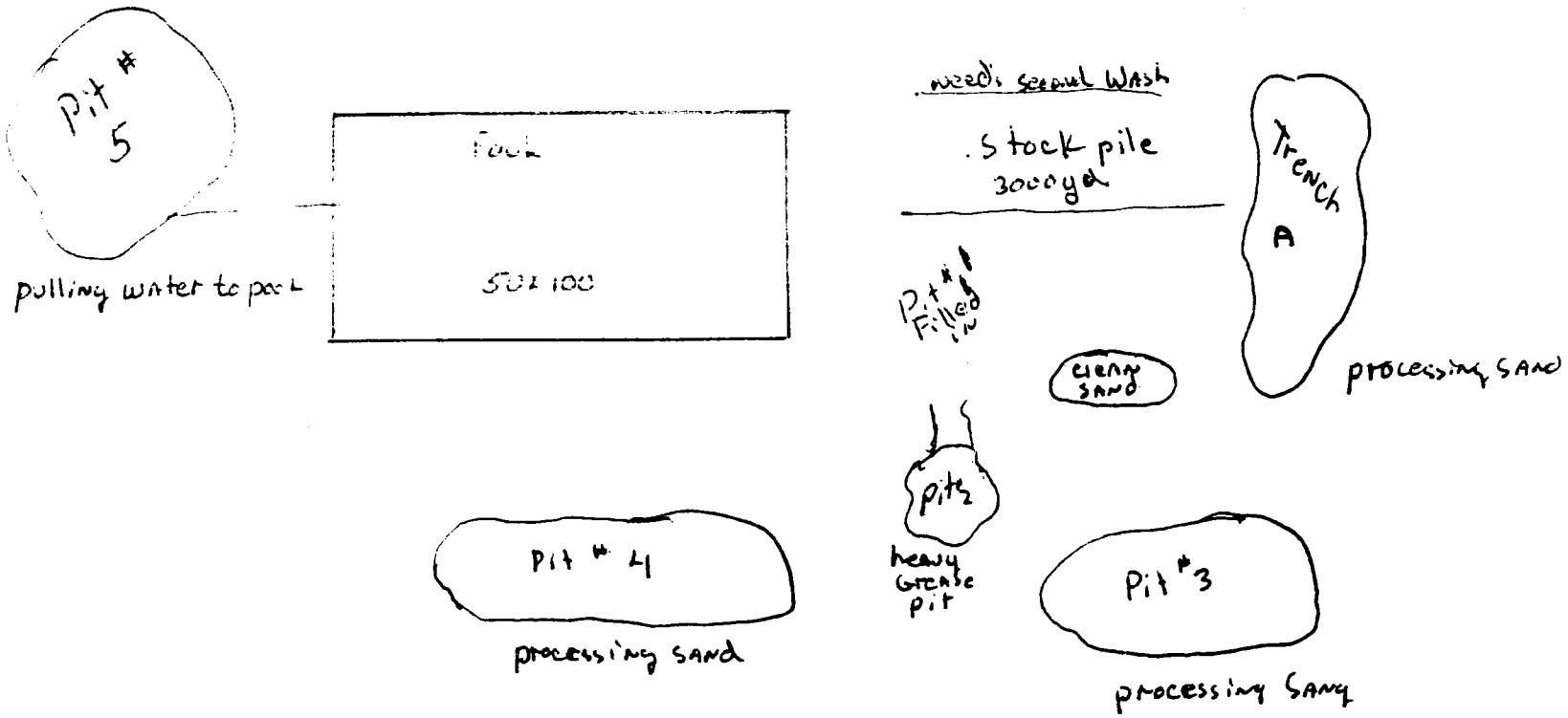
Samples should be taken from each of these locations first thing in the morning to see if solutions need to modify there process once trench is completed it no further process.

Modifications are necessary trenches banks should be excavated.

INTERNATIONAL TECHNOLOGY CORPORATION

Date _____ Subject _____ Sheet No. ____ of ____

Chkd. By ____ Date ____ Proj. No. _____



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 25 DELIVERY ORDER NO. #55 DATE 6/21/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 80 MAX. 87

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): (oversee)
Solutions Environmental operations at the site Area and will coordinate all correspondence between Solution the USACE and the State of VA

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation
Complete processing of all black sand and to fill in Pits #1 and #2 once all material is removed and sides are scraped any residual should be put into Pit #3 for treatment once this is complete begin pushing clean sand from the east side of site
Stockpiling on Pit #1 depth of removal will be as low as the dozer can safely operate.
Spraying down the stockpile with water because of the heavy Bachaplin smell.
Complete processing of all black grease sand. ~~and~~
Finished make pit #3 small and also adding clean water.

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Followup: crew using caution when running the heavy equipment

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 9 TESTED: 9 AMPLIFYING INFO. PH Samples

PH in Pool = 8.3
PH in Pit #1 = 8.9
" " #2 = 9.8
" " #3 = 9.15
" " #4 = 8.2
PH in pit #5 = 8.1
Groundwater = 7.9
Ph in pit = 7.8

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 1.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: Pub Norfolk HES called about the heavy odor of Ammonia. The Ammonia was spray on the stockpile on the holes that Solutrans made.
The holes were cover up and spray water on the pile.
The holes were cover with about 2 feet of sand.

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 1.1.2-

18. ADDITIONAL COMMENTS/REMARKS: The machine Shop called about the Smell of Ammonia. The Smell was coming off of the Stockpile at the North East of Site.
I Think if the wind is blowing do not spray or spray water with the Ammonia.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

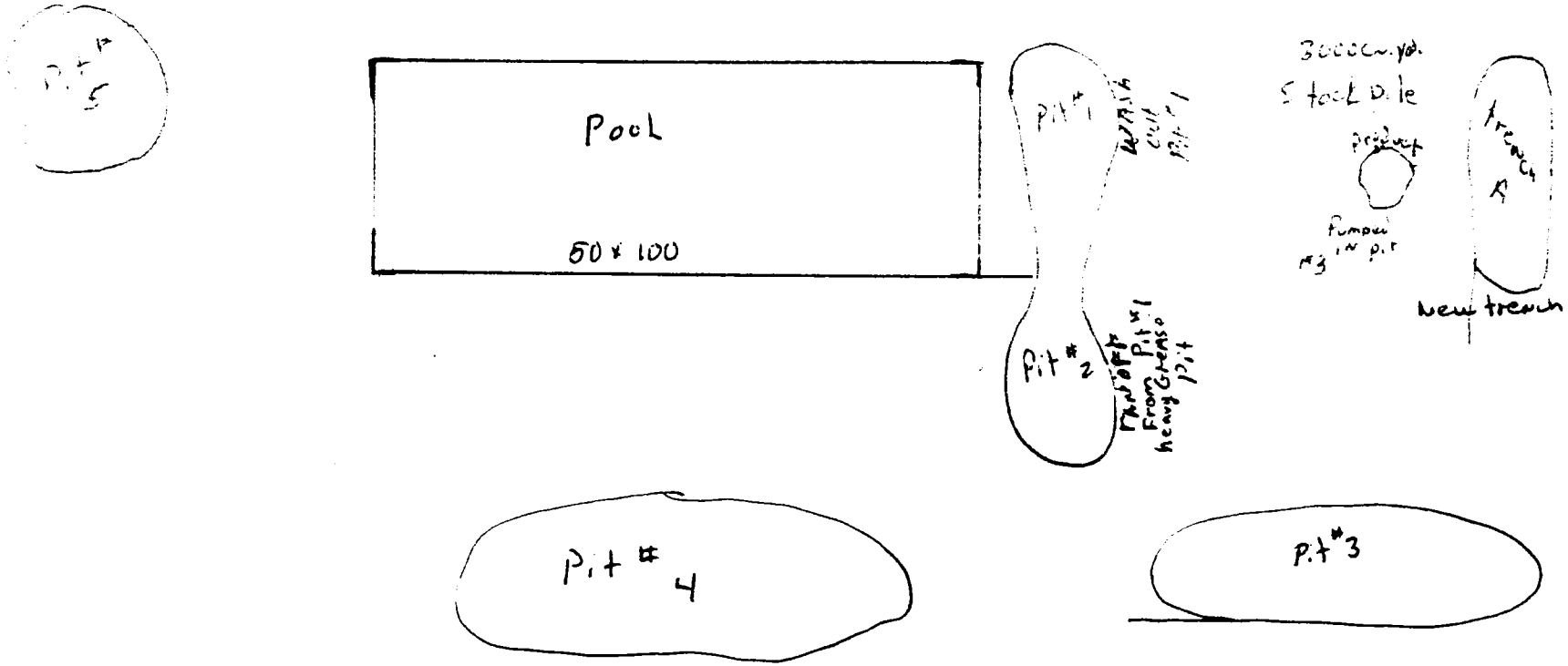
Louie Bernard
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

6/21/93

INTERNATIONAL TECHNOLOGY CORPORATION

Date _____ Subject _____ Sheet No.

Chkd. By _____ Date _____ Proj. No.



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: EI corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 24 DELIVERY ORDER NO. #55 DATE 6/30/93
WEATHER Sunny/hot RAINFALL 0 INCHES TEMP: MIN. 78 MAX. 98

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): (over see)
Solutions Environmental operations at the Lac area and will coordinate all correspondence between solutions the USACE and the State of Va.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental operation
· oil transport tanker filled with water and Nutrient Solution.
Measured Processed Sand stockpile appear to be approximately 3000 yd 3
Diesel Fuel was added to all pumps and generator.
Completed application of 21000 gl of Nutrient
Staging Ammonia on the Sand Stockpile.

FIGURE 3.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): N/A

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Air Monitoring Results

FIGURE 1 1.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 6 TESTED: 6 AMPLIFYING INFO. PH sample
Pool PH 8.8 PH in Pit #5 = 6.6
PH in Pit #1 = 8.8
Pit #2 = 8.8
Pit #3 = 8.5
PH #4 = 8.2

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.1.7a

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Barnard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 23 DELIVERY ORDER NO. #55 DATE 6/19/95
WEATHER Sunny/Hot RAINFALL _____ INCHES TEMP: MIN. 92 MAX. 96

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): oversee Solutions Environmental operations at the site and will coordinate all correspondence between Solutions the USACE and the State of Va.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions Environmental
Continue processing the soil
Petro Chem removed approximately 100 gal of grease, oil water and debris from surfaces of pad and pit # 2, 3 and 4
all the heavy equipment refueled
Excavator to stabilize the perimeter in the north east corner by adding sand from stockpile to prevent erosion.
also crew removed visibly contaminated sand on the South East corner of concrete pad/site and stage this on the concrete pad.
This sand will be "shuttled" to the processing site at a more convenient time. Sand was removed from trench #2 (will be used a backfill)
At approximately 10:30 hrs while clearing off sand on the East side of site. Encountered a pocket of oil and grease the operator excavated the oil & grease in an area of about 12x12 the operator had to dig down to ground water to get all of the contamination.
Note: that the ground water was very black & oily.

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up, crew using caution when manning the heavy equipment

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 8 TESTED: 8 AMPLIFYING INFO. PH

PH in pool = 8.3
" Pit #1 = 8.5
PH in Pit #2 = 8.5
" #3 = 8.1
" #4 = 8.0
PH in Pit #5 = 6.3
PH in Pit #6 = 6.3
PH in Grw #6 = 6.5

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: 1800 BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: Petro chem removed approximately 1800 gal of Oil, grease and debris from pool Pit #2, 3 and 4

FIGURE 1 1 2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 1.1.2-

18. ADDITIONAL COMMENTS/REMARKS: when the operator was while working in the East side of site.
Found a pocket of oil and grease. The operator excavated the oil & grease in an area of approx. 12'/12' The operator had to dig down to ground water.
The ground water was very black and oily.
I think that the ground water is contaminated in spots.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernardo
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

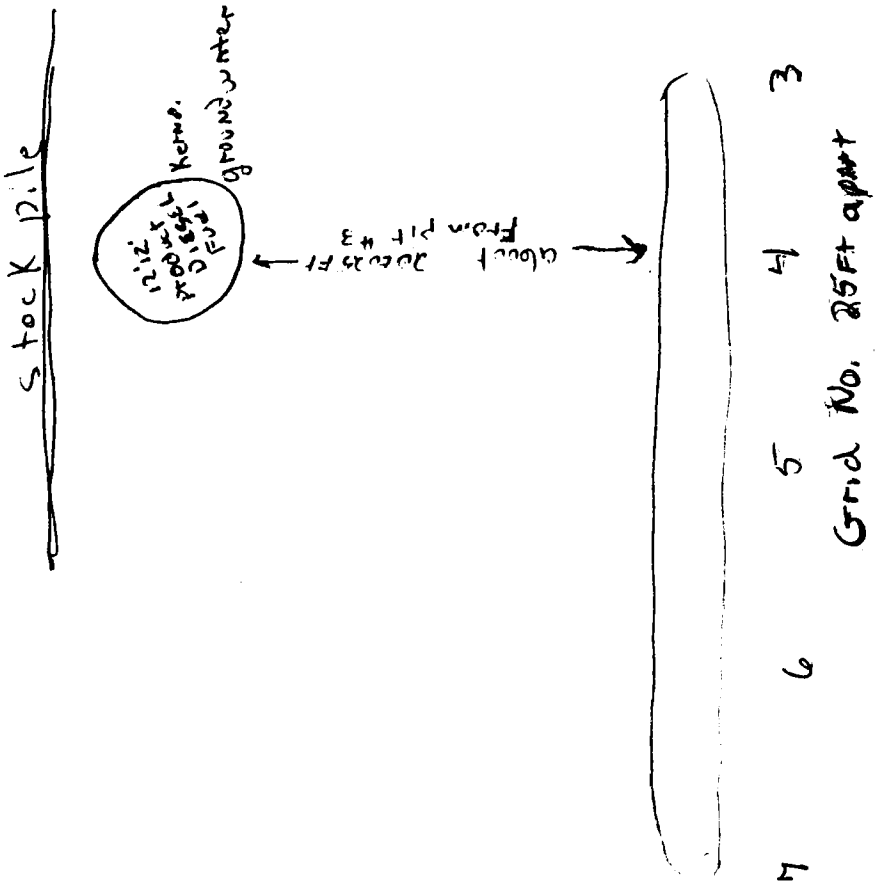
INTERNATIONAL TECHNOLOGY CORPORATION

Date 6/19 Subject Fort Story

Chkd By ___ Date ___

Sheet No

Proj No



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: T TCORP

Fort Story LARC Area
(SITE NAME AND LOCATION)

REPORT NO. 22 DELIVERY ORDER NO. #55 DATE 6/18/93
WEATHER Sunny (Hot) RAINFALL _____ INCHES TEMP: MIN. 75 MAX. 95

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): "Oversee" Solutions Environmental operations at the Larc area and also coordinate all correspondence between Solutions the USACE and the State of VA
The subcontractor continue to treat the soil
Continue processing sand in pit #1

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions & AGRA Environmental
Continue to treat the soil
This process consists of placing inoculants in the soil which assume the contaminants to reduce the TPH level of the soil to below 50 ppm.
Solution apply ammonia into the 1,2,3, Pits solution to remaining black sand.
Continue processing the sand in Pit #1
Working on the North East Corner of site
This work was removal of substantial amounts of debris such as asphalt, concrete, grove and railroad ties etc.
Solutions is attempting to segregate the material as well if possible yet it is very difficult due to being intermingled with a variety of materials there appears.

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: Dozer was down for Approximately 2 hrs.

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: crew using caution when running the heavy equipment

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Air Monitoring

Ammonia Monitoring Results

Started/	time	of F/	time	Location	Result	Not/hr
6/17	2100	6/18	1000	During Soil movers by pond	45ppm	3.1/hr
6/17	2100	6/18	1000	During Soil movin, by pond	35ppm	2.41 hrs
6/17	2000	6/18	1350	Below when spraying	No Result	
6/17	2000	6/18	1350	Fence when spraying	10 ppm	0.69/hrs

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 8 TESTED: 8 AMPLIFYING INFO. PH Testing
PH in pool 8.3
PH in Pit #1 = 8.4 PH in Pit #5 = 6.5
" " #2 = 8.5 Groundwater in #5 = 6.3
" " #3 = 8.1 " " #6 = 6.5
" " #4 = 8.0

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: None GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: None

FIGURE 1.1.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		None		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: None

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louis Bernardi

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: [illegible]

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 21 DELIVERY ORDER NO. #55 DATE [illegible]
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 72 MAX. [illegible]

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): over see Solutions Environmental operations of the Lapc area and coordinate all correspondence between Solutions the USACE and the state of Va.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): Solutions & AGA & Environmental
- continue to treat the soil (sand)
- This process consists of placing in containers in the soil which consume the contaminants to reduce the TPH level of the soil to below 50 ppm.
- Solutions apply amonia into trench solution to remove [illegible] sand.
- Stockpile #3 excavate and stockpile remaining lead sand
- continue processing sand in Pit #1
- Atlantic disposal arrived on site to remove their pallet
- Approximately 1500 gallon of solution was applied to sand
- The operator struck a 3/4" metal pipe while stripping contaminated sand in the northeast corner of site. Ft Story utilities supervisor was contacted he did not know what pipe was for and will send someone out to investigate.

2nd. shift - Fuel up generators

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: N/A

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: crew using caution when working in the heat. more breaks

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: USACE & Solutions, and IT
Comments: on smelling heavy ammonia vapor on site
Starting taken air monitoring samples
drager tube will be used for the test of the action levels of the ammonia.

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 6 TESTED: 6 AMPLIFYING INFO. PH
PH samples were taken from the pits and also the pool and shed
PH in pool 8.0 PH in #4-8.1
PH in Pit #1-8.7 PH in #5-7.8
PH in Pit #2-8.7
PH in Pit #3-8.3

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: under the generator that is stage by the office trailer there is a little fuel on the ground.
Corrective Action: a bucket was staged under the Generator.
No MSD Sheets on site
Corrective Action: MSD Sheets are hanging on the wall.
ammonia smell on site Immediately stop work and contact the proper leg monitoring the area.

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.7a

18. ADDITIONAL COMMENTS/REMARKS: _____

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: FI corp

Ft Story
(SITE NAME AND LOCATION)

REPORT NO. 20 DELIVERY ORDER NO. #55 DATE 6/16/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 67 MAX. 88

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):
Oversee Solutions Environmental operations at the Lake Area Soil Treatment.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): AGG Environmental Services continue working in the Lake Area.
2nd Shift had a small spill around the pool Area work was Stop Immediate and also clean up.
Petro chem truck arrived on site to vacuum out the oil and grease from pit #2 and also vacuum out the pool area
Petro chem grease recovery completed an approx. 1000 gal. of grease, oil had also foamsil and debris was removed. Operation took longer than anticipated due to significant quantities of floating debris which required continue removal from the surface base opening and at ends fittings based discharge from pool into Pit #1 continue to cut away at the embankment stopping to secure end with geotextile to prevent end from flapping around and causing further erosis treat approx 300 yds of Sand.

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Followup crew using caution when working in the exclusion zone

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: N/A

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: N/A

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 5 TESTED: 5 AMPLIFYING INFO. Pit Test
PH From pool - 7.6
Pit # 1 - 7.7
Pit # 2 7.5
Pit # 3 7.6
Pit #4 7.7

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: 1000 BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: Vac truck 1000 gals of oil (heavy oil)

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		N/A		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS:
(Decon Area) crew was hauling sand from the exclusion zone in to the clean area.
Immediately worker was stop and correct the problem.

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). N/A

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 1.1.2a

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Barmer

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story
(SITE NAME AND LOCATION)

REPORT NO. 19 DELIVERY ORDER NO. #55 DATE 6/12/
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 67 MAX. 8

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):
Continue treating the soil to an action level of less then 50 ppm of TPH.
about 200 yds of sand was treated

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): A&G Environmental Services working second shift 24 hours around the clock
Pool level is almost Four Feet.
Both of the wells pumps are directed toward pulling the pool
(pool) water continue pumping rate 80 gpm to increase depth
all other pits appear adequate a substantial skim is on pit #1
after repeated attempts to "bucket" this skim into the #2 a decision was made to open the connecting trench back up to enhance the skimming operation
A small quadrant (20'x30') in the southeast corner adjacent to pit #3 was excavated down to what appears to be clean sand. approx. 200 yds. of sand was treated

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: AGG Envir. Services is using caution when handling the heavy equipment.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: _____ TESTED: _____ AMPLIFYING INFO. _____

Tested Ph in Pit #1 = 7.8 Ph in Pit #5 = 7.6
PH in Pit #2 - 7.7 Ph in pond = 7.7
3 = 7.9
4 7.6

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: None YDS/TONS

AMPLIFYING INFO: None

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		None		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: N/A

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louie Bernardi

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

INTERNATIONAL TECHNOLOGY CORPORATION

By _____ Date 6/15/93 Subject Ft. Story Sheet No. ___ of ___

Chkd. By ____ Date Subcontractors Solutions & AG&G Environmental Services Proj. No ___

• Subcontractors
Solutions & AG&G Environmental Services
• AG&G Environmental started a new shift [illegible]
clock
• Pool level is almost Four feet
• both of the wells pump's are directed [illegible]
Pool water continue pumping into Pit # [illegible]
other pit's appear adquate a substantial skim is [illegible]
repeating attempt to (locket) this skimmer [illegible]
Decision was made to open the connecting branch [illegible]
exchance the skimming operation.
a small quadrant (20' x 30') in the southeast corner [illegible]
to Pit # 3 was excavated down to what appears to be [illegible]
sand.
Approx 200 yd's of sand was treated.
AG&G refilling the generators & compressor by Pit # 2
The dike was broken in pit #1
• added approx 15g of ammonia to pit #1
The pool filled and flow from wells directed into pit #1
and #4
Boomed Pit #1 into Pit #3
pumping from pool to Pit #3 both wells directed into pool
PH pool - 7.5, Pit #1 - 7.5, Pit #2 - 7.5, Pit #3 - 7.5 Pit #4 - 7.6
Pit # 5 - 7.6 PH

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft. Story L.A.R.C. AREA.

(SITE NAME AND LOCATION)

REPORT NO. 14 DELIVERY ORDER NO. 55 DATE 05-26-93

WEATHER RAIN RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 76°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE + OPERATION - PERMIT PROVIDE COST TRACKING

OPERATIONS SUPERVISOR SIMPSON ON SITE 2 HRS

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - STOCK PILED SAND FROM A AREA APPROX. 100'X150'X2' AT the EASTERN PART OF the SANIBOX. INSTALLED the SUBMERSIBLE PUMP IN the WET PLANT SYSTEM. BEGIN TO EXCHANGE METAL BOXES OF the WET SCREEN PROCESS.

Solutions IS MAINTAINING the MICRO-ORGANISMS 24 HRS A DAY

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: DURING the wet SCREENING test, the METAL BOX HAD TO MANY LEAKS TO HOLD WATER. the BOX will be EXCHANGED.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lanxon

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft Story L.A.R.C. AREA
(SITE NAME AND LOCATION)

REPORT NO. 13 DELIVERY ORDER NO. 55 DATE 05-25-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 86°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT. PROVIDE COST TRACKING

OPERATIONS SUPERVISOR SIMPSON ON SITE 2 HRS

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - FINISHED ADDING APPROX. 6000 GAL OF NUTRIENTS TO THE EASTERN HALF OF THE SANDBOX. BEGAN MORE REPAIR ON THE WET SCREEN BOX AFTER TESTING. DUG A RUNOFF DITCH FOR RAIN WATER ALONG THE CONCRETE APRON IN FRONT OF THE SANDBOX.

SOLUTIONS IS MAINTAINING THE MAINTAINING THE MICRO-ORGANISMS TWO 12HR SHIFTS

FIGURE 7.2.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Followed on the spreading of the nutrients on the Eastern half of the sanitary

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
	N/A			

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: The Elec. plug on the 110w Fuel pump needs to be extend away from the 500 gal tank 10'. As soon as the tank is empty they will set the tank in the new containment and change the plug.

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: Ron Meier of the USACE ON site. Jeff Hubbard on site

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lewis

CONTRACTORS DESIGNATED/
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft Story L.A.R.C. AREA
(SITE NAME AND LOCATION)

REPORT NO. 12 DELIVERY ORDER NO. 55 DATE 05-24-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 86°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SAP & PROJECT MGMT
PROVIDE COST ADMIN.

OPERATIONS SUPERVISOR SIMPSON ON SITE FOR EPAS

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - Set up wet screen box.
SPREAD OVER SANDBOX AREA APPROX 6800 GALS OF
DILUTED AMMONIA HYDROXIDE. REPAIRED WELLPOINTS PUMP
TRANSFERED DRUMS FROM SOLUTIONS LAB TO SITE.
TWO 12HRS SHIFTS MAINTAINING MICRO-ORGANISMS

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): PREPARATORY - ON the SPREADING of Diluted Ammonia Hydroxide - Techs will be in Level C. Wind Direction will be noted. SPREAD it after Army work hours.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: GEN. AF OFFICE TRAILER IS NOT GROUNDED.

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: Solutions = DRead Approx 34,000 Gals of Diluted Ammonia Hydroxide, And 6000 lbs of Lime on Sat. 5/22/93 At Approx 1900hrs. Operations Supervisor Simpson was not on site

Note - the Base began to Relocate the Phone line that Runs through the Eastern part of the Sand box

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lynch

CONTRACTORS DESIGNATED /
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft Story L.A.R.C. AREA
(SITE NAME AND LOCATION)

REPORT NO. 09 DELIVERY ORDER NO. 55 DATE 05-21-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 79°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE & PROJECT MGMT PROVIDE COST ADMIN

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - STARTED TO CORRECT THE VIOLATIONS FROM THE SAFETY AUDIT. CHANGED OUT AIR COMPRESSOR AND CONNECTED IT TO BLOWER SYSTEM IN 40'x10'x4' POOL CONTINUED TO PATCH HOLES IN STEEL BOX USED FOR WET SCREENING. SET UP MORE 500 W. LIGHTS FOR THE NIGHT SHIFT.

FIGURE 2.2.2

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: _____ TESTED: _____ AMPLIFYING INFO. N/A

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: Solutions is correcting the safety violations noted by USACE non major

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR SIMPSON WAS AT Ft Lee AND Ft EUSTIS.

LOST SITE AT 1630 HRS

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lemon

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft Sill, L.A.R.C. AREA
(SITE NAME AND LOCATION)

REPORT NO. 08 DELIVERY ORDER NO. 55 DATE 5/20/93
WEATHER CLOUDY/RAIN RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 75°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT. PROVIDE COST ADMIN

OPERATIONS SUPERVISOR SIMPSON ON SITE 8HRS

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS INC - CONTINUE TO PREPARE SITE FOR the APPLICATION of the INOCULANT.

Solutions is working TWO 12HR SHIFTS to MAINTAIN the MICO-ORGANISMS

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: USACE-RON MOYER CONDUCTED A SAFETY INSPECTION - TWO GENERATORS NEED TO BE GROUNDED, EXPOSED WIRE INTO SCH. 80 P.V.C. USE STEEL POSTS INSTEAD OF WOOD. MORE SIGNS ON FENCE AND GATES. OUT SIDE OUTLETS NEED TO BE GFCI - SOLUTIONS WILL CORRECT THE VIOLATIONS BY SAT. PORTABLE GFCI OUTLETS CAN BE USED

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: Jeff Hubbard on site

USACE Rep. Ron Mowers directed operations supervisor Bill Simpson to work 8hrs instead of the 10hrs shift he was working

Left site at 1530 hrs

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lemmi

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft Stor. L.A.R.C. AREA.
(SITE NAME AND LOCATION)

REPORT NO. 07 DELIVERY ORDER NO. 55 DATE 05-19-93
WEATHER Cloudy/Rain RAINFALL _____ INCHES TEMP: MIN. _____ MAX. _____

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT. PROVIDE COST TRACKING

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - INSTALLED 4" WELL AND DIDING TRANSFERED APPROX 14,000 GAL of INOCULANT FROM the LAB to the 40'x100'x4' MODULER TANK. ESTABLISH the CRZ AND SUPPORT ZONES. BEGIN TO WELD ON the WET SCREEN BOX. BEGIN TO EXCAVATE TRENCH FROM WELLS to MODULER TANKS. SET UP MORE FENCING AND SIGNS

FIGURE 7.7.7a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: REAL TIME AIR MONITORING OF EXCAVATION PERFORMED BY A O.V.A. (F.I.D.) ALL READINGS WHERE BELOW THE 200 ppm ACTION LIMIT

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: STARTED TO RAIN AT APPROX. 1330 hrs. SOLUTIONS CONTINUED TO WORK IN THE RAIN. SOLUTIONS STARTED OTHER OPERATION OF CONTROLING THE INOCULANT IN THE 40 x 100 x 4 MODULE TANK.

SHARON LONN OF THE USACE LEFT SITE AT 1200 hrs

OPERATIONS SUPERVISOR SIMPSON LEFT SITE AT 1700 hrs

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft Stoll ARC AREA
(SITE NAME AND LOCATION)

REPORT NO. 06 DELIVERY ORDER NO. 55 DATE 05-18-93
WEATHER Cloudy RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 75°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT PROVIDE COST TRACKING

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - TRANSFERED 4 TANKER TRUCKS OF INOCULANT, APPROX 24,000 GAL to the 40'x10'x4' MODULAR TANK. HOOKED UP AIR COMPRESSOR to the BLOWER FOR the MODULAR TANK. BEGAN to EXCAVATE A AREA IN the SAND BOX FOR the FIRE PIT SOIL.

FIGURE 3.3.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR; OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): PREPARATORY — ON TRANSFER OF INOCULANT.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Real-Time AIR MONITORING of excavation performed by A.O.V.A. (F.I.D.) All readings where below the 200 ppm action limit.

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: _____ TESTED: _____ AMPLIFYING INFO. _____
N/A

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATION'S SUPERVISOR SIMPSON WAS AT FT EUSTIS IN THE A.M

USACE'S SHARON KOHN WAS ON SITE 5/17, 5/18

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

FT STORY L.A.R.E AREA
(SITE NAME AND LOCATION)

REPORT NO. 05 DELIVERY ORDER NO. 55 DATE 05-17-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 75°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND EQUIPMENT.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - RENTED AIR COMPRESSOR, BEGAN HOOKUP OF PIPING TO POOL, BEGAN HOOKUP OF 4" PUMP.

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR SIMPSON WAS AT FT LEE AND FT EUSTIS AND FT STORY

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T Lynch

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

FT SHOP / L.A.R.C. AREA
(SITE NAME AND LOCATION)

REPORT NO. 04 DELIVERY ORDER NO. 55 DATE 05-16-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 85°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE MGMT AND PROJECT MGMT.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS - COMPLETED ASSEMBLING OF 40'X100'X4' POOL. COMPLETED INSTALLATION OF LINER

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S).

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	N/A	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR SIMPSON CHECKED ON THE PROJECT. DID NOT CHARGE TIME TO THE PROJECT

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft STORY L.A.R.C. AREA
(SITE NAME AND LOCATION)

REPORT NO. 03 DELIVERY ORDER NO. 55 DATE 5-15-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 80°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS SUBCONTRACTOR STARTED to ASSEMBLE A 40'x 100'x4' MODULE TANK

FIGURE 1.1.7a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: NONE

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR SIMPSON ON SITE 7hrs

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Lynch

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

E7 STORY L.A.R.C AREA
(SITE NAME AND LOCATION)

REPORT NO. 02 DELIVERY ORDER NO. 55 DATE 5/11-93
WEATHER RAIN RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 80°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS SUBCONTRACTOR DID NOT WORK BECAUSE OF RAIN. SET UP 550 FUEL TANK. PHONE HOOKED UP.

FIGURE 3.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: HEAVY RAIN

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR SIMPSON WAS AT FT LEE IN the A.M.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T. Simpson
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Ft STORY L.A.R.C AREA
(SITE NAME AND LOCATION)

REPORT NO. 01 DELIVERY ORDER NO. 55 DATE 05-13-93
WEATHER SUNNY RAINFALL _____ INCHES TEMP: MIN. _____ MAX. 78°

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): PROVIDE SITE AND PROJECT MGMT.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): SOLUTIONS SUBCONTRACTOR COMPLETED MOVING SAND FROM POOL AREA. SAND IS STAGED AT N/W CORNER OF SANDBOX AREA. BEGAN POOL LAYOUT. FINISHED TRAILER SETUP. ANCHORING OF TRAILER COMPLETED. FINISHED SET UP OF DECON AREA.

FIGURE 1.1.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE:.. REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: NONE

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): PREP meeting on Pool set up.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: N/A TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: N/A GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
N/A		

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: N/A BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
N/A				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR SIMPSON WAS AT FT EUSTIS IN THE A.M FOR A MEETING WITH WALLY SHAHEEN AND JEFF HUBBARD AND THE SUBCONTRACTORS BIDDING ON THE NEW FUEL STANDS AND DOING AT FEMR FIELD JP-4 AREA.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

William T Lewis

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT corp

Ft Story Lare Area
(SITE NAME AND LOCATION)

REPORT NO. 2 DELIVERY ORDER NO. #55 DATE 10/20/93
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 62 MAX. 82

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):
disposal from the fire training area
Miscellaneous debris consists of tree branches, shrubbery and wood, metal. The material will be directly loaded into the rolloff and haul to a local industrial landfill disposal. From stockpile that was staged at the north of the concrete pad adjacent to the Lare Area those soil approximately 40 yards have been determined to be an F-listed waste and therefore must be disposed off site.
3 truck loads of dirt was hauled off site.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

FIGURE 2.2.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: [illegible]

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up. crew used caution when the trucks were being loaded

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED:_____ TESTED:_____ AMPLIFYING INFO. NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: NONE GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	NONE	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: 135000 YDS/TONS

AMPLIFYING INFO:_____

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

EST QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
45000	None	Soil	OHD009865825	Pinewood, SC
45000				
45000				

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: None

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Lorie Barnes

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Stery Lake Area
(SITE NAME AND LOCATION)

REPORT NO. 3 DELIVERY ORDER NO. #55 DATE 10/26/93
WEATHER Rain RAINFALL _____ INCHES TEMP: MIN. 62 MAX. 72

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): Disposal from the Lake Area. The stock piles that are staged at the north of the concrete pad adjacent to the lake area. IT loaded out 2 trailer loads of material that is F-listed waste that why the material was disposed offsite.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

FIGURE 2.2.2a

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up: crew used SAFETY when loading the dump trailers.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: _____ TESTED: _____ AMPLIFYING INFO. None

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: None GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: 8000 ~~TDS~~/TONS

AMPLIFYING INFO: Soil was removed of Site

FIGURE 3.3.2a

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
4000	1	Solid Waste	VA1213720415 0004	Pinwood SC
4000	1	Solid waste	VA1213720615 0005	Pinwood, SC

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

FIGURE 3.3.2a

18. ADDITIONAL COMMENTS/REMARKS: all material was loaded in the two dump trailers.

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Lorrie Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story / ARC Area
(SITE NAME AND LOCATION)

REPORT NO. 1 DELIVERY ORDER NO. 55 DATE 10/13/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 62 MAX. 72

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION): IT Corp Sample the Lare Area, This sample were taken From the Sand that Solutions Environmental Asso. Treated
IT taken 10 samples, 24" below the surface.
No sample had any order to them.
IT then took sample -- 36" below the surface
Two Samples had a order
The First Sample E-15-477 had a odor (Kerosine)
The Second Sample D-14-449 Cadar Heavy grease and some Kerosine odor.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up crew used caution when taken samples.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: None

FIGURE 3.3.2a

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 21 TESTED: 21 AMPLIFYING INFO. Kerosine
E-16-352, C-16-310, C-14-308, E-13-349, D-12-325, E-11-347
C-10-304 this samples were taken 24" below surface
E-15-477, C-15-435, D-14-449, C-13-433, E-12-474, C-10-430,
E-7-469, C-6-426, E-4-466, C-4-424 F-15-480
E-15-477 Oder Kerosine — D-14-449 Heavy grease in sand

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: NONE GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	NONE	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		None		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: none

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louis Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

FIGURE 3.3.2a

IT TAILGATE SAFETY MEETING

Division/Subsidiary: Pgh. Services & Remi. Facility: Ft. Story
Date: 10/13/93 Time: 0700 Job Number: 519029
Customer: USACE Address:
Specific Location: LARC Area
Type of Work: Sampling Soil
Chemicals Used: Kerosine

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment: Level-D

Chemical Hazards: None

Physical Hazards: Slip, Trip, Fall

Emergency Procedures: Immerint. First Aid contact Supervisor call 911 if needed

Hospital / Clinic: McDonald Army Hosp Phone ( ) Paramedic Phone ( ) 911
Hospital Address: Bldg 516 Sterner Rd.
Special Equipment: None

Other:

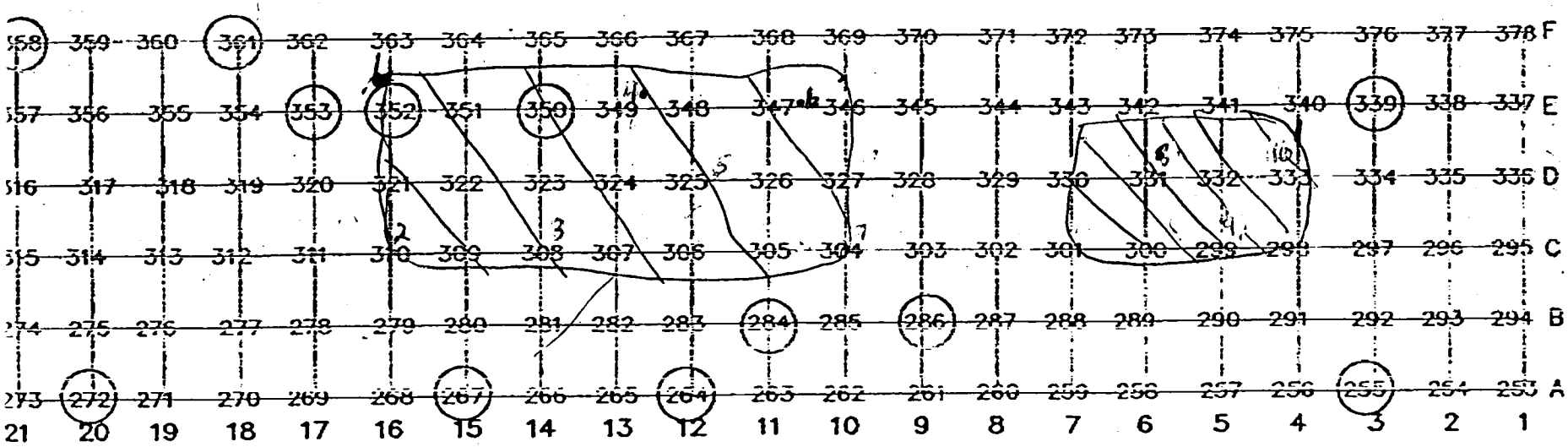
ATTENDEES

NAME PRINTED	SIGNATURE
Randy Hooks	Randy Hooks

Meeting conducted by:
Louie Bernardo — Louie Bernardo
NAME PRINTED — SIGNATURE

Supervisor: Louie Bernardo — Manager: Louie Bernardo

36-8-85

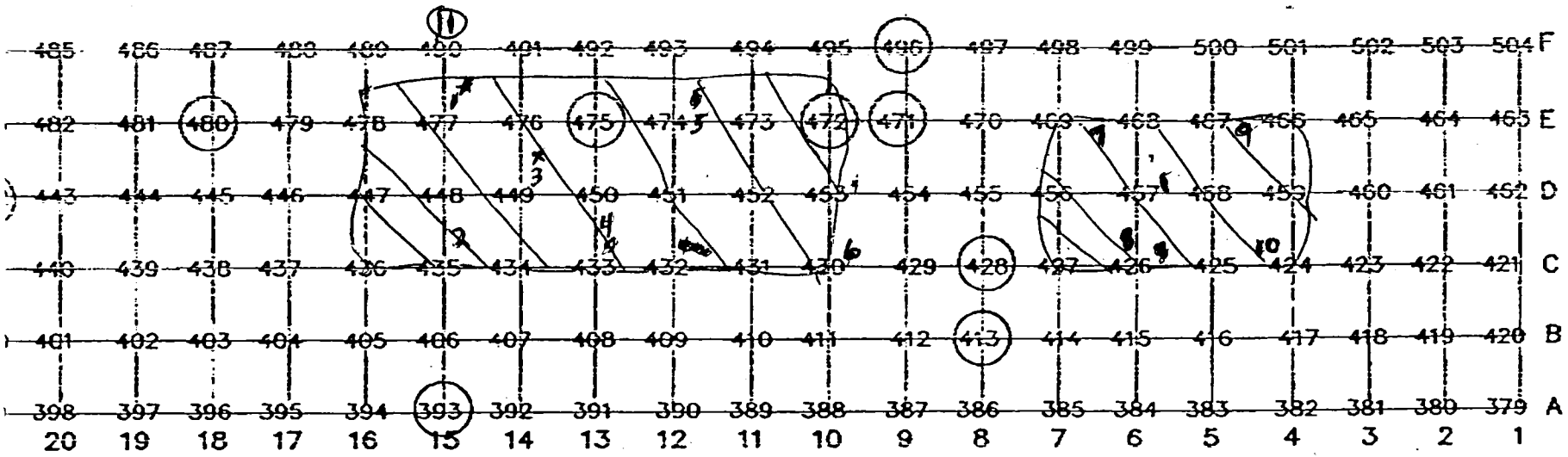


(12)

24" BELOW SURFACE

21-96 WED 13:38 AMERICAN MICROTRACE P.04

519029



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-21-95 WED 13:38 AMERICAN MICROTRACE P.05

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

LARC, AECA
(SITE NAME AND LOCATION)

REPORT NO. 1 DELIVERY ORDER NO. #55 DATE 3/20/94
WEATHER ____ RAINFALL ____ INCHES TEMP: MIN. ____ MAX. ____

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):
Mob from Pittsburgh to Ft. Story

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION):

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS:

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN):

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS:

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: _____

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: _____ TESTED: _____ AMPLIFYING INFO. _____

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: _____

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). _____

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: _____

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

_____
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Lare Area
(SITE NAME AND LOCATION)

REPORT NO. 2 DELIVERY ORDER NO. #54 DATE 3/21/94
WEATHER _____ RAINFALL _____ INCHES TEMP: MIN. 54 MAX. 68

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

Arrived onsite to unloaded sampling Materials
Went back to Hotel to make Federal Express
arrangements
Started sampling at OIA grid location
Sample SSE sampling location had to be moved
to S4D because of concrete roadway the
was in the site. The sample removed SSE

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: taking samples @ the Northeast of site. There was a concrete slab that was the road way to exit the gate.

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up crew visited caution working in the LARC AREA.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Soil Samples were taken at the surface.

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: Ron Meier Relocated the Sample 95E to 84-D because of the Concrete Slide.

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 32 TESTED: 32 AMPLIFYING INFO.
32 samples were taken from the Surface and were Sample for 8015 and 418.1

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: None GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: None

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		NONE		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: None

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Louis Bernardi

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story LAAC Area
(SITE NAME AND LOCATION)

REPORT NO. 3 DELIVERY ORDER NO. #55 DATE 3/22/94
WEATHER ____ RAINFALL ____ INCHES TEMP: MIN. 48 MAX. 72

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

Arrived on site at 6:30 unloaded sampling materials
Sample Number 275B was located to 320D
Sample Number 378F was located to 261A
Sample Number 376D was located to 295-C
All sample that are moved had the same sample Number.
All samples were packed inside a cooler and shipped to the Export Lab.
QA Samples were shipped to MRD Lab.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow Up: Crew used caution when taken samples in the LARC area!

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Soil Samples were taken.

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 32 TESTED: 32 AMPLIFYING INFO. 4/18/1 and 8015
Soil Samples were collected and Shipped to the IAL

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: None

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			None	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE [illegible] CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: None

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Lonnie Berner

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT corp

Ft Story LARC Area
(SITE NAME AND LOCATION)

REPORT NO. 4 DELIVERY ORDER NO. 55 DATE 3/23/94
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 52 MAX. 72

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

Arrived on site approximately 6:45
Started to lay out the sampling Bottles to take Samples
Sample 463 E was moved to location 457D
Sample 460 D was moved to location 427C
Sample 502 F was moved to location 469E
All samples numbers remained the same
We also moved sample location from within the covered tree area
Sample 408B was moved to 437C
Sample 408C was moved to 441D
Sample 442 D was moved to 479E
All Samples numbers remained the Same

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: moving sample location because of concrete Road way.

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up P crew cleaning Sampling supplies by using caution

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: 24" Cedar surfaces samples were taken

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: Ken Reiez moved the sample location that were by the concrete roadway and in the tree area.

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 32 TESTED: 32 AMPLIFYING INFO. 32 samples were taken at the 24" low sulfate mark and were tested 418.1, 8015

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: None GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: None

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			None	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: None

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). None

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: 4 Bales were made before taken as samples because of the concrete [illegible]

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

David Benner

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. Corp

Ft. Story Lake Area
(SITE NAME AND LOCATION)

REPORT NO. 5 DELIVERY ORDER NO. #55 DATE 3/24/94
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 45 MAX. 77

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

Arrived on site approximately 6:30
Paying the bottles at the sampling locations
Sampling Number F-502 was moved to E-469
Sampling Number E-463 was moved to D-457
Sampling Number D-460 was moved to C-427
This samples were moved because of the concrete road way
Sampling Number D-472 was moved to E-479
Sampling Number C-440 was moved to D-447
Sampling Number B-400 was moved to C-437
This samples were moved because of the tree area

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: Relocation of some of the samples

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up crew used caution when sampling

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Soil samples were taken in the area area

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: _____

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 32 TESTED: 32 AMPLIFYING INFO. 32 Samples were collected

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: NONE GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	NONE	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
		NONE		

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: None

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Lorie Barnes

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story LARC Area
(SITE NAME AND LOCATION)

REPORT NO. 6 DELIVERY ORDER NO. 755 DATE 3/25/94
WEATHER _____ RAINFALL _____ INCHES TEMP: MIN. 62 MAX. 78

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

Raw in the morning crew went back to hotel and marked the bottles.
Crew went to pick up sampling material. Then went back on site to try to sample it started to rain.
Crew worked to noon.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: RAIN

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): NONE

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: NONE

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: NONE

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED:_____ TESTED:_____ AMPLIFYING INFO. NONE

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: NONE GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	NONE	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____BBL/GAL SOLIDS: _____YDS/TONS

AMPLIFYING INFO: NONE

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
			NONE	

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: NONE

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). NONE

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS: NONE

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

Lorie Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT corp

Ft. Story LARC Area
(SITE NAME AND LOCATION)

REPORT NO. 7 DELIVERY ORDER NO. 55 DATE 3/28/94
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 50 MAX. 72

INSTRUCTIONS: THE CONTRACTOR SHALL SUBMIT THIS FORM DAILY AT THE CLOSE OF BUSINESS TO THE ON-SITE CORPS REPRESENTATIVE. CONCURRENTLY, THE CONTRACTOR SHALL PROVIDE ELECTRONIC ACCESS TO THE COMPLETED FORMS TO THE CORPS DISTRICT OFFICE AND THE AREA OFFICE.

1. WORK PERFORMED TODAY BY PRIMARY CONTRACTOR ON-SITE AND/OR OFF-SITE (INCLUDING A COMPLETE DESCRIPTION):

IT Personnel arrived on site at 0600 unloaded Sampling material.
Started Sampling at the 78" below surface
Sampling Number 630 F was moved to location 594 E
Sampling Number 601 E was moved to location E 602
Sampling Number 588 D was moved to location D 589
Sampling Number C 559 was moved to location C 552
This Samples were moved because of the concrete Road.
Sampling Number 576 D was moved to location E 604
Sampling Number C 567 was moved to location D 572
Sampling Number B 5-2 was moved to location C 562
This Samples were moved because of all the trees and roots.
All Samples were packed and Shipped to the Labs Export and MED.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): None

3. COMPLETE AND ATTACH THE DAILY PERSONNEL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 1.

(THE DAILY PERSONNEL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EMPLOYEE NAME AND CLASSIFICATION, HOURLY LABOR RATES (REGULAR, OVERTIME OR OTHER), TOTAL HOURS (REGULAR, OVERTIME OR OTHER) AND PER DIEM. LABOR COSTS SHALL BE SUMMED FOR: EACH EMPLOYEE, THE ENTIRE DAILY REPORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF LABOR.

4. ON-SITE CONDITIONS WHICH RESULTED IN DELAYED PROGRESS: None

5. TYPE AND RESULTS ON INSPECTIONS: (INDICATE WHETHER: P-PREPARATORY, I-INITIAL, OR F-FOLLOWUP AND INCLUDE SATISFACTORY WORK COMPLETED OR DEFICIENCIES WITH ACTION TO BE TAKEN): Follow up - Crew [illegible]

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Soil Samples were taken at the 48" below surface

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: None

8. COMPLETE AND ATTACH THE DAILY EQUIPMENT COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 2. (THE DAILY EQUIPMENT COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, EQUIPMENT TYPE AND IDENTIFICATION NUMBER, HOURS IN SERVICE, HOURS STANDBY, HOURS IDLE TIME, COST RATE, AND DAYS IN SERVICE. EQUIPMENT COSTS SHALL BE SUMMED FOR: EACH TYPE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF EQUIPMENT.

9. LIST THE TOTAL NUMBER OF SAMPLES COLLECTED AND TESTED FOR THE DAY:
COLLECTED: 32 TESTED: 32 AMPLIFYING INFO. 4181 and 8015
All Soil samples were shipped to export Lab.
All ~~Soil~~ QA samples were shipped to MRD Lab.

10. LIST THE TOTAL QUANTITY OF WASTEWATER TREATED: _____ GALLON(S)

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	None	

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:

LIQUID: _____ BBL/GAL SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: None

13. LIST THE FOLLOWING TRANSPORTATION AND/OR DISPOSAL INFORMATION:

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION

14. COMPLETE AND ATTACH THE DAILY MATERIAL COST REPORT AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 3. (THE DAILY MATERIAL COST REPORT IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND OFF-SITE (INCLUDING SUBCONTRACTORS)). AT A MINIMUM, THE COST REPORT SHALL PROVIDE: REPORT TITLE, SITE NAME, CONTRACTOR, CONTRACT NUMBER, DELIVERY ORDER NUMBER, DATE, MATERIAL PURCHASED, QUANTITY AND UNITS, LOCATION OF MATERIAL, AND VENDOR. MATERIAL COSTS SHALL BE SUMMED FOR: EACH PURCHASE, THE ENTIRE DAILY EFFORT, THE ENTIRE DELIVERY ORDER (UP TO THE DATE OF THE REPORT) AND THE PERCENTAGE OF THE ESTIMATED COST OF MATERIALS.

15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: _____

16. LIST ANY CREDITS AND/OR ADJUSTMENTS DUE TO THE GOVERNMENT (REFERENCE INVOICE NUMBER, CONVERSATIONS, ETC.). _____

17. COMPLETE AND ATTACH THE RAPID RESPONSE DAILY WORK ORDER AT THE END OF THIS DOCUMENT AND LABEL AS APPENDIX 4. (THE DAILY WORK ORDER IS REQUIRED FOR ALL COST REIMBURSABLE WORK ON-SITE AND/OR OFF-SITE (INCLUDING SUBCONTRACTORS)). THIS DOCUMENT DETAILS THE CONTRACTORS NEXT DAY WORK EFFORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE

18. ADDITIONAL COMMENTS/REMARKS: _____

19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT COMPLIANCE WITH THE PLANS AND SPECIFICATIONS, EXCEPT AS NOTED ABOVE.

_____
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

APPENDIX C

HEALTH AND SAFETY INFORMATION

TAILGATE SAFETY MEETING REPORTS

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 04-14-93 Time 0700 Job Number 519029

Customer USACOE Address: OMAHA NEBRASKA

Specific Location Ft STORY VA.

Type of Work Site set up BREAKUP CONCRETE, PUMP WATER

Chemicals Used NONE

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment LEVEL D. HARDHAT SAFETY GLASSES STEEL TOE SHOES WORK GLOVES. HEARING PROTECTION

Chemical Hazards FUEL

Physical Hazards SLIP, TRIP, FALL, SPLASH

Emergency Procedures NOTIFY SUPERVISOR, TREAT WITH FIRST AID

Hospital / Clinic Ft STORY HEALTH CLINIC Phone ( ) Paramedic Phone ( )

Hospital Address NEW GUINEA RD

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
TONY DeMARCO	Tony DeMarco
Earl Baumann	Earl Baumann
JACK BAIBERG	Jack Baiberg
R. TWADDLE	R. Twaddle

Meeting conducted by:

WILLIAM T. SIMPSON — William T. Simpson

NAME PRINTED — SIGNATURE

Supervisor William T. Simpson Manager

36-8-85

IT TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 04-15-93 Time 0700 Job Number 519029

Customer USACE Address: OMAHA

Specific Location F.T.P. Ft Story VA.

Type of Work Powerwash concrete and stone, Breakup concrete

Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Hard hat, Safety Glasses, Steel toe shoes, Work Gloves, Poly coated tyvek, P.C.V. Boots, Karil Gloves, Splash shield, hearing Protection

Chemical Hazards Fuel

Physical Hazards Slip, trip, Fall, splash, Flying concrete Loud noise Heavy Equipment movement.

Emergency Procedures Notify Supervisor, treat with first aid transport if needed

Hospital / Clinic VA Beach Gen Hosp. Phone 911 Paramedic Phone 911

Hospital Address New Guinea Rd

Special Equipment Hoe Ram on 580 case, Vac truck.

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Jack Boberg	Jack Boberg
Earl Baumann	Earl Baumann
Tony DeMarco	Tony DeMarco
R. Twaddle	R Twaddle

Meeting conducted by:

William T. Simpson — William T. Simpson

NAME PRINTED — SIGNATURE

Supervisor William T. Simpson Manager

36-8-85

IT TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility PGh

Date 04-16-93 Time 0700 Job Number 519029

Customer USACE Address: OMAHA, NE.

Specific Location F.T.P. #4 Ft. STORY, VA.

Type of Work BREAKUP CONCRETE AND LOADOUT, DIG SOIL

Chemicals Used NONE

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level D, HARD hat, SAfety GLASSES, Steel toe Boots, Leather WORK GLOVES, HEARING PROTECTION

Chemical Hazards Fuel

Physical Hazards SLIP, TRIP, FALL, FLYING CONCRETE, LOUD NOISE. HEAVY EQUIPMENT MOVEMENT

Emergency Procedures Notify SUPERVISOR, TREAT with FIRST AID TRANSPORT if NEEDED.

Hospital / Clinic VA. BEACH GEN. HOSP. Phone ( ) 911 Paramedic Phone ( ) 911

Hospital Address FIRST COLONAL RD. VA. BEACH

Special Equipment HOE RAM ON S&O CASE

Other

ATTENDEES

NAME PRINTED	SIGNATURE
TONY DeMarco	Tony DeMarco
Earl Baumann	Earl Baumann

Meeting conducted by:

WM. T. SIMPSON — William T. Simpson

NAME PRINTED — SIGNATURE

Supervisor William T. Simpson Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 04-17-93 Time 0700 Job Number 519029

Customer USACE Address: OMAHA, NE.

Specific Location F.T.P. #4 Ft Story, VA.

Type of Work Excavate and stockpile soil / Field test soil for Fuel

Chemicals Used

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level D Hard hat, Safety Glasses, Steel toe Boots, Leather work Gloves, Hearing Protection.

Chemical Hazards Fuel

Physical Hazards Slip, Trip, Fall, Heavy Equipment movement, Loud Noise

Emergency Procedures Notify Supervisor, treat with first Aid. Transport if Needed

ital / Clinic VA. Beach Gen Hosp Phone ( ) 911 Paramedic Phone ( ) 911

Hospital Address First Colonial Rd. VA. Beach

Special Equipment Hanby HNU Field test Kit

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Jack Boberg	Jack Boberg
Earl Baumann	Earl Baumann
R. Twaddle	R. Twaddle
Tony DeMarco	Tony DeMarco

Meeting conducted by:

Wm. T. Simpson (NAME PRINTED) — William T. Simpson (SIGNATURE)

Supervisor William T. Simpson Manager

36-8-85

IT TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 4-19-93 Time 0700 Job Number 519029

Customer USACE Address: Omaha, NE

Specific Location F.T.P. #4 Ft Story, VA.

Type of Work Backfill, Sampling, Site teardown

Chemicals Used

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level D, Hard hat, Safety Glasses, Steel toe Boots, Leather work Gloves, Hearing protection

Chemical Hazards Fuel

Physical Hazards Slip trip, Fall, Heavy Equipment movement, Loud Noise, Lifting

Emergency Procedures Notify Supervisor, treat with first aid transport if needed.

Hospital / Clinic VA Beach Gen. Hosp. Phone ( ) 911 Paramedic Phone ( ) 911

Hospital Address First Colonal Rd. VA. Beach

Special Equipment HNU Hanby Field test Kit

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Jack Bobere	Jack Bobere
Earl Bowmann	Earl Bowmann

Meeting conducted by:

Wm. T. Simpson (NAME PRINTED) — William T. Simpson (SIGNATURE)

Supervisor William T. Simpson Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary SERVICES 3511 Facility PGH

Date 04-24-93 Time 0700 Job Number 519029

Customer USACE Address: FORT STORY, VIRGINIA

Specific Location FIRE TRAINING PIT AREA

Type of Work LOAD OUT SOIL

Chemicals Used DIESEL FUEL

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment HARD HAT, SAFETY GLASSES, STEEL TOE BOOTS, LEATHER GLOVES

Chemical Hazards FUEL CONTAMINATED SOIL

Physical Hazards SLIP, TRIP, FALL, NOISE, MOVING EQUIPMENT, HEAVY LIFTING

Emergency Procedures TREAT WITH FIRST AID AND TRANSPORT TO THE HOSPITAL IF NECESSARY
NOTIFY SUPERVISOR OF ALL ACCIDENTS OR INJURIES

Hospital / Clinic GENERAL HOSPITAL, VA. BEACH Phone ( ) 911 Paramedic Phone ( ) 911

Hospital Address WILL-O-WISP RD VA. BEACH, VA.

Special Equipment FIRST AID KIT, FIRE EXTINGUISHERS, EYE WASH, LOADER, HAND TOOLS

Other

ATTENDEES

NAME PRINTED	SIGNATURE
TONY DeMARCO	Tony DeMarco
Earl Baumann	Earl Baumann

Meeting conducted by:

JACK BOBERG — Jack Boberg

NAME PRINTED — SIGNATURE

Supervisor William T. [illegible] Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary AGeG Env. Svc. Inc. Facility

Date 6-30-93 Time 15:00 Job Number

Customer Solutions Environmental Address: 815 N. Congress Ave. Chesterfield Va.

Specific Location Ft. Story, Va.

Type of Work Bioremediation of Petroleum Hydrocarbon

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl cont bar gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422 7456

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Gray Ferguson	Gray Ferguson
Darrin A. O'Connor	Darrin A. O'Connor
Bob Gaylord	Bob Gaylord

Meeting conducted by:

Greg Kiser
NAME PRINTED

SIGNATURE

Supervisor

Manager

IT TAILGATE SAFETY MEETING

Division/Subsidiary AGaG Env. Svc. Inc Facility

Date 6-29-93 Time 1000 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Circle Chesapeake, VA.

Specific Location Ft. Story, VA.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl leather gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kit & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-[illegible]

Hospital Address First Colonial Road

Special Equipment Reporting accidents promptly

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Philip LaFleur	Philip LaFleur
Donald Holcomb	Donald Holcomb
Bob Gaylord	Bob Gaylord
Jim Brumley	Jim Brumley

Meeting conducted by: Gary Shirley (NAME PRINTED) [signature] (SIGNATURE)

Supervisor [signature] Manager

IT TAILGATE SAFETY MEETING

Division/Subsidiary AGoG Env. Svc. Inc. Facility

Date 6-28-93 Time 20:00 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Circle Chesapeake, Va.

Specific Location Ft. Story, Va.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Buna Nitrile gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, [illegible] mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid [illegible] Fire Extinguishers

Hospital / Clinic Va Beach General Phone (804) 481-8262 Paramedic Phone (804) [illegible]

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Joe Ericson	[illegible]
Gary Ferguson	Gary Ferguson
Mike Westfall	[illegible]
Philip LaFleur	Philip LaFleur
MATTHEW G BRUMLEY JR	Matthew G Brumley Jr

Meeting conducted by: Greg Kiser, Mike Westfall (NAME PRINTED) — [illegible] (SIGNATURE)

Supervisor [illegible] Manager

5.8.85

TAILGATE SAFETY MEETING

Division/Subsidiary AGaG Env. Svc. Inc Facility

Date 6-27-93 Time @ 21:00 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Circle Chesapeake, VA.

Specific Location Ft. Story, VA.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl or leather gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Mike Westfall	Mike Westfall
MATTHEW G BRUMBEY JR	Matthew G Brumbey Jr

Meeting conducted by:

Greg Kiser — Greg Kiser

NAME PRINTED — SIGNATURE

Supervisor Jerry Bennett

Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary AG&G Env. Svc. Inc Facility

Date 6-27-93 Time 11:00 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Chesapeake, VA.

Specific Location Ft. Story, VA.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl leather gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft soil, mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Aaron A. O'Connor	[illegible]
Bob Gaylord	Bob Gaylord
Donald Holcomb	Donald Holcomb

Meeting conducted by: [illegible]
NAME PRINTED SIGNATURE

Supervisor Doug Bowen Manager

TAILGATE SAFETY MEETING

Division/Subsidiary AG&G Env. Svc. Inc. Facility

Date 6-26-93 Time 15:00 Job Number

Customer Solutions Environmental Address: 814 B. Greenbrier Chesapeake, VA.

Specific Location Ft. Story, VA.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl or leather gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Gray Ferguson	[illegible]
Richard A. O'Connor	[illegible]
Bob Gaylord	[illegible]

Meeting conducted by:

Greg Kiser
NAME PRINTED

SIGNATURE

Supervisor [illegible]

Manager

TAILGATE SAFETY MEETING

Division/Subsidiary AG&G Env. Svc. Inc. Facility

Date 6-25-93 Time 0645 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Cir. Chesapeake, Va.

Specific Location Ft. Story, Va.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl rubber gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft soil mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kit & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

~~Special Equipment~~ Job awareness & communication w/ equipment operators.

Other

ATTENDEES

NAME PRINTED	SIGNATURE
M. Westfall	[signature]
B. Gaylord	[signature]
P. LeFleur	Philip LeFleur
J. Brumley	[signature]
D. Holcomb	[signature]

Meeting conducted by: Gary Shirley (NAME PRINTED) [signature] (SIGNATURE)

Supervisor [signature] Manager

TAILGATE SAFETY MEETING

Division/Subsidiary AGeG Env. Svc. Inc. Facility

Date 6-24-93 Time 11:05 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Cir Chesapeake, VA.

Specific Location Ft. Story, VA

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl rubber gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Mike Westfall	[signature]
Philip LaFleur	[signature]
MATTHEW G BRUMLEY JR	[signature]

Meeting conducted by:

Greg Kiser
NAME PRINTED

SIGNATURE

Supervisor [signature]

Manager

IT TAILGATE SAFETY MEETING

Division/Subsidiary AGeG Env. Svc. Inc Facility

Date 6-23-93 Time 0915 Job Number

Customer Solutions Environmental Address: 814-B Greenbrier Circle Chesapeake, Va.

Specific Location Ft. Story, Va

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl and leather gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

Special Equipment

HAZARDS & PPE for Ammonium Hydroxide

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Philip Harbour	Philip Harbour
Jim Brumley	Jim Brumley
Donald Holcomb	Donald Holcomb
Bob Gaylord	Bob Gaylord

Meeting conducted by: [illegible] [signature]

NAME PRINTED SIGNATURE

Supervisor [illegible] Manager

TAILGATE SAFETY MEETING

Division/Subsidiary AGOG Env. Svc. Inc. Facility

Date 6-17-93 Time 0500 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Chesapeake, Va.

Specific Location Ft. Story, Va.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl or Neoprene gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kits + Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

~~Special Equipment~~ Training (H&S) OFF DUTY LIFESTYLE and Impact on Work SAFETY

Other

ATTENDEES

NAME PRINTED	SIGNATURE
B. Gaylord	B. Gaylord
C. Lillard	[illegible]
J. Brumley	[illegible]
D. Holcomb	[illegible]
M. Westfall	[illegible]

Meeting conducted by: G. Shirley / B. Gaylord

NAME PRINTED SIGNATURE

Supervisor G. Shirley Manager

TAILGATE SAFETY MEETING

Division / Subsidiary: AGGG Env. Svc. Inc. Facility

Date: 6-21-93 Time: [illegible] Job Number:

Customer: Solutions Environmental Address: 814 B Greenbriar Chesapeake, Va.

Specific Location: Ft. Story, Va.

Type of Work: Bioremediation of Petroleum Hydrocarbon contam

Chemicals Used: Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment: P.E. coated Tyvek, latex gloves, Poly leather gloves, hard hat, safety glasses, poly boots.

Chemical Hazards: Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards: Trip Hazards - hoses, electrical, mixing, soil mixing, heavy equipment

Emergency Procedures: Hospital, Location of First Aid Kit, Fire Extinguisher

Hospital / Clinic: [illegible] Phone: (804) 481-8000 Paramedic Phone: (804) [illegible]

Hospital Address: [illegible]

Special Equipment: (2) [illegible] Fire Extinguishers, (2) [illegible] Hoses

Other:

ATTENDEES

Name Printed	Signature
B. Gerhart	[illegible]
T. Blanchard	[illegible]
D. [illegible]	[illegible]

Meeting conducted by: G. Shirley
NAME PRINTED

Signature

Supervisor: [illegible]

Manager

TAILGATE SAFETY MEETING

Division/Subsidiary AGaG Env. Svc. Inc. Facility

Date 6 20 93 Time 0700 Job Number

Customer Solutions Environmental Address: 814 B Greenbrier Circle Chesapeake, Va.

Specific Location Ft. Story, Va.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl or leather gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #s posted; Location of First Aid Kits & Fire Extinguishers

Hospital / Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Road

Special Equipment (1) Emergency Report Conditions
(2) NH_4OH PPE & HANDLING

Other

ATTENDEES

NAME PRINTED	SIGNATURE
B. Gaylord	[illegible]
J. Brumley	[illegible]
D. Holcomb	[illegible]

Meeting conducted by: G. Shirley
NAME PRINTED

SIGNATURE

Supervisor [illegible]

Manager

36 8 85

TAILGATE SAFETY MEETING

Division/Subsidiary AG&G Env. Svc. Inc. Facility

Date 6-19-93 Time ~~0500~~ 0530 Job Number

Customer Solutions Environmental Address: 814-B Greenbrier Circle Chesapeake, VA.

Specific Location Ft. Story, VA.

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl or Nitrile gloves, hard hat, safety glasses, poly boots

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures phone #'s posted; Location of First Aid Kit & Fire Extinguishers

Hospital / Clinic VA Beach General Phone (804) 481-8282 Paramedic Phone (804) [illegible]

Hospital Address First Colonial Road

Special Equipment (1) Back Strain
(2) Heat Stress

Other

ATTENDEES

NAME PRINTED	SIGNATURE
J. Brumley	[illegible]
B. Holcomb	[illegible]

Meeting conducted by: G. Shirley (NAME PRINTED) [signature] (SIGNATURE)

Supervisor [signature] Manager

36 0 85

TAILGATE SAFETY MEETING

Division/Subsidiary: AGEG Env. Svc. Inc. Facility:

Date: 6-17-93 Time: 0500 Job Number:

Customer: Solutions Environmental Address: 814 B Greenbrier Circle Chesapeake, VA.

Specific Location: Ft. Story, Va.

Type of Work: Bioremediation of Petroleum Hydrocarbon contaminated ~~soil~~ sand

Chemicals Used: Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment: P.E. coated Tyvek, Latex gloves, Butyl rubber gloves, hard hat, safety glasses, poly boots

Chemical Hazards: Ammonium Hydroxide, Phosphoric Acid, Lime

Physical Hazards: Trip Hazards - hoses, electrical wiring, soft sand, mud, Heavy Equipment

Emergency Procedures: phone #'s posted; Location of First Aid Kit + Fire Extinguishers

Hospital/Clinic: Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address: First Colonial Road

Special Equipment:

Other:

ATTENDEES

NAME PRINTED	SIGNATURE
Steven A. [illegible]	[illegible]
Matthew C. [illegible]	[illegible]
Donald [illegible]	[illegible]

Meeting conducted by:

Greg Krisar
NAME PRINTED

[illegible]
SIGNATURE

Supervisor [illegible] Manager

[illegible] 85

TAILGATE SAFETY MEETING

Division/Subsidiary AG&G Environmental Svc. Inc. Facility

Date 6-16-93 Time 0705 Job Number

Customer Solutions Environmental Address: 814-B Greenbrier Circle Chesapeake, VA

Specific Location Ft. Story, VA

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated sand

Chemicals Used Ammonium Nitrate, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment [illegible] leather gloves, hard hat, safety glasses, [illegible]

Chemical Hazards [illegible] Phosphoric Acid

Physical Hazards [illegible] electrical wiring, salt sand, [illegible]

Emergency Procedures [illegible] weather, location of F/A [illegible]

Clinic [illegible] Paramedic Phone (804) 422-7456

Hospital Address [illegible]

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Steven A. [illegible]	Steven A. [illegible]
MATTHEW G. BROWNFIELD	Matthew G. Brownfield

Meeting conducted by: Greg Kiser — Greg Kiser (NAME PRINTED / SIGNATURE)

Supervisor [illegible] Manager

[illegible] 85

TAILGATE SAFETY MEETING

Division/Subsidiary AGG [illegible] Inc. Facility

Date 6-15-93 [illegible] Job Number

Customer Solutions Environmental Address 814-B Greenbrier Circle Chesapeake, VA

Specific Location Ft. [illegible]

Type of Work Bioremediation of Petroleum Hydrocarbon contaminated SAND

Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment [illegible] gloves, leather gloves, hard hat, safety glasses, poly [illegible]

Chemical Hazards Ammonium Hydroxide, Phosphoric Acid

Physical Hazards Trip hazards - hoses, electrical wiring, soft sand, mud

Emergency Procedures phone numbers listed/location, location of [illegible] kits and fire extinguishers

Closest Clinic Va. Beach General Phone (804) 481-8262 Paramedic Phone (804) [illegible]

Hospital Address First Colonial Road

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Steven A. Penney	Steven A Penney
MATTHEW G. [illegible]	Matthew G Brooks Jr.

Meeting conducted by: [illegible] [signature]

NAME PRINTED SIGNATURE

Supervisor [illegible] Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 3/21/94 Time 0200 Job Number 519029

Customer USACE Address: Ft Story, VA.

Specific Location LARC Area

Type of Work Sampling LARC Area

Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level-D Hard hat, Safety Glasses, Steel toe boots work gloves.

Chemical Hazards fuel

Physical Hazards Slip, Trip, Fall

Emergency Procedures Notify Supervisor, treat with First Aid and transport to hospital if needed

Hospital / Clinic Ft. Story Health Clinic Phone ( ) Paramedic Phone ( ) 911

Hospital Address New Guinea Rd.

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Heather Wilson	Heather Wilson
Tony DeMarco	Tony DeMarco

Meeting conducted by: Louie Bernardo

NAME PRINTED

SIGNATURE

Supervisor

Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 3/22/94 Time 0700 Job Number 519029

Customer USACE Address: Ft. Story, VA.

Specific Location LARC Area

Type of Work Sampling LARC Area

Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level-D hard hat, safety glasses, steel toe boots

Chemical Hazards fuel

Physical Hazards Slip, Trip, Fall, moving LARC's.

Emergency Procedures Notify supervisor, treat with first aid and transport to hospital if needed

Hospital / Clinic Ft Story Health Clinic Phone ( ) Paramedic Phone ( ) 911

Hospital Address New Guinea Rd.

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Heather Wilson	Heather L. Wilson
Tony DeMarco	Tony DeMarco

Meeting conducted by:

Louie Bernardo — NAME PRINTED

Louie Bernardo — SIGNATURE

Supervisor Louie Bernardo

Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh.
Date 3/23/94 Time 0630 Job Number 519029
Customer USACE Address: Ft. Story VA.
Specific Location LARC Area
Type of Work Sampling LARC
Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level-D hard hat. Safety glasses, steel toe boots
Chemical Hazards Fuel
Physical Hazards Slip, trip, Fall, moving LARC's.
Emergency Procedures Notify supervisor treat with First Aid And transport to hosp
Hospital / Clinic Ft. Story Health Clinic Phone ( ) Paramedic Phone ( ) 911
Hospital Address New Guinea Rd
Special Equipment
Other

ATTENDEES

NAME PRINTED	SIGNATURE
Tony DeMarco	Tony DeMarco
Heather Wilson	Heather Wilson

Meeting conducted by: Louie Bernardo (NAME PRINTED) Louie Bernardo (SIGNATURE)
Supervisor Louie Bernardo Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh

Date 3/24/94 Time 0700 Job Number 519028

Customer USACE Address: Ft. Story Va.

Specific Location LARC Area

Type of Work Sampling LARC Area

Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level-D

Chemical Hazards Fuel

Physical Hazards Slip, trip, Fall

Emergency Procedures Notifty supervisor treat with first Aid and transport to hospital if needed

Hospital / Clinic Ft. Story Health Clinic Phone ( ) Paramedic Phone ( ) 911

Hospital Address New Gunner Rd.

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Heather Wilson	Heather Wilson
Tony DeMarco	Tony DeMarco

Meeting conducted by:

Louie Bernardo — Louie Bernardo

NAME PRINTED — SIGNATURE

Supervisor Louie Bernardo

Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh.

Date 3/25/94 Time 0700 Job Number 579028

Customer USACE Address: Ft. Story VA.

Specific Location LARC Area

Type of Work Sampling LARC Area RAIN out!

Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level - D

Chemical Hazards Fuel

Physical Hazards Slip trip, Fall

Emergency Procedures Notify Supervisor treat with First Aid and transport to hospital if needed.

Hospital / Clinic Ft. Story Health Clinic Phone ( ) Paramedic Phone ( ) 911

Hospital Address New Guinea Rd.

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Heather Wilson	Heather Wilson
Tony DeMarco	Tony DeMarco

Meeting conducted by:

Louie Bernardo — Louie Bernardo

NAME PRINTED — SIGNATURE

Supervisor Louie Bernardo

Manager

36-8-85

TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Rgh.

Date 3/28/94 Time 0600 Job Number 519028

Customer USACE Address: Ft. Story VA.

Specific Location LARC Area

Type of Work Sampling LARC Area

Chemicals Used None

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level-D

Chemical Hazards None

Physical Hazards Slip, trip, Fall

Emergency Procedures Notify supervisor treat with first Aid and transport to hospital if needed

Hospital / Clinic Ft. Story Healthcare Phone ( ) Paramedic Phone ( ) 911

Hospital Address New Guinea Rd

Special Equipment

Other

ATTENDEES

NAME PRINTED	SIGNATURE
Tony DeMarco	Tony DeMarco

Meeting conducted by:

Louie Bernardo — Louie Bernardo

NAME PRINTED — SIGNATURE

Supervisor Louie Bernardo

Manager

36-8-85

APPENDIX D

DISPOSAL RECORDS

MANIFESTS

South Carolina Department of Health and Environmental Control

9260 - 4007
Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street Columbia SC 29201
Phone (803) 734-5200
Emergency 24 Hours (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No: VA1213720815 Manifest Document No: 0001
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is by State law

3. Generator's Name and Mailing Address: Fort Story, DEH Office, Building 727, Fort Story, VA 23459-5000 Attn: Gary Longmire
4. Generator's Phone: 804) 422-7344

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: ~~Laidlaw Environmental Services (TG)~~ RMI
6. U.S. EPA ID Number: SCD987574647
C. State Transporter's ID
D. Transporter's Phone: 803-452-6060

7. Transporter 2 Company Name: Dart Trucking Co Inc.
8. U.S. EPA ID Number: OHD009816525
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: Laidlaw Environmental Services, Inc. Route 1, Box 225 Pinewood, SC 29125
10. U.S. EPA ID Number: SCD070375985
G. State Facility's ID
H. Facility's Phone: 803-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. Non-regulated solid waste, non-regulated soils	001	DT	450000	P	7777
b.					
c.			47,280		
d.					

J. Additional Descriptions for Materials Listed Above
a. PW-0578 8-6101
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Work Order No.: 177870
Please send additional copy of completed manifest to: IT Corp. Attn: Tom Mathison, 2790 Mosside Blvd., Monroeville, PA 15146

Public reporting burden for this collection of information is estimated to average 30 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment, storage, and disposal facilities per response including the time for reviewing instructions, gathering data, completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: MICHAEL FRANKS Signature: [illegible] Month Day Year

19. Discrepancy Indication Space
a. [illegible] b. c. d.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: [illegible] Signature: Month Day Year

D/B 56/07

TRUCK # 9260 TRAILER #

COMPANY NAME: Poistin

DATE: PRICE: $6.00

RE-WEIGH: $1.00

SIGNATURE: Kay Lindeassen

CHARLIE'S TRUCK PAVILION, INC.
5792 NORTHAMPTON BLVD.
VA. BEACH, VA. 23455
804/460-2032

D18 56107

TRUCK # 9360 TRAILER #

COMPANY NAME: Prism

DATE: 10/20/93 PRICE: $6.00

RE-WEIGH: $1.00

SIGNATURE: Kay Andreasson

CHARLIE'S TRUCK PAVILION, INC.
3742 NORTHAMPTON BLVD.
VA. BEACH, VA. 23455
804/460-1032

ORIGINAL

DIS 56107

TRUCK # 9260 TRAILER #

COMPANY NAME: Rieter

DATE: 10-20-93 PRICE: 1.00 $6.00

RE-WEIGH: $1.00

SIGNATURE: Kay Andrews

CHARLIE'S TRUCK PAVILION, INC.
5792 NORTHAMPTON BLVD.
VA. BEACH, VA. 23455
804/460-2032

NAL

Laidlaw Environmental Services of SC, Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

D1856107

WORK ORDER NUMBER 177870 5

MANIFEST NUMBER 00001

CUSTOMER NAME

PLANT LOCATION

( ) FLATBED . . . . . DRUMS

( ) TANKER . . . . .est. GALLONS

(✓) DUMP TRUCK . est. CU. YARDS

( ) ENCLOSED VAN . . DRUMS

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: Dodd 5

DRIVER:

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State

VEHICLE WEIGHT:

GROSS 07:27 10/21/93 77500 LB G

TARE 09:04 10/21/93 30220 LB G

NET 47280

DATE

TIME IN:

TIME OUT:

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street Columbia SC 29201
Phone (803) 734-5200
Emergency 24 Hr Phone 803-253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. V A 1 2 1 3 7 2 0 8 1 5 — Manifest Document No. 0 0 0 0 2
2. Page 1 of 1
Information in the shaded areas is not required by Federal law but is by State law

3. Generator's Name and Mailing Address: Fort Story, DEH Office, Building 727, Fort Story, VA 23459-5000 Attn: Gary Longmire
4. Generator's Phone: 804 422-7344
A. State Manifest Document Number: D 1 8 5 6 1 4
B. State Generator's ID:

5. Transporter 1 Company Name: Dart Trucking Co Inc ~~Laidlaw Environmental Services (TG)~~ S C D 9 8 7 5 7 4 6 4 7
C. State Transporter's ID: 0 0 0 0 9 8 7 5 7 4 6 4 7
D. Transporter's Phone: 803-452-6060
7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: Laidlaw Environmental Services, Inc. Route 1, Box 225 Pinewood, SC 29125
10. U.S. EPA ID Number: S C D 0 7 0 3 7 5 9 8 5
G. State Facility's ID
H. Facility's Phone: 803-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste Number
a. Non-regulated solid waste, non-regulated soils	0 0 1	D T	45 cf. 4 5 0 0 0	P	7 7 7 7
b.					
c. RECEIVED NOV 1 1993			49,040		
d.					

J. Additional Descriptions for Materials Listed Above
a. P W - 0 5 7 8 8 - 6 1 0 1
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Work Order No.: 177871
Please send additional copy of completed manifest to: IT Corp. Attn: Tom Mathison, 2790 Mosside Blvd., Monroeville, PA 15146

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 1 minutes for treatment, storage, and disposal facilities. This includes time for review of instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

16. GENERATOR'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 national government regulations and the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Stephen A. McKay
Signature: Stephen A. McKay
Month Day Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: ROBERT E. DAVIS
Signature: Robert E. Davis
Month Day Year: 11 10 2 9 3

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature: 802 9213 / 9213
Month Day Year

FACILITY

19. Discrepancy Indication Space
a. 49040 cs
b. cs
c. cs
d. cs

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name:
Signature:
Month Day Year

LeMay Environmental Services of SC, Inc.
Route 1, Box 25J
Pinewood, South Carolina 29125

WORK ORDER NUMBER 17871 21

MANIFEST NUMBER 00002

CUSTOMER NAME

PLANT LOCATION

( ) FLATBED . . . . . DRUMS

( ) TANKER . . . . . cst. GALLONS

(✓) DUMP TRUCK . cst. CU. YARDS

( ) ENCLOSED VAN . . DRUMS

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: Dart 21

DRIVER:

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State

VEHICLE WEIGHT:

GROSS	10:51	10/21/93	82380 LB G
TARE	01:17	10/21/93	33340 LB G
NET			49040

DATE

TIME IN:

TIME OUT:

2 hrs 26 mins. unloading time

VID - 3670
9285 - 157

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia SC 29201
Phone (803) 734-5200
Emergency & Holidays (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VA1213720815 Manifest Document No. 0003
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is by State law

GENERATOR

3. Generator's Name and Mailing Address: Fort Story, DEH Office, Building 727, Fort Story, VA 23459-5000 Attn: Gary Longmire
4. Generator's Phone: (804) 422-7344

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: DART TRUCKING CO. INC ~~Laidlaw Environmental Services (TG)~~
6. U.S. EPA ID Number: ~~SCD987574647~~ VAP009865825
C. State Transporter's ID: T197KC
D. Transporter's Phone: 803-452-6060

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address: Laidlaw Environmental Services, Inc. Route 1, Box 225 Pinewood, SC 29125
10. U.S. EPA ID Number: SCD070375985
G. State Facility's ID
H. Facility's Phone: 803-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. Non-regulated solid waste, non-regulated soils	001	DT	EST. 450000	P	7777
b.					
c.			47,100		

J. Additional Descriptions for Materials Listed Above
a. PW - 05788 - 6101
b. ___
c. ___
d. ___

K. Handling Codes for Wastes Listed Above

15. Special Handing Instructions and Additional Information
Work Order No.: 177872
Please send additional copy of completed manifest to: IT Corp. Attn: Tom Mathison, 2790 Mosside Blvd., Monroeville, PA 15146

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 30 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM 223, U.S. Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

16. GENERATOR'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 national government regulations and the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Stephen A. McCall
Signature: Stephen A. McCall
Month Day Year: 10 20 93

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: DAVID McLAIN
Signature: [illegible]
Month Day Year: 10 20 93

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Year

FACILITY

Discrepancy Indication Space
a. 47100 lbs. c. ___ lbs.
b. ___ lbs. d. ___ lbs.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: [illegible]
Signature: [illegible]
Month Day Year: 10 21 93

ENVIRONMENTAL SERVICES

Laidlaw Environmental Services of SC, Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

WORK ORDER NUMBER 177872 20

MANIFEST NUMBER CCCC3

CUSTOMER NAME

PLANT LOCATION

( ) FLATBED . . . . . DRUMS

( ) TANKER . . . . .est. GALLONS

(✓) DUMP TRUCK . est. CU. YARDS

( ) ENCLOSED VAN . . DRUMS

VEHICLE WEIGHT:		
GROSS 10:50	10/21/93	80560 LB G
TARE 01:08	10/21/93	33460 LB G
NET		47100

DATE

TIME IN:

TIME OUT:

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: Dart 20

DRIVER:

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State

1 hr. 18 min. unloading

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste M
2600 Bull Street, Columbia, SC 29201
Phone (803) 734-5200
Emergency & Holidays (803)253-646

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No 2050-0039 Expires 9

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VA1213720815 Manifest Document No. 00004
2. Page 1 of 1

Information in the shaded areas required by Federal law, but is by Stat

GENERATOR

3. Generator's Name and Mailing Address Fort Story, DEH Office, Building 727,
Fort Story, VA 23459-5000
Attn: Gary Longmire
4. Generator's Phone (804) 422-7344

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: Laidlaw Environmental Services (TG)
6. U.S. EPA ID Number: SCD987574647
C. State Transporter's ID
D. Transporter's Phone 803-452-6060

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Laidlaw Environmental Services, Inc.
Route 1, Box 225
Pinewood, SC 29125
10. U.S. EPA ID Number: SCD070375985
G. State Facility's ID
H. Facility's Phone 803-452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Numb
a. Non-regulated solid waste, non-regulated soils	001	DT	EST 40000	P	7771
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PW - 05788 - 6101
b. - -
c. - -
d. - -

K. Handling Codes for Wastes Listed Above

15. Special Handing Instructions and Additional Information
Work Order No.: 177930
Please send additional copy of completed manifest to: IT Corp.
Attn: Tom Mathison, 2790 Mosside Blvd., Monroeville, PA 15146
Phone 1-800-444-9586

Public reporting burden for this collection of information is estim average 37 minutes for generators, 15 minutes for transporters, a minutes for treatment storage and disposal facilities. This includes for reviewing instructions, gathering data, and completing and re the form. Send comments regarding the burden estimate and suggestions for reducing this burden to Chief, Information P Branch PM 223, U.S. Environmental Protection Agency, 401 M St Washington, D.C. 20460 and to the Office of Information and Regu Affairs, Office of Management and Budget, Washington, D.C. 20

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classi packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economic practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to hum health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management meth that is available to me and that I can afford.

Printed/Typed Name: Stephen A. McCall
Signature: Stephen A. McCall
Month Day Y 10 25 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: LOE RAVENELL
Signature: Lee Ravenell
Month Day Y 10 25 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Y

FACILITY

19. Discrepancy Indication Space
a 36420 lbs. c lbs.
b lbs. d lbs.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Jan Todd
Signature: Jan Todd
Month Day Y 10 27 93

LAIDLAW ENVIRONMENTAL SERVICES

Laidlaw Environmental Services of SC, Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

WORK ORDER NUMBER 177930 16

MANIFEST NUMBER 00004

CUSTOMER NAME

PLANT LOCATION

( ) FLATBED . . . . . DRUMS

( ) TANKER . . . . .est. GALLONS

(✓) ~~DUMP TRUCK~~ . est. CU. YARDS

( ) ENCLOSED VAN . . DRUMS

VEHICLE WEIGHT:		
GROSS	08:58 10/27/93	68520 LB G
TARE	10:32 10/27/93	32100 LB G
NET	36420	

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

DATE

TIME IN:

TIME OUT:

HAULER: Laidlaw 16

DRIVER:

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State

DISPATCH WORK TICKET

Dispatch Order: 2015695
Dispatch Seq : 2.0

WO Number : 55438
WO Sequence : 2.0
Equipment Type: DUMP

LAIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

Trailer : 6096T
-Equipment type:
-Location : PINEWOOD, SC
-Addition Info : PINEWOOD

Driver : DOE
Tractor: 60062

Event Location : LAIDLAW ENVIRONMENTAL SERVICES [LESPIN]
-Address 1 : ROUTE 1, BOX 255
-Address 2 :
-City, State : PINEWOOD, SC 29125
-Telephone : (513) 782-4507
-Contact : QUENTON NICHOLS

Event : DELIVERY
Event Date : 10/27/93
Event Time :

Dispatch Date : 10/25/93
Dispatch Time : 18:00

Disposal Work Order: 177930

Customer PO:

Driver Note: FOR DIRECTIONS TO SITE CONTACT LOUY BERNADO 804-888-6931

Time Arrival: 8:58 Time Departure: 10:32 Total Time: 1½

Condition of Drums & Material: _____

Manifest: 00004 T.S.D.F: _____

Tanker Cleaning Time: _____

Reason for Demurrage: _____

Beginning Mileage: _____ Ending Mileage: _____

_____ Customer Representative

X _____ Laidlaw Representative

X _____ TSDF Representative

DISPATCH WORK TICKET

Dispatch Order: 2015695
Dispatch Seq : 1.0

WO Number : 55438
WO Sequence : 1.0
Equipment Type: DUMP

LAIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

Trailer : 6096T
-Equipment type:
-Location : PINEWOOD, SC
-Addition Info : PINEWOOD

Driver : DOE
Tractor: 60062

Event Location : FT. STORY [FTSVIR]
-Address 1 : US ARMY TRANS
-Address 2 :
-City, State : VIRGINIA BCH, VA
-Telephone : (513) 782-4507
-Contact : QUENTON NICHOLS

Event : PICKUP
Event Date : 10/26/93
Event Time : 11:00

Dispatch Date : 10/25/93
Dispatch Time : 18:00

Disposal Work Order: 177930

Customer PO:

.ver Note: FOR DIRECTIONS TO SITE CONTACT LOUY BERNADO 804-888-6931

Next Event : DEL
Next Location : PINEWOOD, SC

Time Arrival: 11:15 Time Departure: 12:00 PM Total Time: 1 hr

Condition of Drums & Material: _____

Manifest: 00004 T.S.D.F: _____

Tanker Cleaning Time: _____

Reason for Demurrage: _____

Beginning Mileage: _____ Ending Mileage: _____

Ronald Beaumont Customer Representative

X D.C. Ramsey Laidlaw Representative

X _____ TSDF Representative

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste M
2600 Bull Street, Columbia, SC 29201
Phone (803) 734-5200
Emergency & Holidays (803)253-64

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No 2050-0039 Expires

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VA1213720815 Manifest Document No. 010005
2. Page 1 of 1
Information in the shaded areas required by Federal law, but is by Sta

3. Generator's Name and Mailing Address Fort Story, DEH Office, Building 727,
Fort Story, VA 23459-5000
Attn: Gary Longmire
4. Generator's Phone (804) 422-7344

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name Laidlaw Environmental Services (TG)
6. U.S. EPA ID Number SCD987574647
C. State Transporter's ID
D. Transporter's Phone 803-452-6060

7. Transporter 2 Company Name
8. U.S. EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Laidlaw Environmental Services, Inc.
Route 1, Box 225
Pinewood, SC 29125
10. U.S. EPA ID Number SCD070375985
G. State Facility's ID
H. Facility's Phone 803-452-5003

GENERATOR

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Numb
a. Non-regulated solid waste, non-regulated soils	001	DT	EST 40000	P	777
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PW-05788-6101
b.
c.
d.

K. Handling Codes for Wastes Listed Above

15. Special Handing Instructions and Additional Information
Work Order No.: 177929
Please send additional copy of completed manifest to: IT Corp.
Attn: Tom Mathison, 2790 Mosside Blvd., Monroeville, PA 15146
Phone 1-800-444-9586

Public reporting burden for this collection of information is est-m average 37 minutes for generators 15 minutes for transporters minutes for treatment storage and disposal facilities This includ for reviewing instructions gathering data and completing and re the form Send comments regarding the burden estimate suggestions for reducing this burden to Chief Information Branch PM 223 U S Environmental Protection Agency, 401 M St Washington D C 20460 and to the Office of Information and Reg Affairs Office of Management and Budget Washington D C 20

16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classi packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations the laws of the State of South Carolina

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Printed/Typed Name Stephen A. McCall
Signature Stephen A. McCall
Month Day Y 1 0 2 5 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Theodore Brown
Signature Theodore Brown
Month Day Y 1 0 2 6 9

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Month Day Y

FACILITY

19. Discrepancy Indication Space
a 41640 lbs. c
b lbs. d

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Jan Todd
Signature Jan Todd
Month Day Y 1 0 2 7 9 3

Laidlaw Environmental Services of SC, Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

WORK ORDER NUMBER 177929 17

MANIFEST NUMBER 00005

CUSTOMER NAME

PLANT LOCATION

( ) FLATBED . . . . . DRUMS

( ) TANKER . . . . .est. GALLONS

(✓) DUMP TRUCK . est. CU. YARDS

( ) ENCLOSED VAN . . DRUMS

VEHICLE WEIGHT:

GROSS	08:00	10/27/93	73120 LB G
TARE	10:31	10/27/93	31480 LB G
NET			41640

DATE

TIME IN:

TIME OUT:

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: Laidlaw 17

DRIVER:

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State

DISPATCH WORK TICKET

Dispatch Order: 2015701
Dispatch Seq : 1.0

WO Number : 55435
WO Sequence : 1.0
Equipment Type: DUMP

LAIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

Trailer : 60103T
-Equipment type:
-Location : PINEWOOD, SC
-Addition Info : PINEWOOD

Driver : THEODORE BROWN
Tractor: 60054

Event Location : FT. STORY [FTSVIR]
-Address 1 : US ARMY TRANS
-Address 2 :
-City, State : VIRGINIA BCH, VA
-Telephone : (513) 782-4507
-Contact : QUENTON NICHOLS

Event : PICKUP
Event Date : 10/26/93
Event Time : 10:30

Dispatch Date : 10/26/93
Dispatch Time : 01:00

Disposal Work Order: 177929

Customer PO:

Driver Note: FOR DIRECTIONS TO THE SITE CALL 804-888-6931 LOUY BERNADO

Next Event : DEL
Next Location : PINEWOOD, SC

Time Arrival: 10:30am Time Departure: 12:00Noon Total Time: _____

Condition of Drums & Material: _____

Manifest: 00005 T.S.D.F: _____

Tanker Cleaning Time: _____

Reason for Demurrage: _____

Beginning Mileage: 145306 Ending Mileage: 145724

Customer Representative

X Theodore Brown Laidlaw Representative

X _____ TSDF Representative

DISPATCH WORK TICKET

Dispatch Order: 2015701
Dispatch Seq : 2.0

WO Number : 55435
WO Sequence : 2.0
Equipment Type: DUMP

LAIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

Trailer : 60103T
-Equipment type:
-Location : PINEWOOD, SC
-Addition Info : PINEWOOD

Driver : THEODORE BROWN
Tractor: 60054

Event Location : LAIDLAW ENVIRONMENTAL SERVICES [LESPIN]
-Address 1 : ROUTE 1, BOX 255
-Address 2 :
-City, State : PINEWOOD, SC 29125
-Telephone : (513) 782-4507
-Contact : QUENTON NICHOLS

Event : DELIVERY
Event Date : 10/27/93
Event Time :

Dispatch Date : 10/26/93
Dispatch Time : 01:00

Disposal Work Order: 177929

Customer PO:

Driver Note: FOR DIRECTIONS TO THE SITE CALL 804-888-6931 LOUY BERNADO

Time Arrival: 9:00 Time Departure: 10:31 Total Time: _____

Condition of Drums & Material: _____

Manifest: 00005 T.S.D.F: _____

Tanker Cleaning Time: _____

Reason for Demurrage: _____

Beginning Mileage: _____ Ending Mileage: _____

_____ Customer Representative

X _____ Laidlaw Representative

X _____ TSDF Representative

FED. VAD 05 793 4176
STATE VAD 05 793 41766

PetroChem

Recovery Services, Inc.
635 Maltby Avenue
P.O. Box 1458
Norfolk, Virginia 23501
(804) 627-8791

Nº 15481

24 HOUR EMERGENCY
RESPONSE
1-804-627-8791

DATE 4 / 15 / 19 93

CUSTOMER'S ORDER NO. [redacted] P.

CUSTOMER'S NAME IT CORP

ADDRESS 2790 Mosside BLVD

JOB LOCATION FORT STORY

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	SHIP VIA	PREPAID ☐ COLLECT ☐

	QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	1,100	GALLONS OF USED WATER & OIL		
2		GALLONS OF USED WATER & FUEL		
3		WATER CONFORMING		
4		WATER NON-CONFORMING		
5				
6				
	CHECK ONE:			
[ ]	MSDS			
[ ]	USE EMERGENCY RESPONSE GUIDE			
[✓]	PRODUCT LISTED ABOVE			
	Destination:	PeTRO Chem		

THE CUSTOMER AGREES THAT IT SHALL NOT PROVIDE TO PETRO CHEM RECOVERY SERVICES, INC. ANYTHING BUT WASTE OIL AND WASTE OIL DERIVATIVES AND SHALL NOT INCLUDE SUCH THINGS AS PCB's AND TCE's OR ANY HAZARDOUS MATERIALS AS DEFINED IN THE CODE OF FEDERAL REGULATIONS.

All claims and returned goods MUST be accompanied by this bill.

PetroChem Raymond West

ACCEPTANCE OF JOB — The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified. Payment will be made as outlined.

Date of Acceptance: 4-15-93 Signature: Bill Simpson

Payment to be made as follows: Net 10 days upon completion of PetroChem Recovery Services, Inc. work order. _____ Service Charge per month over 30 days together with attorney's fees amounting to 25% of the total amount due if incurred.

PORTLOCK PRINTING 543-5381

FED. VAD 05 793 4176
STATE VAD 05 793 41766

PetroChem
Recovery Services, Inc.
635 Maltby Avenue
P.O. Box 1458
Norfolk, Virginia 23501
(804) 627-8791

Nº 14201

DATE

CUSTOMER'S ORDER NO. P.O. # 474953 4 / 14 / 1993

CUSTOMER'S NAME I.T. CORP

ADDRESS 2790 Mosside Boulevard

JOB LOCATION Fort Story

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	SHIP VIA	PREPAID ☐ COLLECT ☐

	QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	5216	GALLONS OF USED OIL & WATER		
2		GALLONS OF USED FUEL & WATER		
3				
4				
5				
6				
7				
8				
9				
10				
11	Destination:	Petrochem		

THE CUSTOMER AGREES THAT IT SHALL NOT KNOWINGLY PROVIDE TO PETRO CHEM RECOVERY SERVICES, INC. ANYTHING BUT WASTE OIL AND WASTE OIL DERIVATIVES AND SHALL NOT KNOWINGLY INCULDE SUCH THINGS AS PCB's AND TCE's OR ANY HAZARDOUS MATERIALS AS DEFINED IN THE CODE OF FEDERAL REGULATIONS.

All claims and returned goods MUST be accompanied by this bill.

PetroChem A L Nixon

ACCEPTANCE OF JOB — The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified. Payment will be made as outlined.

Date of Acceptance: 4-14-93 Signature: Bill Simpson

Payment to be made as follows: Net 10 days upon completion of PetroChem Recovery Services, Inc. work order. _____ Service Charge per month over 30 days together with attorney's fees amounting to 25% of the total amount due if incurred.

PORTLOCK PRINTING 543-5381

WASTE PROFILES

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MANIFESTS, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE

(Read instructions on the reverse side prior to initiating this form)

DATE: 9/24/93

TRANSMITTAL: 55-1-3

SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS *(This section will be initiated by the contractor)*

TO: Bev Graham / USACE
215 North 17th Street
Omaha, NE 68102

FROM: Quentin Nichols / IT Corp.
11499 Chester Rd.
Cincinnati, OH 45246

CONTRACT NO.: DACW45-90-D-9002
Delivery Order No. 55

CHECK ONE:
(✓) THIS IS A NEW TRANSMITTAL
( ) THIS IS A RESUBMITTAL OF TRANSMITTAL _____

SPECIFICATION SEC NO. (Cover only one section with each transmittal)

PROJECT TITLE AND LOCATION: Ft. Story NAPL removal, Virginia Beach, VA

ITEM NO. a.	DESCRIPTION OF ITEM SUBMITTED (Manifest Description, number of pages, type size, model number, etc.) b.	MFG OR CONTR.CAT., CURVE, OR MANIFEST NO. (See instruction no. 8) c.	NO. OF COPIES d.	CONTRACT SPEC/DRWG e.	NUMBER OF PAGES f.	FOR CONTRACTOR USE CODE g.	VARIATION (See instruction No. 6) h.	FOR CE USE CODE i.
1.	Complete Manifest package for Non-Haz. Soils	00001	1		35			
2.								
3.								
4.								

SECTION II - PROJECT CONTACTS AND PERSONNEL REVIEWING SUBMITTALS *(This section will be initiated by the USACE-OSR and Environmental Branch)*

	POINTS OF CONTACT:	PHONE:	FAX:	ITEM NO. (Block a.) p.	NAME OF TSDF: q.	COMPLIANCE: (YES/NO) r.	DATE CHECKED: s.
j.	TM:						
k.	PE:			1.			
l.	OSR:			2.			
m.	OTHER:			3.			
n.	HH REVIEW BY: (Initials) _____ DATE:	o. CHEM REVIEW BY: (Initials) _____ DATE:		4.			

REMARKS Section I, Item 1 b. - Package for Laidlaw Envir. Services
Please review & comment/approve.

REVIEW COMMENTS ATTACHED? ( )YES ( )NO

I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract statement of work and meets all federal, state, and local laws and regulations except as other wise stated.

Quentin Nichols

NAME AND SIGNATURE OF CONTRACTOR

SECTION III - APPROVAL ACTION

ENCLOSURES RETURNED (List by Item No.)	NAME, TITLE, AND SIGNATURE OF APPROVING AUTHORITY	DATE

INTERNATIONAL TECHNOLOGY CORPORATION

September 24, 1993

Mr. Jeff Hubbard
USACE - ATTN: CEMRO-ED-ER
Zorinsky Federal Building
215 North 17th Street
Omaha, NE 68102-4978

Re: Contract No. DACW45-90-D-9002
Delivery Order No. 55 - Fort Story
Decision Logic for Non-hazardous Characterization of Waste Soils

Dear Mr. Hubbard:

Generator's knowledge of operations conducted at the LARC Storage Area and the Fire Fighter Training Area at Fort Story and analytical results from a sample of the subject waste provide that this waste does not exhibit the characteristic of ignitability, corrosivity or reactivity and the waste is not a Listed Waste found in Subpart D of Part 261, 40 CFR.

Analytical results provided in the June 29, 1993 lab report included analysis for RCRA Toxicity Characteristics (TCLP for Waste Codes D004 through D043) and all compounds analyzed were found to be below regulatory levels. Based on the lab report and historical information about the site, the waste soils are not considered TSCA waste. When considering all of the information available for the waste soils, the soils are characterized as Non-Hazardous.

Regional Office
11499 Chester Rd • Cincinnati, Ohio 45246 • 513-782-4600

If you have any questions regarding the decision logic provided, please contact me at (513)-782-4507.

Sincerely,

IT CORPORATION

Quentin N. Nichols
Regulatory Specialist

QNN/plb

cc: B. Graham (USACE)
S. Schmitt (USACE)
T. Mathison (IT Corp)

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street Columbia SC 29201
Phone (803) 734-5200
Emergency & Holidays (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No 2050-0039 Expires 9-3

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's U.S. EPA ID No: VA12137201500001 — Manifest Document No

2 Page 1 of 1

Information in the shaded areas is required by Federal law but is by State

3 Generator's Name and Mailing Address: U.S. Army Transporation Center - Fort Story, Shore Drive, Virginia Beach, VA 23696 Attn: Mike Vale

4 Generator's Phone: (804) 422-7344

A State Manifest Document Number

B State Generator's ID

5 Transporter 1 Company Name: Laidlaw Environmental Services (TG)

6 U.S. EPA ID Number: SCD987574647

C State Transporter's ID

D Transporter's Phone: 803-452-6060

7 Transporter 2 Company Name

8 U.S. EPA ID Number

E State Transporter's ID

F Transporter's Phone

9 Designated Facility Name and Site Address: Laidlaw Environmental Services, Inc. Route 1, Box 225 Pinewood, SC 29125

10 U.S. EPA ID Number: SCD070375985

G State Facility's ID

H Facility's Phone: 803-452-5003

GENERATOR

11 U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12 Containers No	Type	13 Total Quantity	14 Unit Wt/Vol	I Waste Number
a Non-regulated solid waste, non-regulated soils	001	DT		P	7777
b					
c					
d					

J Additional Descriptions for Materials Listed Above

a PW - 05788 - 6101

b

c

d

K Handling Codes for Wastes Listed Above

15 Special Handing Instructions and Additional Information

Work Order No:

Please send additional copy of completed manifest to: IT Corp., Attn: Tom Mathison, 2790 Mosside Blvd., Monroeville, PA 15146

Public reporting burden for this collection of information is estimated to average 30 minutes for generators, 15 minutes for transporters and 15 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

16 **GENERATOR'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 national government regulations and the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | Signature | Month Day Year

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Month Day Year

19 Discrepancy Indication Space

a ____ lbs c ____ lbs

b ____ lbs d ____ lbs

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name | Signature | Month Day Year

ENVIRONMENTAL SERVICES

Customer Notification And Certification

FORM A

Only Statements with Original Signatures will be Accepted

Generator Name/Location: U.S. Army Transportation Center- Fort Story, Shore Dr., Virginia Beach VA 23696

E. I.D. Number: VA 1213720815

Waste Profile or ARF Designation: PW-05788-6101

Manifest Number: 00001

EPA Hazardous Waste Number(s): 7777

Waste Analysis Attached? YES _____ NO _____ On file at facility. X

Unrestricted Waste Notification (Category 1)

If you generate a hazardous waste that is **not** a land disposal restricted waste (the waste has no applicable treatment standards), mark the statement below.

☒ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

Restricted Waste Notification (Category 2)

If you generate a hazardous waste that is restricted from land disposal (the waste has applicable treatment standards), mark the statement below. **Note:** All appropriate standards must be accounted for. A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked.

☐ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR 268, Subpart D. Waste must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; qualifies for a variance as described in Category 3 below; or meets the standard as described under Category 4 below.

☐ For hazardous debris, the waste contains the following contaminants subject to treatment (check all that apply): ___ § 268.45(b) (1)-Toxicity characteristic debris; ___ § 268.45(b) (2)-Debris contaminated with listed waste; ___ § 268.45(b) (3)-Cyanide reactive debris. This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45.

Corresponding Treatment Standard(s) _____

Restricted Waste Variance Notification (Category 3)

If you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR 268.5, a nationwide variance under 40 CFR 268 Subpart C, a no migration petition under 40 CFR 268.6, or other applicable variance), mark the statement below and list the appropriate variance in the space provided.

(3a) Restricted Waste Variance Notification

☐ I notify pursuant to 40 CFR 268.7(a) (3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR 268 Subpart C, or a case-by-case extension under 40 CFR 268.5, or an exemption under 40 CFR 268.6.

Applicable Variance (List the variance and give the date the waste is subject to prohibitions)

(3b) Hazardous Debris Extension Notification

☐ For the hazardous debris waste stream accompanying this notification, I notify that I have made the necessary submittals to EPA pursuant to 40 CFR 268.5(g), as described in the May 14, 1993 Federal Register (Vol. 58, No. 92, page 28510) and therefore this hazardous debris shipment qualifies for the one year case-by-case extension.

Applicable Variance Date: May 8, 1994

Restricted Waste Certification (Category 4)

If you generate a hazardous waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated, mark the statement below. **Note:** All applicable standards must be accounted for. A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked.

☐ I certify under penalty of law that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification including the possibility of fine and imprisonment.

Applicable Standards Passed (List the appropriate standard(s) for constituents not requiring treatment)

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Revised 8/93

LAIDLAW ENVIRONMENTAL SERVICES

LAIDLAW ENVIRONMENTAL SERVICES OF SOUTH CAROLINA, INC

NONBIODEGRADABLE NOTIFICATION/CERTIFICATION FORM

GENERATOR NAME: U.S. Army Transportation Center - Fort Story

MANIFEST NUMBER: 00001

ARF #: PW-05788-6101

SORBENT NOTIFICATION: PLEASE CHECK THE APPROPRIATE LINE.

✓ I have not added sorbents (i.e., material that is used to soak up free liquids by either adsorption or absorption, or both. Sorb means to either adsorb, absorb, or both.) to the waste streams indicated above.

____ I have added sorbents (i.e., material that is used to soak up free liquids by either adsorption or absorption, or the both. Sorb means to either adsorb, absorb or both.) to the waste streams indicataed above. Please complete certification below.

SORBENT CERTIFICATION:

I certify that any sorbent agents added to the waste are considered nonbiodegradable as indicated in 40 CFR section 264.314/265.314.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Laidlaw Environmental Services of South Carolina, Inc
Route 1, Box 255 Pineywood, South Carolina 29125
Phone 803 452 5003 Fax 803 452 6390

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE

(Read instructions on the reverse side prior to initiating this form)

DATE:

TRANSMITTAL NO. 55-1-1

SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS

(This section will be initiated by the contractor)

TO: U.S. ARMY CORPS OF ENGINEERS
ATTN: CEMRO-ED-ER (HUBBARD)
ZORINSKY FEDERAL BUILDING
215 N. 17TH STREET
OMAHA, NE 68102-4978

FROM: WINDY COATES FOR QUENTIN NICHOLS
IT CORPORATION
11499 CHESTER RD.
CINCINNATI, OH 45246

CONTRACT NO. 7ACW-45-90-D9002

CHECK ONE:
☒ THIS IS A NEW TRANSMITTAL
☐ THIS IS A RESUBMITTAL OF TRANSMITTAL

SPECIFICATION SEC. NO. (Cover only one section with each transmittal)

PROJECT TITLE AND LOCATION: FORT STORY — VIRGINIA BEACH, VA

ITEM NO. a	DESCRIPTION OF ITEM SUBMITTED (Type size, model number, etc.) b	MFG OR CONTR. CAT., CURVE, DRAWING OR BROCHURE NO. (See instruction no. 6) d	NO. OF COPIES e	CONTRACT REFERENCE DOCUMENT: SPEC. PARA. NO. e	CONTRACT REFERENCE DOCUMENT: DRAWING SHEET NO. f	FOR CONTRACTOR USE CODE g	VARIATION (See instruction No. 6) h	FOR CE USE CODE i
1	LAIDLAW PROFILE FOR NON-HAZARDOUS SOIL		1					A
2	CHEMICAL WASTE MANAGEMENT PROFILE FOR NON-HAZARDOUS SOIL		1					A
3	ENVIROSAFE PROFILE FOR NON-HAZARDOUS SOIL		1					A
	EB 7/14/93							

RECEIVED

REMARKS: PLEASE REVIEW AND APPROVE, OR ADVISE AS TO CORRECTIONS REQUIRED.

I certify that the above submitted items have been reviewed in detail and are correct and in strict conformance with the contract drawings and specifications except as other wise stated.

NAME AND SIGNATURE OF CONTRACTOR

SECTION II - APPROVAL ACTION

ENCLOSURES RETURNED (List by item No.)

NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY: J. M. SLATTERY, Chief, Industrial Hygiene

DATE: 7-14-93

ENG FORM 4025, May 91 (ER 415-1-10) EDITION OF AUG 89 IS OBSOLETE. SHEET ___ OF ___ (Proponent: CEMP-CE)

ENVIRONMENTAL SERVICES

Secure Landfill

August 22, 1993

Mr. Quentin Nichols
IT CORPORATION
11499 Chester Road
Cincinnati, OH 45246

RE: U.S. ARMY TRANSPORTATION CENTER - FORT STORY, VA

Dear Mr. Nichols:

We are pleased to submit, for your consideration, the following Proposal:

LAIDLAW CODE #	WASTE DESCRIPTION	DISPOSAL PRICE
5788-6101	Non-Hazardous Soil	$75.00/ton (bulk)

*Each load is subject to a $750.00 minimum disposal charge.

Please be reminded that the aforementioned rates reflect disposal of waste materials which are of a solid consistency. In order to avoid "off-spec" charges or possible rejections, please ensure that your waste complies with the above. If liquids are present in the loads, an "off-spec" charge will be invoiced to your Company.

Proposal contingent upon approval of Authorization Request Form (ARF) by the South Carolina Department of Health and Environmental Control.

This proposal is not a commitment by Laidlaw Environmental Services of South Carolina, Incorporated to accept any particular volume or quantity of waste. Laidlaw reserves the right to refuse acceptance of waste based upon governmentally imposed disposal limits or other business considerations.

Please follow the instructions contained in the enclosed Scheduling Guideline when scheduling a shipment of the above product.

This quote is valid thirty days from the date of receipt of supplemental permits.

All shipments to our site are subject to Federal and State taxes as outlined in the enclosed Scheduling Guideline.

Laidlaw Environmental Services of South Carolina, Inc.
Route 1, Box 255 Pinewood, South Carolina 29125

In addition to our disposal and treatment capabilities, we offer a large waste transportation fleet ready to serve your waste hauling needs. For service, quotations, or questions, please call 1-800-537-8478.

We appreciate this opportunity of quoting on your chemical waste disposal needs and look forward to servicing your requirements in the very near future.

Sincerely,

Jerry L. Locklear
Facility Sales Coordinator

JLL/sgk

enclosures

cc: Chuck Cormack
Ruth Rilee

Truck Contract
Path Rice

AUTHORIZATION REQUEST FORM

AUG 2 1 1993

APPROVED

___ Amendment ✓ New

___ Landfill ___ Reclaim
___ Recycle ___ Incinerate
___ Landfarm ___ Energy Rec
___ Other 5 3 93 SCD

South Carolina Department of Health and Environmental Control
Bureau of Solid and Hazardous Waste (803) 734-5200

Bell Tex
Transportation
1869 Chester Rd
Cincinnati, OH 45214
Attn: Quentin Nichols
(513) 782-4807

Authorization Number: PW - 05785 - 6101 ← To be entered by TSD Facility

8 98147

Generator Information:

Generator ID # VA 2 1 3 7 2 0 8 1 5 Name U.S. ARMY TRANSPORTATION CENTER - FORT EUSTIS

Address SHORE DRIVE City VIRGINIA BEACH State VA Zip Code 23696

Official Contact TIM MATHISON Title PROJ. MGR. (IT) Telephone (800) 444-9586 Independent City County

Treatment, Storage, or Disposal Facility Information:

Facility EPA ID # S C D 0 7 0 3 7 5 9 8 5 Name GSX SERVICES OF S.C. INC.

0.01 Line # (This line # will always represent this specific waste stream.)

ORIGINAL DOCUMENT
DO NOT USE WHITEOUT

NON-HAZARDOUS SOIL
Description of Hazardous Waste

NA
7777 GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (7777)
EPA/DHEC Waste Codes

NA
DOT Hazard Class

Process Producing Waste:
REMOVAL OF UNDERGROUND STORAGE TANK CONTAINING WASTE OIL

ATTACHMENTS 22

Enter Quarter for One-Time Disposal: 3 / 93 Qtr/yr.

Handling Method: D 8 1

If Multiple Shipments Enter Frequency Here: ____ times/yr.

Volume: (lbs/yr. only) 120,000

Physical State of Waste @ 70°F
1. ✓ solid, 2. ___ liquid 3. ___ N/A

Flash Point (cc)
1. ___ N/A 2. ___ <60°F 3. ___ 60-140°F 4. ✓ >140°F

For DHEC Use Only:

Date Received ___ ___ ___

Notes:

5788-610
3-4-93 (ny)

DHEC 1060 Rev. (8/86)

AUTHORIZATION REQUEST FORM (con't)

Facility Use Only:

Packaging for Shipment: [ ] In Drums (size) [ ] [✓] In Bulk [ ] Other

Method of Transportation : [ ] Railroad tanker [✓] truck [ ] Other [ ] Specific Gravity: [NA]

Viscosity @ 70°F: [ ] Low [ ] Medium [ ] High NA Layering: [✓] None [ ] Bilayered [ ] Multilayer

Suspended Solids: % by weight or volume, Specify exact % [NA] Dissolved Solids: by % weight, Specify exact % [NA]

Thousands of Btu's/lb, Specify : [NA] Organically Bound Sulfur (wt %): [NA] Organically Bound Chloride: [NA]

Organically Bound Nitrogen (Wt %) [NA] Toxicity: [ ] High [ ] Medium [ ] Low [ ] Unknown Ash %: [NA]

Affinity for Water: [✓] Hydrophilic [ ] Lipophilic pH (if hydrophilic): [5-6]

Visual Description of waste: [DRY SOIL]

Constituents: List specific constituents by name and corresponding percentage in waste stream.

Volatile Organics	%	Non Volatile Organics	%	Acid or Alkalis	%	Salts & Inorganics	%
						SOIL	90-10
						WATER	0-10

GENERATOR DECLARES THAT WASTE IS NON-HAZARDOUS (7777)

Water: 0-10 %

22 ATTACHMENTS INITIALED NUMBERED.

5788-610
8-4-93

AUTHORIZATION REQUEST FORM (con't)

Metallic: ~~(total metals not EP Toxicity Test)~~ TCLP (mg/L)

As	<0.1 ppm	Cr^{+3}	____ ppm	Ag	<0.01 ppm	Fe	____ ppm
Ba	<0.5 ppm	Cr^{+6}	____ ppm	Ni	____ ppm	Sb	____ ppm
Cd	0.006 ppm	Hg	<0.0001 ppm	Cu	____ ppm	Mn	____ ppm
Pb	0.15 ppm	Se	<0.05 ppm	Ti	____ ppm	Co	____ ppm
Zn	____ ppm	TOTAL Cr	<0.05 ppm	____	____ ppm	____	____ ppm

Toxics:

Cyanide (REACTIVE)	<0.250	ppm
Pesticides	NONE	ppm
Carcinogens	0.073	ppm
Other Toxics	____	ppm

SEE ATTACHED ANALYTICAL

Other Information : ____

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 person or persons who manage the system, or those persons directly responsible for gathering the Information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibili of fine and Imprisonment for knowing violations.

Signature : Stephen A. McCall

Date Submitted : 29 Jul 93

Print Name : Stephen A. McCall

Title : Chf, ENRD

GENERATOR DECLARES THIS WASTE IS NON-HAZARDOUS (7777)

22 ATTACHMENTS ARE INITIALED, NUMBERED, SIGNED, AND DATED.

TSDF NOTICE OF ACCEPTANCE:

As required by South Carolina Regulation R.61-79.264.12(b) and R.61-79.265.12(c), based on the information presented in this document, this facility has the appropriate permit(s) for and will accept the waste as described on this form.

Signature : Micky Gardner

Date Submitted : 8-4-93

Print Name : MICKY GARDNER

Title : Approvals Coordinator

5788-1

PLEASE COMPLETE THIS FORM AND RETURN TO GSX, PINEWOOD, SC

GENERATOR NAME: U.S. ARMY TRANSPORTATION CENTER - FORT EUSTIS

WASTE DESCRIPTION: NON-HAZARDOUS SOIL

PROCESS PRODUCING WASTE AT POINT OF GENERATION: REMOVAL OF UNDERGROUND STORAGE TANK CONTAINING WASTE OIL

EPA/DHEC CODE(S): (_ _ _ _) (_ _ _ _) GSX CODE # PW- _ _ _ _ _ _ (If one has been assigned)

NO	YES	
✓		Does this waste contain more than 49 ppm PCB?
✓		Does this waste contain dioxin?
~~✓~~ UNKNOWN		Does this waste contain over 1000 ppm of the Halogenated Organics listed in Appendix III of 268, regulated under 268.32?
✓		Could this waste be properly classified as ignitable (D001) as defined in 40 CFR 261.21?
✓		Does this waste contain free liquid, with a flashpoint less than 140°F.?
✓		Could this waste be properly classified as reactive (D003) as defined in 40 CFR 261.23?
✓		Is this waste an oxidizer as defined by 49 CFR 173.151?
✓		Does this waste contain cyanide greater than 250 ppm as detected by EPA Method 9010?
✓		Does this waste contain sulfide greater than 500 ppm as detected by EPA Method 9030?
✓		Could this waste be properly classified as F020, F021, F022, F023, F026, F027 as defined in 40 CFR 261.31? (See attachment #1)
✓		Is this waste restricted from land disposal per the Hazardous and Solid Waste Amendments of 1984, effective November 8, 1986, and expanded November 8, 1988? These wastes include F001, F002, F003, F004, F005, as defined in Attachment #2.
✓		Has anything been added to solidify this waste?
		If yes, has the waste been stabilized in such a way to pass the unconfined compressive strength as detemined by the test given in the statutory Interpretive Guidance of June 11, 1986.
		If yes, did the solidification agent used contain greater than one percent total organic carbon?
✓		Has anything been added to this waste to reduce the level of F001 thru F005 listed solvents or Halogenated Organic compound listed in Appendix III of 268, regulated under 268.32.?
✓		Has this waste been treated to reduce the level of F001 thru F005 listed solvents or Halogenated Organic compounds listed in Appendix III of 268, regulated under 268.32?
	✓	I have studied the "First Third" waste listings given in 268.10 (see attachment 3) and certify that none of these descriptions apply to this waste, except those declared on page one of the ARF.
✓		Is this waste derived from or mixed with any waste listed in the "First Third" 268.10?
✓		Is this waste derived from or mixed with any RCRA hazardous waste other than those listed on page one of this ARF?

If so, state the hazardous waste codes from which this waste is derived or mixed with.

22 ATTACHMENTS ARE INITIALED AND NUMBERED.

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 person or persons who manage the system or those persons responsible for gathering information, the information submitted is, to the best of my knowledge and belief, 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.

GENERATOR SIGNATURE: Stephen A. McCall

10-88-65

INTERNATIONAL TECHNOLOGY CORPORATION

ANALYTICAL SERVICES

CERTIFICATE OF ANALYSIS

IT Corporation/Fort Story
2790 Mosside Boulevard
Monroeville, PA 15146
Attn: Tom Mathison

June 29, 1993

Job Number: O304034/035 Revised

The Certificate of Analysis is for the following:

Client Project ID: 519029
Date Received by Lab: 04/04/93
Number of Samples: One
Sample Type: Soil

GENERATOR DECLARES THAT THE WASTE IS NON HAZARDOUS

1.0 Introduction

On April 4, 1993, one soil sample was received at ITAS Pittsburgh, labeled SPC-01.

Results were faxed to Tom Mathison on April 16, 1993.

2.0 Analytical Results/Methodology

Results are presented in the enclosed tables and were determined in accordance with Methods 3010, 3520, 3550, 6010, 7470, 8020, 8080, 8240, 8270, 9045, and 9095, Sections 7.1.2.2, 7.3.4.1, and 7.3.4.2, referenced in Test Methods for Evaluating Solid Waste, EPA SW-846, 3rd ed., 1986; Direct flame determination of ignitability; ITAS-Pittsburgh Methodology; Federal Register, Vol. 57, No. 227, Tuesday, November 24, 1992; Federal Register, Vol. 55, No. 126, Friday, June 29, 1990.

Results are based on sample concentration and expressed in milligrams per kilogram or parts per million and micrograms per liter or parts per billion. ND denotes that the compound is not detected at or above the indicated detection limit. Duplicate results indicate duplicate analysis.

ATTACH VTS ARE INITIALED, NUMBERED, ...

Reviewed and Approved: Carrie L. Smith, Project Manager

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

2.0 Analytical Results/Methodology (Continued)

Volatile Organic Compounds

Sample SPC-01 was analyzed twice and confirmed matrix interference on the surrogates. Also, the methylene chloride results did not exhibit good repoducibility. Both analyses have been provided.

TCLP Metals

The spike recoveries for mercury and silver on sample SPC-01 were not within the advisory QC limits.

3.0 Quality Control

QA/QC information can be found immediately following the analytical data.

THIS DOCUMENT CONTAINS NO HAZARDOUS WASTE IS NON-HAZARDOUS (777)

2 of 22 DOCUMENTS
PAGINATED, NUMBERED, DATED,
5788-6101

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

General Chemistry Analysis

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403401
Analysis Date: 04/12, 13/93

Compound	Concentration mg/Kg
Reactive Cyanide*	ND250
Reactive Sulfide*	ND500

Lab Sample ID: Method Blank
Analysis Date: 04/12, 13/93

Compound	Concentration mg/Kg
Reactive Cyanide*	ND250
Reactive Sulfide*	ND500

* Results were determined by methodologies specified in SW-846, 3rd edition, 1986. These methods are prone to failure in both accuracy and reproducibility, therefore, we cannot assume any liability for these results. The reported detection limits are the EPA action levels for this analysis.

35 22 ATTACHMENTS
ARE INITIALED, NUMBERED,
LOGGED, AND DATED.

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

General Chemistry Analysis

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403401
Analysis Date: 04/05/93

Parameter	Result
pH	5.90/5.91
Ignitability	> 140 °F Does not ignite, burn / > 140 °F Does not ignite, burn
Paint Filter Liquids Test	Passed, no free liquids / Passed, no free liquids

4922
AREA OF ALLEGED POTHOLE,
COBEL, AND LALED.

5088-4

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Job Number: Q304034/035

TCLP Metals Analysis

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403501
TCLP Extraction Date: 04/08/93
Analysis Date: 04/14/93
Mercury: 04/12/93

Parameter	Concentration mg/L	Matrix Spike Percent Recovery
Arsenic	ND0.1	100%
Barium	ND0.5	102%
Cadmium	0.006	94%
Chromium	ND0.05	91%
Lead	0.15	95%
Mercury	ND0.0002	64%*
Selenium	ND0.05	99%
Silver	ND0.01	44%*

* Outside QC limits.

THE GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (777)

5 22 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

5788-6

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Job Number: Q304034/035

TCLP Metals Analysis

Lab Sample ID: TCLP Preparation Blank
TCLP Extraction Date: 04/08/93
Analysis Date: 04/14/93
Mercury: 04/12/93

Parameter	Concentration mg/L
Arsenic	ND0.1
Barium	ND0.5
Cadmium	ND0.005
Chromium	ND0.05
Lead	ND0.05
Mercury	ND0.0002
Selenium	ND0.05
Silver	ND0.01

5788-61
8-4-93

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

TCLP Metals Analysis

Lab Sample ID: Method Blank
Analysis Date: 04/14/93
Mercury: 04/12/93

Parameter	Concentration mg/L
Arsenic	ND0.1
Barium	ND0.5
Cadmium	ND0.005
Chromium	ND0.05
Lead	ND0.05
Mercury	ND0.0002
Selenium	ND0.05
Silver	ND0.01

IT Corporation/Fort Story
Date: 06/29/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

Job Number: Q304034/035 Revised

Volatile Organic Compounds

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403401
Analysis Date: 04/08/93

Compound	Concentration µg/Kg
Methylene chloride	73
Acetone	ND100
Carbon disulfide	ND5
2-Butanone	ND100
1,1,1-Trichloroethane	ND5
Carbon tetrachloride	ND5
Trichloroethene	ND5
1,1,2-Trichloroethane	ND5
Benzene	ND5
4-Methyl-2-pentanone	ND51
Tetrachloroethene	ND5
Toluene	ND5
Chlorobenzene	ND5
Ethylbenzene	ND5
Xylenes (total)	ND5
1,1,2Trichloro-1,2,2 Trifluoromethane	ND5
Ethyl acetate	ND5
Trichlorofluoromethane	ND5
Diethyl ether	ND5

	Surrogate Spike Percent Recovery
Toluene-d_8	118%*
Bromofluorobenzene	67%*
1,2-Dichloroethane-d_4	98%

* Outside QC limits.

GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (777)

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IT Corporation/Fort Story
Date: 06/29/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

Job Number: Q304034/035 Revised

Volatile Organic Compounds

Client Sample ID: SPC-01 Reanalysis
Sample Date: 04/03/93
Lab Sample ID: Q30403401
Analysis Date: 04/08/93

Compound	Concentration µg/Kg
Methylene chloride	46
Acetone	ND100
Carbon disulfide	ND5
2-Butanone	ND100
1,1,1-Trichloroethane	ND5
Carbon tetrachloride	ND5
Trichloroethene	ND5
1,1,2-Trichloroethane	ND5
Benzene	ND5
4-Methyl-2-pentanone	ND51
Tetrachloroethene	ND5
Toluene	ND5
Chlorobenzene	ND5
Ethylbenzene	ND5
Xylenes (total)	ND5
1,1,2Trichloro-1,2,2 Trifluoromethane	ND5
Ethyl acetate	ND5
Trichlorofluoromethane	ND5
Diethyl ether	ND5

	Surrogate Spike Percent Recovery
Toluene-d_8	125%*
Bromofluorobenzene	70%*
1,2-Dichloroethane-d_4	104%

* Outside QC limits.

ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

IT Corporation/Fort Story
Date: 06/29/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

Job Number: Q304034/035 Revised

Volatile Organic Compounds

Lab Sample ID: Method Blank
Analysis Date: 04/08/93

Compound	Concentration µg/Kg
Methylene chloride	ND5
Acetone	ND100
Carbon disulfide	ND5
2-Butanone	ND100
1,1,1-Trichloroethane	ND5
Carbon tetrachloride	ND5
Trichloroethene	ND5
1,1,2-Trichloroethane	ND5
Benzene	ND5
4-Methyl-2-pentanone	ND50
Tetrachloroethene	ND5
Toluene	ND5
Chlorobenzene	ND5
Ethylbenzene	ND5
Xylenes (total)	ND5
1,1,2Trichloro-1,2,2 Trifluoromethane	ND5
Ethyl acetate	ND5
Trichlorofluoromethane	ND5
Diethyl ether	ND5

	Surrogate Spike Percent Recovery
Toluene-d_8	97%
Bromofluorobenzene	85%
1,2-Dichloroethane-d_4	97%

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Job Number: Q304034/035

TCLP Volatile Compounds

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403501
TCLP Extraction Date: 04/08/93
Analysis Date: 04/13/93

Parameter	Concentration mg/L	Matrix Spike Percent Recovery
Vinyl chloride	ND0.010	66%
1,1-Dichloroethene	ND0.005	94%
Chloroform	ND0.005	105%
1,2-Dichloroethane	ND0.005	105%
2-Butanone	ND0.010	161%
Carbon Tetrachloride	ND0.005	100%
Trichloroethene	ND0.005	102%
Benzene	ND0.005	100%
Tetrachloroethene	ND0.005	101%
Chlorobenzene	ND0.005	100%

	Method Blank 2	Method Blank 2
	Surrogate Spike Percent Recovery	
Toluene-d_8	102%	97%
Bromofluorobenzene	93%	88%
1,2-Dichloroethane-d_4	100%	98%

GENERATOR DECLARES THIS WASTE IS NON-HAZARDOUS (7777)

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

TCLP Volatile Compounds

Lab Sample ID: TCLP Preparation Blank
TCLP Extraction Date: 04/08/93
Analysis Date: 04/13/93

Parameter	Concentration mg/L
Vinyl chloride	ND0.010
1,1-Dichloroethene	ND0.005
Chloroform	ND0.005
1,2-Dichloroethane	ND0.005
2-Butanone	ND0.010
Carbon Tetrachloride	ND0.005
Trichloroethene	ND0.005
Benzene	ND0.005
Tetrachloroethene	ND0.005
Chlorobenzene	ND0.005

Method Blank 1	Surrogate Spike Percent Recovery
Toluene-d_8	95%
Bromofluorobenzene	102%
1,2-Dichloroethane-d_4	93%

12 of 22 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

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5-11-93

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICE
PITTSBURGH, PA
Job Number: Q304034/03

TCLP Volatile Compounds

Lab Sample ID: Method Blank 1
Analysis Date: 04/12/93

Parameter	Concentration mg/L
Vinyl chloride	ND0.010
1,1-Dichloroethene	ND0.005
Chloroform	ND0.005
1,2-Dichloroethane	ND0.005
2-Butanone	ND0.010
Carbon Tetrachloride	ND0.005
Trichloroethene	ND0.005
Benzene	ND0.005
Tetrachloroethene	ND0.005
Chlorobenzene	ND0.005

	Surrogate Spike Percent Recovery
Toluene-d_8	101%
Bromofluorobenzene	111%
1,2-Dichloroethane-d_4	100%

GENERATOR DESIGNATED WASTE IS HIGHLY ... 07/10 13 22 ... CERTIFIED, NOT VERIFIED, ... DATED.

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IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICE
PITTSBURGH, PA
Job Number: Q304034/03.

TCLP Volatile Compounds

Lab Sample ID: Method Blank 2
Analysis Date: 04/13/93

Parameter	Concentration mg/L
Vinyl chloride	ND0.010
1,1-Dichloroethene	ND0.005
Chloroform	ND0.005
1,2-Dichloroethane	ND0.005
2-Butanone	ND0.010
Carbon Tetrachloride	ND0.005
Trichloroethene	ND0.005
Benzene	ND0.005
Tetrachloroethene	ND0.005
Chlorobenzene	ND0.005

	Surrogate Spike Percent Recovery
Toluene-d_8	101%
Bromofluorobenzene	87%
1,2-Dichloroethane-d_4	92%

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

TCLP Semivolatile Compounds

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403501
TCLP Extraction Date: 04/08/93
Extraction Date: 04/12/93
Analysis Date: 04/15/93

Parameter	Concentration mg/L	Matrix Spike Percent Recovery
1,4-Dichlorobenzene	ND0.050	48%
Hexachloroethane	ND0.050	46%
Nitrobenzene	ND0.050	54%
Hexachlorobutadiene	ND0.050	57%
2,4,6-Trichlorophenol	ND0.050	63%
2,4,5-Trichlorophenol	ND0.250	64%
2,4-Dinitrotoluene	ND0.050	69%
Hexachlorobenzene	ND0.050	74%
Pentachlorophenol	ND0.250	89%
Total Methylphenol	ND0.050	58%
Pyridine	ND0.250	44%

		Surrogate Spike Percent Recovery
Nitrobenzene-d_5	77%	52%
2-Fluorobiphenyl	82%	57%
Terphenyl	81%	65%
Phenol-d_5	74%	48%
2-Fluorophenol	68%	41%
2,4,6-Tribromophenol	75%	68%

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IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICES
PITTSBURGH, PA
Job Number: Q304034/035

TCLP Semivolatile Compounds

Lab Sample ID: TCLP Preparation Blank
TCLP Extraction Date: 04/08/93
Extraction Date: 04/12/93
Analysis Date: 04/15/93

Parameter	Concentration mg/L
1,4-Dichlorobenzene	ND0.050
Hexachloroethane	ND0.050
Nitrobenzene	ND0.050
Hexachlorobutadiene	ND0.050
2,4,6-Trichlorophenol	ND0.050
2,4,5-Trichlorophenol	ND0.250
2,4-Dinitrotoluene	ND0.050
Hexachlorobenzene	ND0.050
Pentachlorophenol	ND0.250
Total Methylphenol	ND0.050
Pyridine	ND0.250

	Surrogate Spike Percent Recovery
Nitrobenzene-d_5	74%
2-Fluorobiphenyl	81%
Terphenyl	78%
Phenol-d_5	71%
2-Fluorophenol	69%
2,4,6-Tribromophenol	76%

GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (777)

16 of 22 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

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IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVIC
PITTSBURGH, PA

Job Number: Q304034/0

TCLP Semivolatile Compounds

Lab Sample ID: Method Blank
Extraction Date: 04/12/93
Analysis Date: 04/15/93

Parameter	Concentration mg/L
1,4-Dichlorobenzene	ND0.010
Hexachloroethane	ND0.010
Nitrobenzene	ND0.010
Hexachlorobutadiene	ND0.010
2,4,6-Trichlorophenol	ND0.010
2,4,5-Trichlorophenol	ND0.050
2,4-Dinitrotoluene	ND0.010
Hexachlorobenzene	ND0.010
Pentachlorophenol	ND0.050
Total Methylphenol	ND0.010
Pyridine	ND0.050

	Surrogate Spike Percent Recovery
Nitrobenzene-d_5	73%
2-Fluorobiphenyl	70%
Terphenyl	78%
Phenol-d_5	64%
2-Fluorophenol	61%
2,4,6-Tribromophenol	56%

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICE
PITTSBURGH, PA
Job Number: Q304034/03

Selected Volatile Organic Compounds

Client Sample ID: See below
Sample Date: 04/03/93
Analysis Date: 04/14/93

Client Sample ID	Lab Sample ID	Benzene	Toluene	Ethylbenzene	Total Xylenes
		Concentration µg/Kg			
SPC-01	Q30403401	ND2	18	ND2	ND2
--	Method Blank	ND2	ND2	ND2	ND2

Surrogate Spike Percent Recovery:

Client Sample ID	Lab Sample ID	Alpha, Alpha, Alpha-Trifluorotoluene
SPC-01	Q30403401	92%
--	Method Blank	88%

GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (777)

18 ppb

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8-4-93

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVIC:
PITTSBURGH, PA
Job Number: Q304034/0:

Polychlorinated Biphenyls Analysis

Client Sample ID: SPC-01
Sample Date: 04/03/93
Lab Sample ID: Q30403401
Extraction Date: 04/07/93
Analysis Date: 04/15/93

Parameter	Concentration µg/Kg
Aroclor 1016	ND44
Aroclor 1221	ND44
Aroclor 1232	ND44
Aroclor 1242	ND44
Aroclor 1248	ND44
Aroclor 1254	ND44
Aroclor 1260	ND44

	Surrogate Spike Percent Recovery
Dibutylchlorendate	75%
Tetrachlorometaxylene	62%

19 22 ATTACHMENTS
ARE INITIALED, NUMBERED,
CODED, AND DATED.

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IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICI
PITTSBURGH, PA
Job Number: Q304034/0:

Polychlorinated Biphenyls Analysis

Lab Sample ID: Method Blank
Extraction Date: 04/07/93
Analysis Date: 04/15/93

Parameter	Concentration µg/Kg
Aroclor 1016	ND43
Aroclor 1221	ND43
Aroclor 1232	ND43
Aroclor 1242	ND43
Aroclor 1248	ND43
Aroclor 1254	ND43
Aroclor 1260	ND43

	Surrogate Spike Percent Recovery
Dibutylchlorendate	79%
Tetrachlorometaxylene	78%

GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (7777)

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5788-6101
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TC Rule Certification / Recertification Form

Generator Name: U.S. ARMY TRANSPORTATION CENTER-FORT STORY EPA ID#: VA1213720815

Location: VIRGINIA BEACH, VA

Profile #:

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23, and 261.24.

		*Regulatory Threshold Level	(Check One) Yes	No	(Check One) Scientific Data	Generator's Knowledge	Actual Value
D001	Characteristic of Ignitability	< 140 °F		✓	✓		> 140 °F
D002	Characteristic of Corrosivity	≤ 2 or ≥ 12.5		✓	✓		5.90/5.9 pH
D003	Characteristic of Reactivity			✓	✓		<250 mg/kg CN <500 mg/kg sulfide

	Constituent	*Regulatory Threshold Level, ppm	(Check One) Yes	No	(Check One) Scientific Data	Generator's Knowledge	Actual Value (ppm)
D004	(Arsenic)	5.0		✓	✓		<0.1
D005	(Barium)	100.0		✓	✓		<0.5
D006	(Cadmium)	1.0		✓	✓		0.006
D007	(Chromium)	5.0		✓	✓		<0.05
D008	(Lead)	5.0		✓	✓		0.15
D009	(Mercury)	0.2		✓	✓		<0.0002
D010	(Selenium)	1.0		✓	✓		<0.05
D011	(Silver)	5.0		✓	✓		<0.01
D012	Endrin	0.02		✓		✓	
D013	Lindane	0.4		✓		✓	
D014	Methoxychlor	10.0		✓		✓	
D015	Toxaphene	0.5		✓		✓	
D016	2, 4-D (2, 4-Dichloro-phenoxyacetic acid)	10.0		✓		✓	
D017	2, 4, 5-TP Silvex	1.0		✓		✓	
D018	Benzene	0.5		✓	✓		<0.005
D019	Carbon Tetrachloride	0.5		✓	✓		<0.005
D020	Chlordane	0.03		✓		✓	
D021	Chlorobenzene	100.0		✓	✓		<0.005
D022	Chloroform	6.0		✓	✓		<0.005
D023	o-Cresol	200.0		✓	✓		<0.050
D024	m-Cresol	200.0		✓	✓		<0.050
D025	p-Cresol	200.0		✓	✓		<0.050

SEE ATTACHED ANALYTICAL

ALL ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

– Continued –

5788-610
8-4-93

	Constituent	*Regulatory Threshold Level, ppm	(Check One) Yes	No	(Check One) Scientific Data	Generator's Knowledge	Actual Value (ppm)
D026	Cresol	200.0		✓	✓		<0.050
D027	1,4-Dichlorobenzene	7.5		✓	✓		<0.050
D028	1,2-Dichloroethane	0.5		✓	✓		<0.005
D029	1,1-Dichloroethylene	0.7		✓	✓		<0.005
D030	2,4-Dinitrotoluene	0.13		✓	✓		<0.050
D031	Heptachlor (and its hydroxide)	0.003		✓		✓	
D032	Hexachlorobenzene	0.13		✓	✓		<0.050
D033	Hexachlorobutadiene	0.5		✓	✓		<0.050
D034	Hexachloroethane	3.0		✓	✓		<0.050
D035	Methyl ethyl ketone	200.0		✓	✓		<0.010
D036	Nitrobenzene	2.0		✓	✓		<0.050
D037	Pentachlorophenol	100.0		✓	✓		<0.250
D038	Pyridine	5.0		✓	✓		<0.250
D039	Tetrachloroethylene	0.7		✓	✓		<0.005
D040	Trichloroethylene	0.5		✓	✓		<0.005
D041	2,4,5-Trichlorophenol	400.0		✓	✓		<0.250
D042	2,4,6-Trichlorophenol	2.0		✓	✓		<0.050
D043	Vinyl Chloride	0.2		✓	✓		<0.010

As defined by the TCLP (Method 1311), EP Toxicity is no longer acceptable.

"LISTED" Hazardous Wastes: Indicate if this waste also contains any listed hazardous wastes coded in 40 CFR 261.31, 261.32 and 261.33 by including the appropriate EPA hazardous waste code(s).

GENERATOR CERTIFICATION:

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services to conduct necessary testing at my expense to properly complete the form.

Signature: Stephen A. McCall

Print Name: Stephen A. McCall

Date: 27 Jul 93

Title: Chief, ENRD

THIS CERTIFICATION/RECERTIFICATION IS REQUIRED FOR EACH PROFILE.
ORIGINAL SIGNATURE REQUIRED

Revised 8-17-90

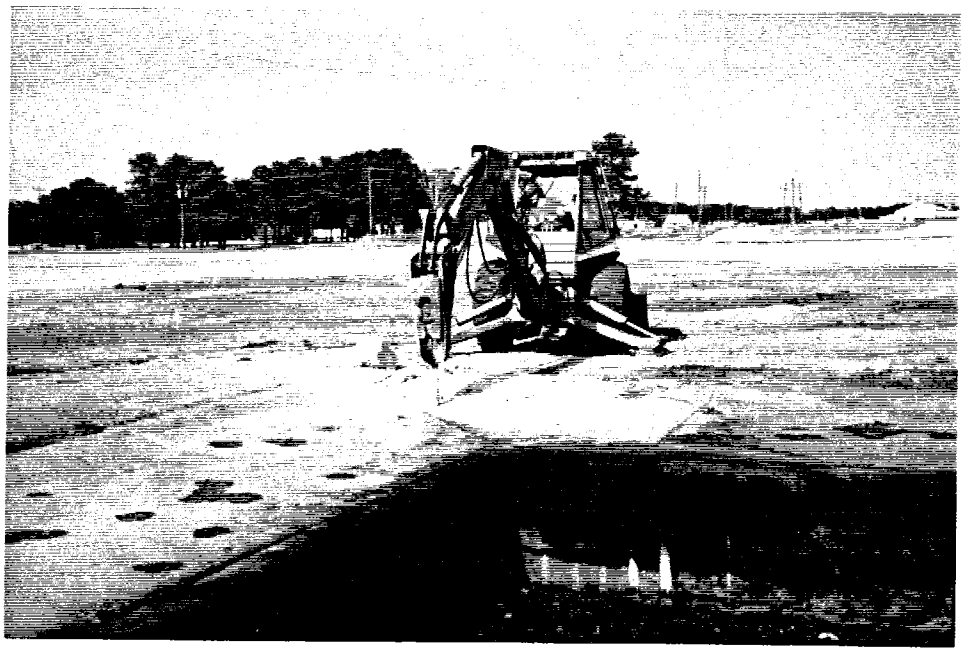
GENERATOR DECLARES THAT WASTE IS NON-HAZARDOUS

APPENDIX E

PHOTO DOCUMENTATION

Photograph No. 1
Excavator Loading Concrete into Container

Photograph No. 2
Extraneous Items in Excavation

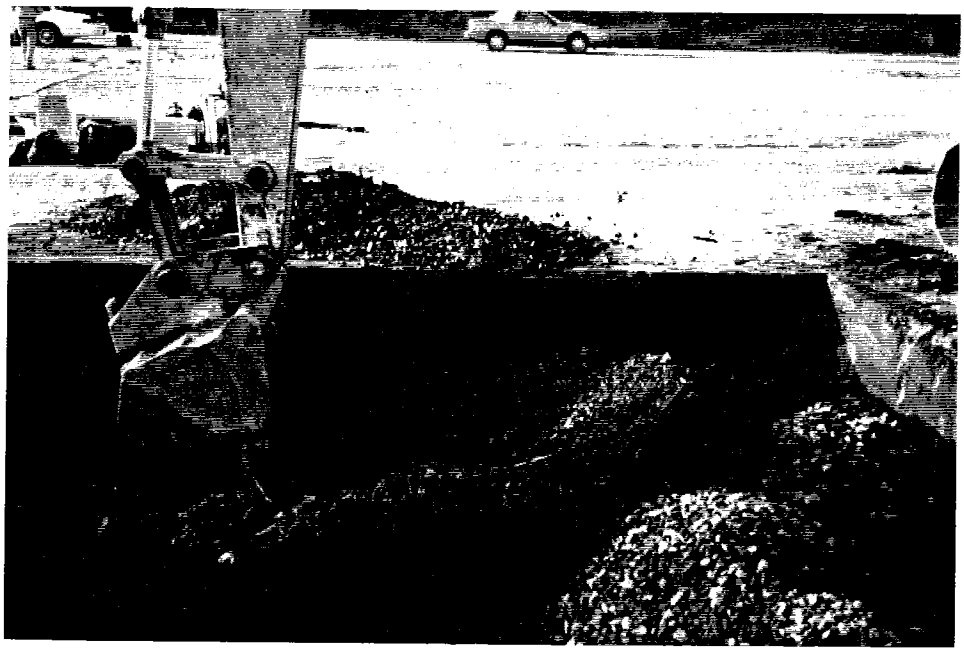


Photograph No. 3
Hydraulic Hammer Breaking Concrete

Photograph No. 4
Excavator Retrieving Concrete Rubble

Photograph No. 5
Washing Product from Material in Pit

Photograph No. 6
Retrieving Product from Pit

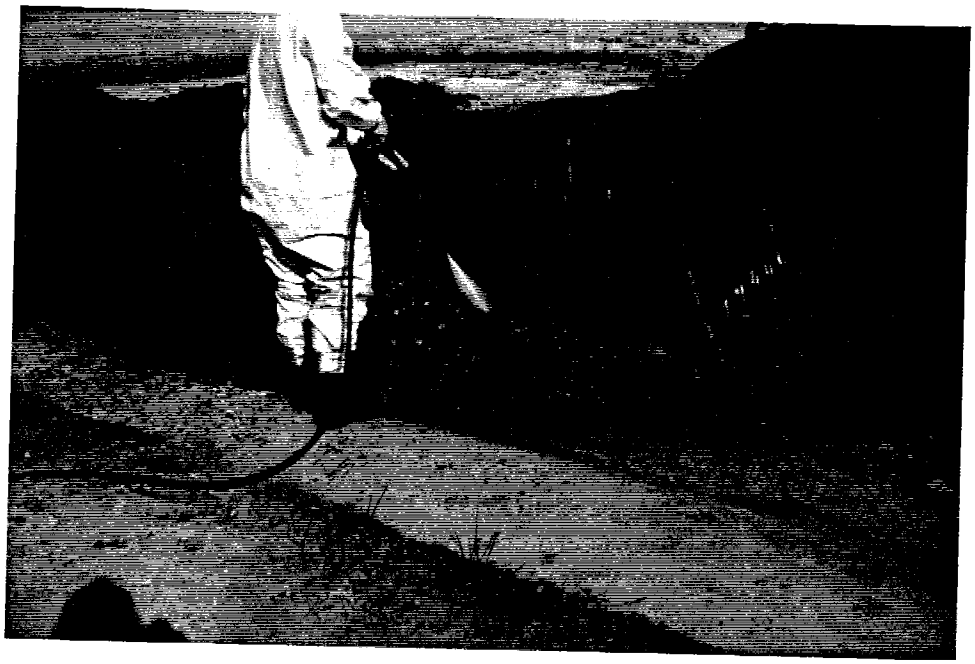


Photograph No. 7
Gravel, Stone and Debris in Pit

Photograph No. 8
Gravel and Debris on Side of Pit

Photograph No. 9
Setting Vacuum Hose in Fire Pit

Photograph No. 10
Vacuum Truck Pumping from Fire Pit



Photograph No. 11
Pressure Washing Gravel from Fire Pit

Photograph No. 12
Loading Soil from Fire Pit Site

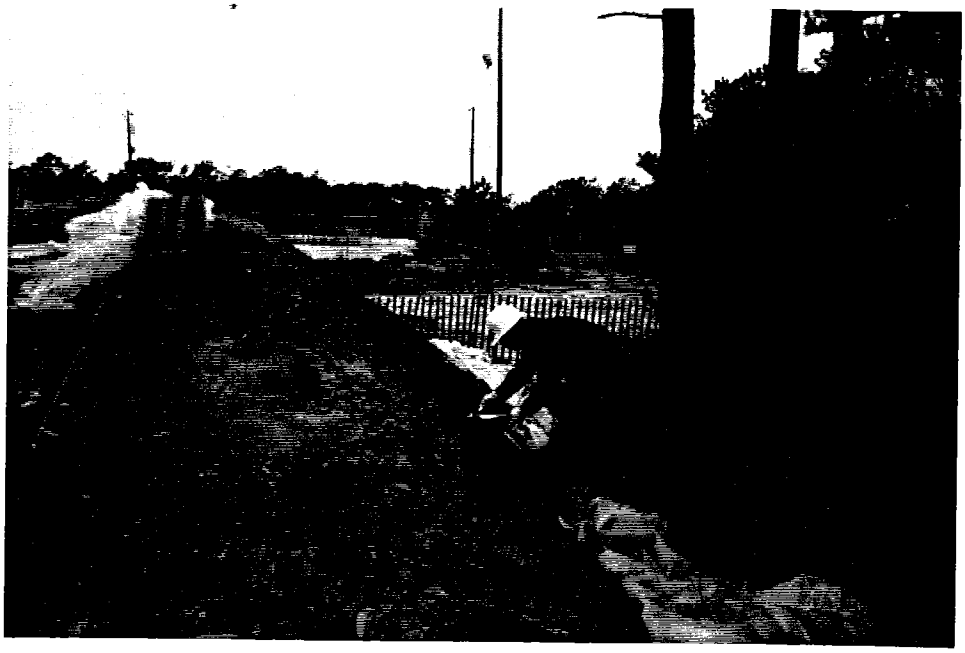
Photograph No. 13
Unloading Soil at LARC Area

Photograph No. 14
Digging Soil at Fire Pit Site

Photograph No. 15
Pushing Fill Gravel into Fire Pit

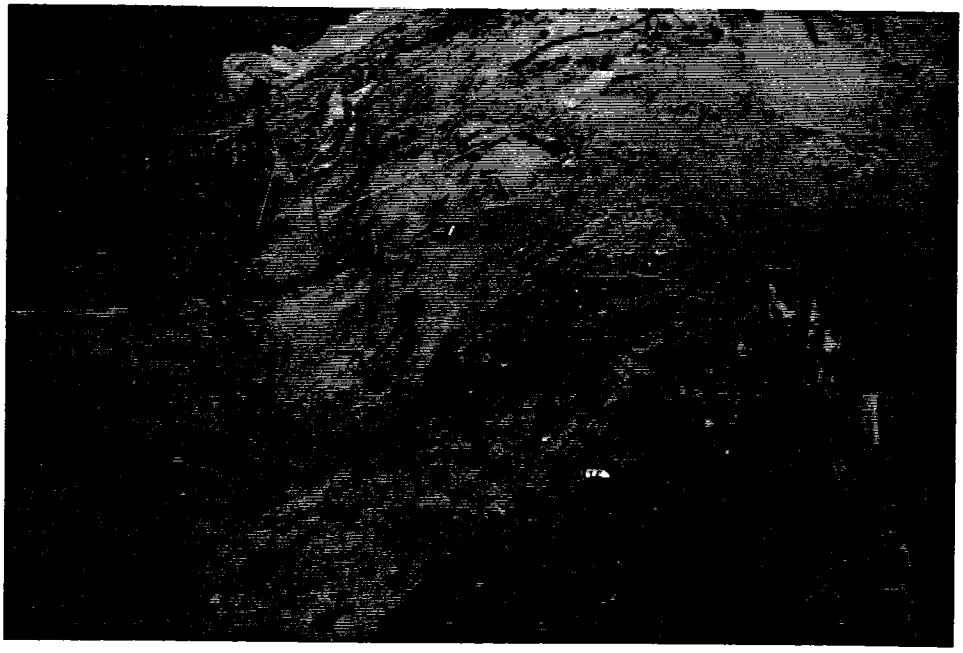
Photograph No. 16
Rolling Poly in Holding Cell

Photograph No. 17
Soil from Fire Pit to Holding Cell



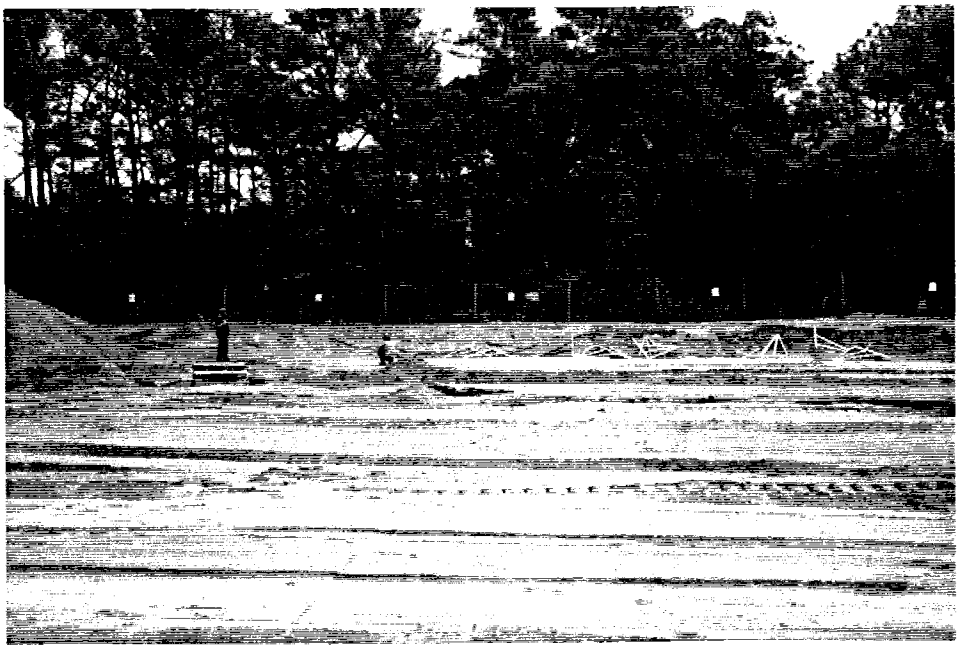
Photograph No. 18
Collecting Soil Sample in LARC Area

Photograph No. 19
UST Soil Sampling

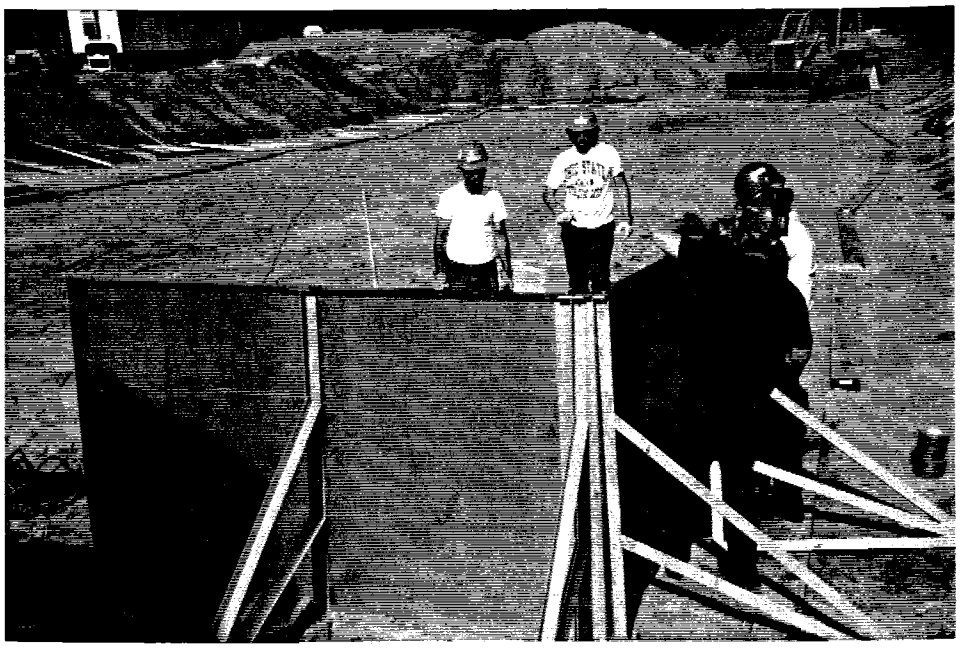


Photograph No. 20
UST Soil

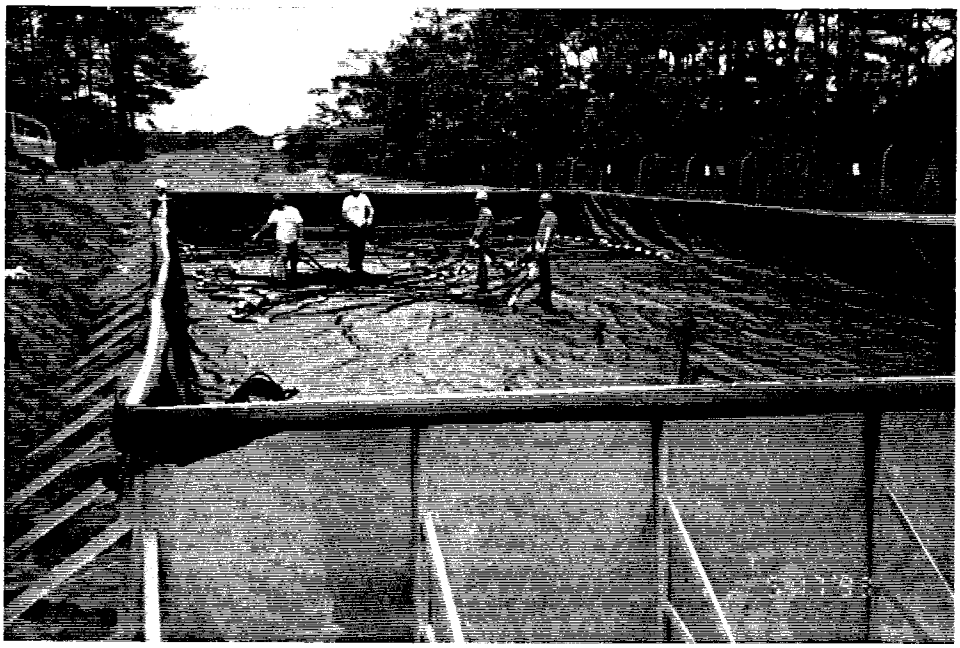
Photograph No. 21
Drilling Rig for Well Installation



Photograph No. 22
Laying Out Area for Pool

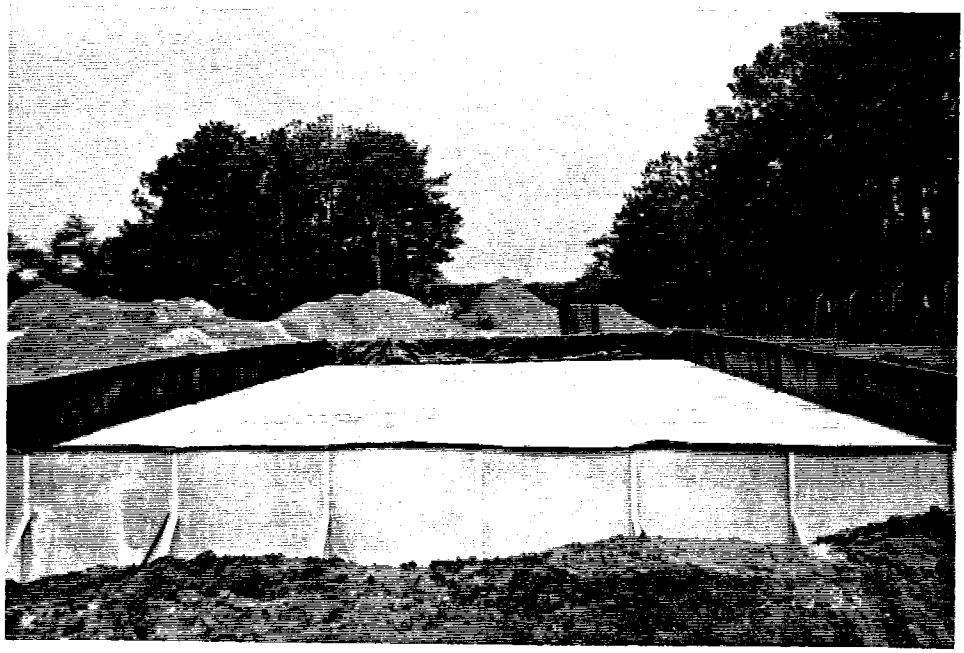


Photograph No. 23
Assembling of Pool

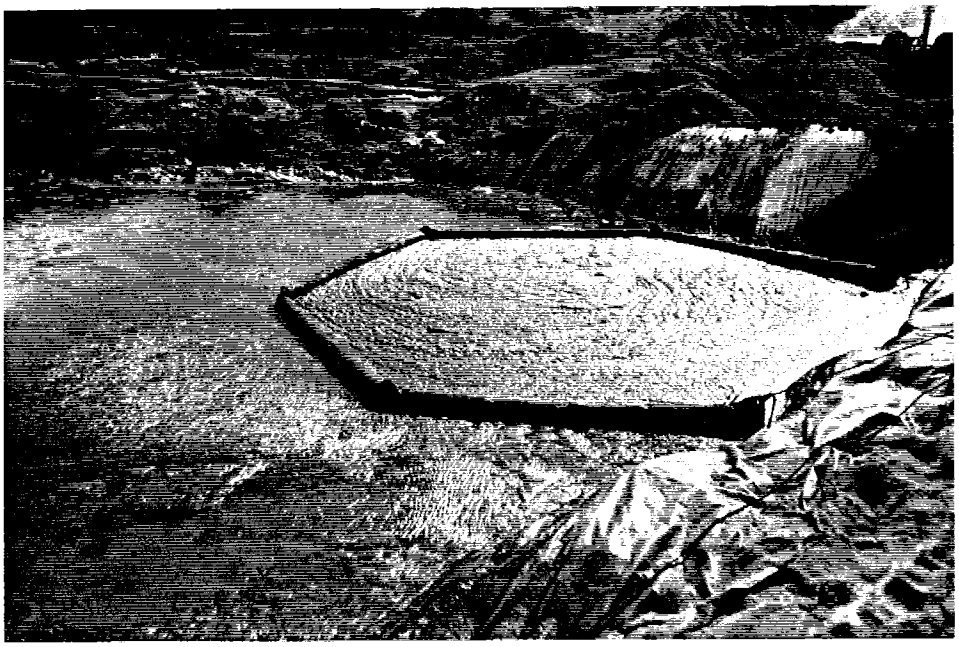


Photograph No. 24
Liner in the Pool Area

Photograph No. 25
Liner and Air Lines Installed in the Pool

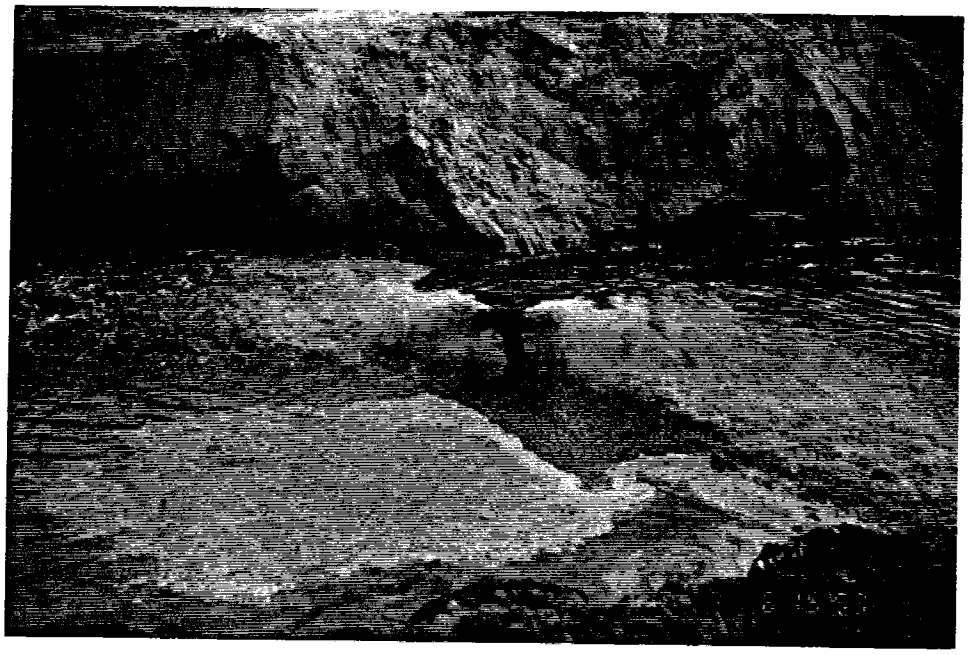


Photograph No. 26
Pool Assembly



Photograph No. 27
Oily Water in Collection Pit

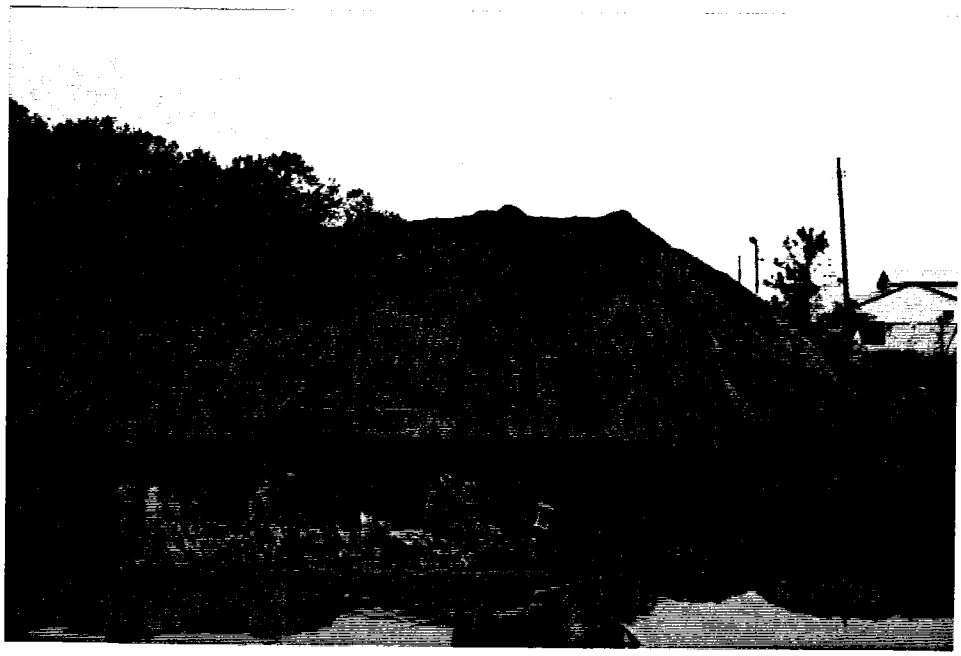
Photograph No. 28
Oily Water



Photograph No. 29
Satellite Pool Showing Hydraulic Pump to Agitate and Aerate Contaminated Soil and Water

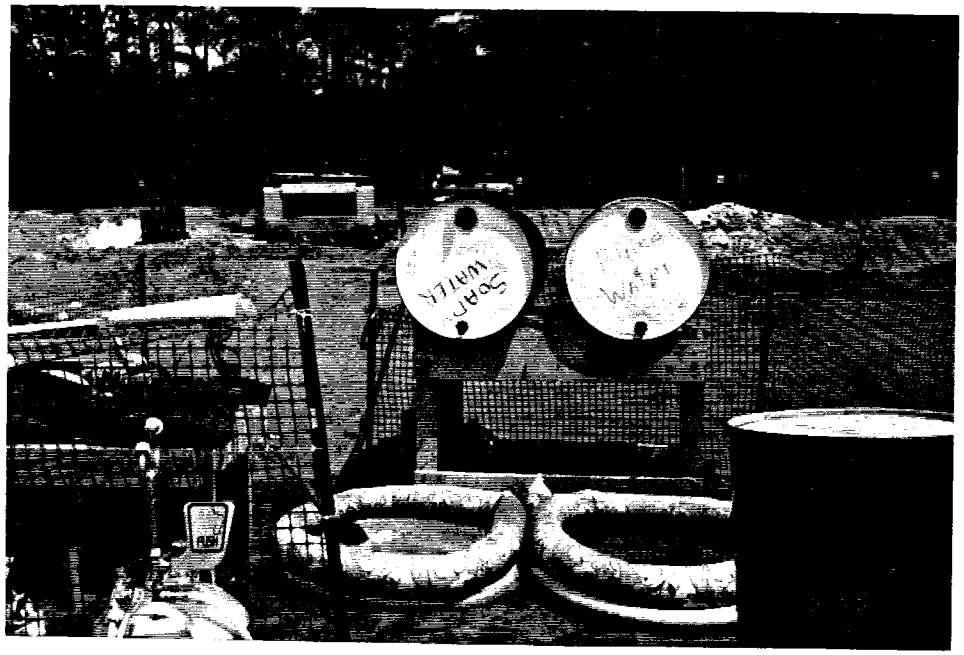
Photograph No. 30
Satellite Pool Showing Hydraulic Pump to Agitate and Aerate Contaminated Soil and Water

Photograph No. 31
Stockpiling the Sand that was Processed



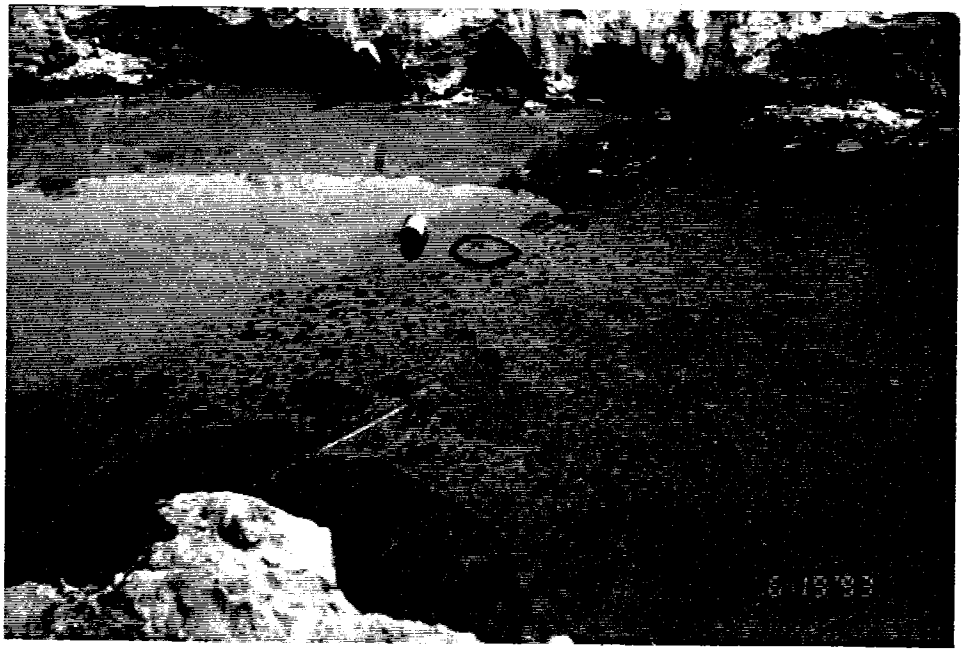
Photograph No. 32
Stockpiling the Sand that was Processed

Photograph No. 33
Debris Pile



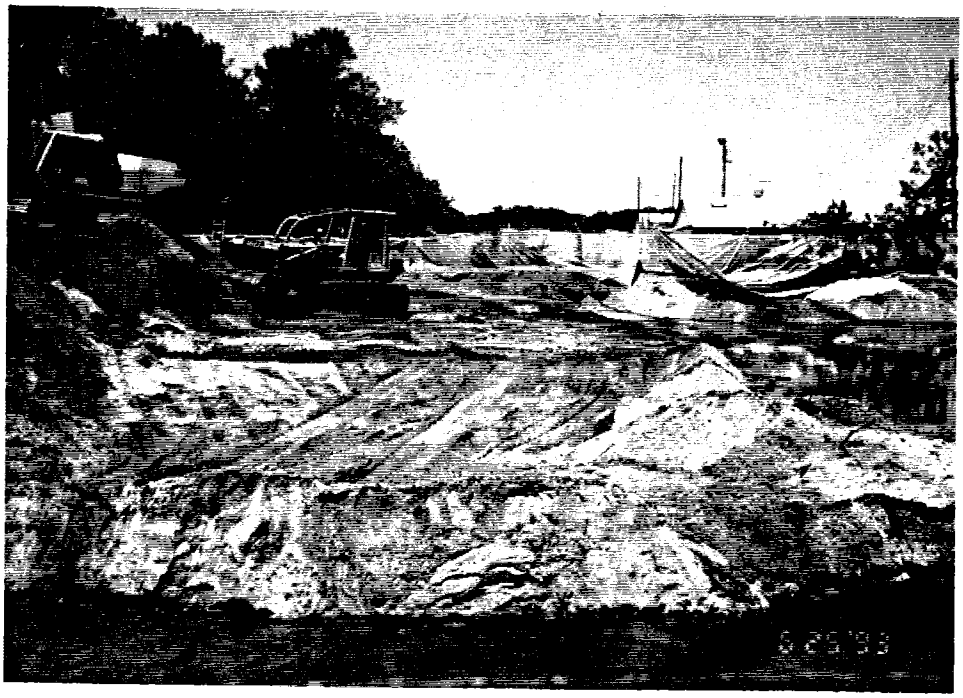
Photograph No. 34
Decon Area

Photograph No. 35
Closing Out Pit #3



Photograph No. 36
Heavy Oil on Top of Pit #6

Photograph No. 37
Closing Down the North Side of Site--all Clean Sand



Photograph No. 38
Closing Out Pit No. 3

Photograph No. 39
Samples Were Taken in the LARC Area

Photograph No. 40
These Samples Were Taken Approximately 2 Feet Down Below Surface

CLEAN SAND

APPENDIX F

SAMPLE LOGS, WEEKLY REPORTS

SAMPLE COLLECTION LOGS

INTERNATIONAL TECHNOLOGY CORPORATION

DATE	0	2	2	1	9	3
TIME						
PAGE 1 OF 1						
PAGE	0	0	0	0	1	
PROJECT NO. 519029						

SAMPLE COLLECTION LOG

PROJECT NAME FORT STORY

SAMPLE NO. 519029-S001 / 519029-S002 / 519029-S003

SAMPLE LOCATION WASH RACK AREA

SAMPLE TYPE SOIL - GRAB

COMPOSITE ____ YES X NO

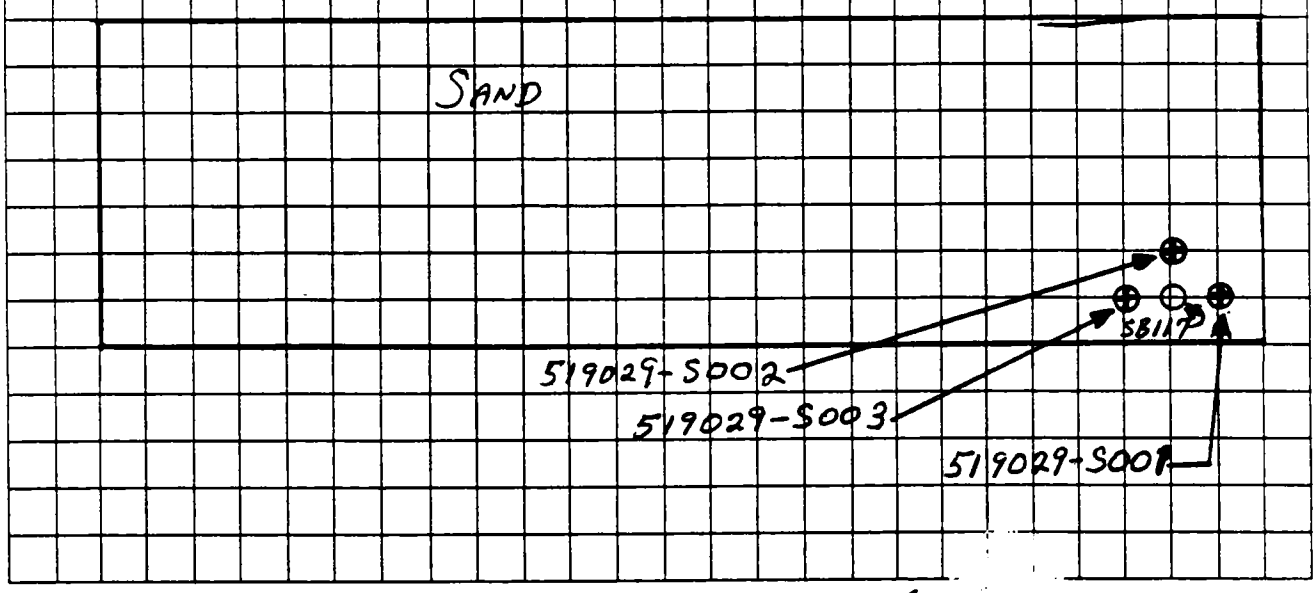
COMPOSITE TYPE ____

DEPTH OF SAMPLE .5 FT

WEATHER CLOUDY ~ 40°F

CONTAINERS USED PER SAMPLE	AMOUNT COLLECTED
1 - 250 mL	1-250 mL FULL

COMMENTS: THREE SOIL SAMPLES WERE COLLECTED FROM THE AREA AROUND S.B.117 AT A DEPT OF 6" TO BE ANALYZED FOR TCLP LEAD.



PREPARED BY: Jack Boberg
JACK BOBERG

INTERNATIONAL TECHNOLOGY CORPORATION

DATE	0 1 2 1 9 3
TIME	
PAGE	1 OF 1
PAGE	0 0 0 0 2
PROJECT NO.	519029

SAMPLE COLLECTION LOG

PROJECT NAME FT. STORY

SAMPLE NO. 519029-W001

SAMPLE LOCATION FIRE TRAINING PIT

SAMPLE TYPE LIQUID - GRAB

COMPOSITE ____ YES X NO

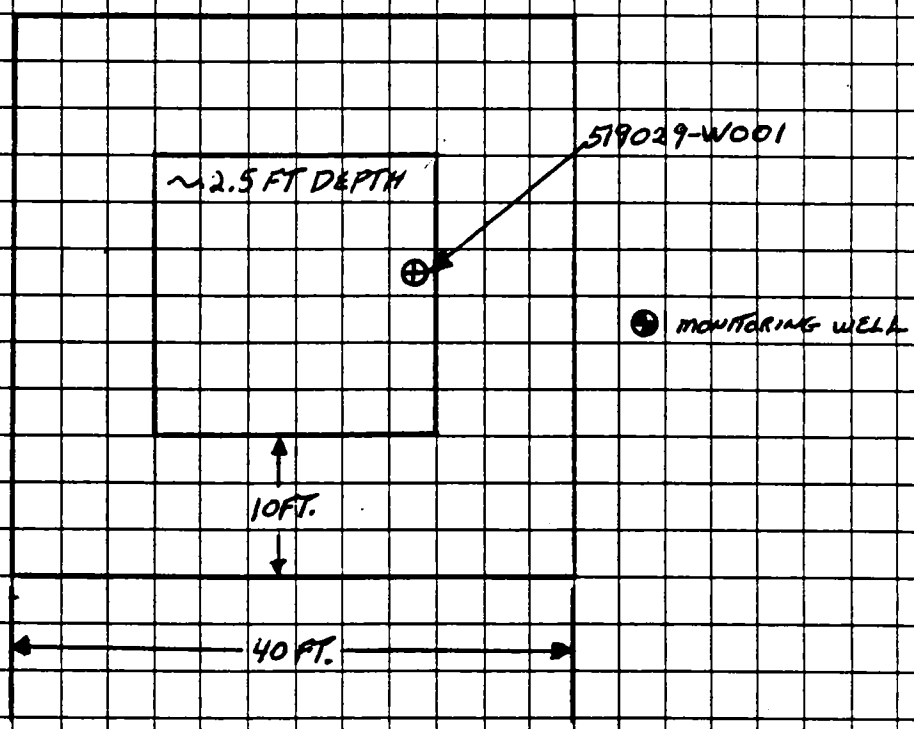
COMPOSITE TYPE ____

DEPTH OF SAMPLE ~1 FT

WEATHER CLOUDY ~ 40°F

CONTAINERS USED PER SAMPLE	AMOUNT COLLECTED
2-80 oz	2-80 oz FULL
2-1 LITER	2-1 LITER FULL
1-500 mL	1-500 mL FULL
2-40 mL	2-40 mL FULL

COMMENTS: ONE LIQUID SAMPLE WAS COLLECTED FROM THE FIRE TRAINING PIT TO BE ANALYZED FOR PESTICIDES, PCB's, BNA, CYANIDE, METALS, MERCURY AND VOA's.



PREPARED BY: Jack Boberg
JACK BOBERG

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: _____

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 16 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
was moved to 588D-582P	588D 32894	8:40 / (3) 60ml	8015 / sand was
was moved to 588D-582D	588D 32894	8:40 / 250ml	418.1 / a black color
537B	537B-32894	10:40 / (3) 60ml	8015 / and had a
537B	537B-32894	10:40 / 250ml	418.1 / small odor
was moved to 569D-604E	569D-32894	11:30 / (3) 60ml	8015 /
was moved to 569D-604E	569D-32894	11:30 250ml	418.1 /
532B	532B 32894	12:20 / (3) 60ml	8015 /
532B	532B 32894	12:20 / 250ml	418.1 /

Prepared By: Doris Bauer

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 48" Below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 24 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
This sample was taken 567C↔604E	567C-32894	1:30 / (3) 60ml	8015 / SAND was a
567C↔604E	567C-32894	1:30 / 250ml	418.1 / brown color
611F	611F-32894	1:45 / (3) 60ml	8015 / SAND was a
611F	611F-32894	1:45 / 250ml	418.1 / light color
609E	609E-32894	2:00 / (3) 60ml	8015 /
609E	609E-32894	2:00 / 250ml	418.1 /
525A	525A-32894	2:10 / (3) 60ml	8015
525A	525A-32894	2:10 / 250ml	418.1
542B	542B-32894	2:15 / (3) 60ml	8015
542B	542B-32894	2:15 / 250ml	418.1
584D	584D-32894	2:20 / (3) 60ml	8015
584D	584D-32894	2:20 / 250ml	418.1

Prepared By: Louis Barnett

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 48" Below Surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
Sample was moved 569D-604-E	569D32894	2:20 / (3) 60ml	8015
Sample was moved 569D-604 E	569D 32894	2:20 / 250ml	418.1
Dup 569D-604 E	569D 32894	2:20 / (3) 60ml	8015
Dup 569D-604 E	569D 32894	2:20 / 250ml	418.1

Prepared By: David Bennett

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 4/8" below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 24 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
616 F	616F-32894	12:20 / (3) 60ml	8015 /
616 F	616F-32894	12:20 / 250ml	418.1 /
574 D	574D-32894	12:30 / (3) 60ml	8015 /
574 D	574D-32894	12:30 / 250ml	418.1 /
522 A	522A-32894	12:40 / (3) 60ml	8015 /
522 A	522A-32894	12:40 / 250ml	418.1 /
Sample was moved 527B↔562C	527B-32894	12:50 / (3) 60ml	8015 /
Sample was moved 527B↔562C	527B-32894	13:50 / 250ml	418.1 /
606 E	606E-32894	1:00 / (3) 60ml	8015 /
606 E	606E-32894	1:00 / 250ml	418.1 /
564 C	564C-32894	1:10 / (3) 60ml	8015 /
564 C	564C-32894	1:10 / 250ml	418.1 /

Prepared By: [signature]

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 48" below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
532 B	532B 32894	1120 / (3) 60ml	8015 / sand was a
532B	532B 32894	1120 / 250ml	418.1 / black color
532B Dup	532B Dup32894	1120 / (3) 60ml	8015
532B Dup	532B Dup32894	1120 / 250ml	418.1

Prepared By: [signature]

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES X NO

Depth of Sample: 48" below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 24 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
554 C	554C-32894	9:40 / (3) 60ml	8015 / sand was
554 C	554C-32894	9:40 / 250ml	418.1 / a light brown
512 A	512A-32894	10:00 / (3) 60ml	8015 /
512 A	512A-32894	10:00 / 250ml	418.1 /
621 F	621F-32894	10:10 / (3) 60ml	8015 / sand was
621 F	621F-32894	10:10 / 250ml	418.1 / a light color
579 D	579D-32894	10:20 / (3) 60ml	8015 / of brown
579 D	579D-32894	10:20 / 250ml	418.1 /
537 B	537B-32894	10:30 / (3) 60ml	8015 /
537 B	537B-32894	10:30 / 250ml	418.1 /
was moved 601E ~~was~~ 602E	601E-32894	10:40 / (3) 60ml	8015 /
was moved 601E 602E	601E-32894	10:40 / 250ml	418.1 /

Prepared By: Jonie Barnes

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite _____ YES ___X___ NO

Depth of Sample: 48" below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
559C	559C-32894	11:00 / (3) 60ml	8015 / sandwas
559C	559C 32894	11:00 / 250ml	418.1 / slight
517A	517A-32894	11:10 / (3) 60ml	8015 / color
517A	517A-32894	11:10 / 250ml	418.1 /

Prepared By: [signature]

Date: 3/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 48" below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 2 cl samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
was moved to 630F-694E	630F-32894	7:30	(3) 60ml	8015	
was moved to 630F-694E	630F-32894	7:30	250ml	418.1	
was moved to 588D-582D	588D-32894	7:40	(3) 60ml	8015	sand was
was moved to 588D-582D	588D-32894	7:40	250ml	418.1	a black color
was moved to Dup 588D-582D	Dup 588D32894	8:25	(3) 60ml	8015	
was moved to Dup 588D-582D	Dup 588D32894	8:25	250ml	418.1	
546D	546D-32894	8:30	(3) 60ml	8015	
546D	546D32894	8:30	250ml	418.1	
was moved to 591E-502E	591E32894	8:40	(3) 60ml	8015	
was moved to 591E-502E	591E32894	8:40	250ml	418.1	
was moved to 549C-552C	549C32894	9:00	(3) 60ml	8015	
was moved to 549C-552C	549C32894	9:00	250ml	418.1	

Prepared By: [signature]

Date: 7/28/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 78" below surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
507A	507A32894	9:10 / (3) 60ml	8015 /
507A	507A32894	9:10 / 250ml	418.1 /
626F	626F32894	9:20 / (3) 60ml	8015 /
626F	626F32894	9:20 / 250ml	418.1 /
596E	596E32894	9:30 / (3) 60ml	8015 /
596E	596E32894	9:30 / 250ml	418.1 /

Prepared By: Louie Barnes

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" Below Surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 24 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
379A	379A-032494	8:00	(3) 60ml	8015	heavy black
379A	379A-032494	8:00	250ml	418.1	Sand.
421C	421C-032494	8:15	(3) 60ml	8015	light color
421C	421C-032494	8:15	250ml	418.1	of brown
418-B	418B-032494	8:15	(3) 60ml	8015	
418-B	418B-032494	8:15	250ml	418.1	
383A	383A-032494	8:27	(3) 60ml	8015	
383A	383A-032494	8:27	250ml	418.1	
425C	425C-032494	8:34	(3) 60ml	8015	
425C	425C-032494	8:34	250ml	418.1	
(was moved to) 463E-457D	463E-032494	8:41	(3) 60ml	8015	
(was moved to) 463E-457D	463E-032494	8:41	250ml	418.1	

Prepared By: Dorie Bernardin

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" below Surface

Weather: 72° Sunny

Containers Used: Glass Jars

Amount Collected: 12 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
467E	467E-032494	8:45	(3) 60ml	8015	SAND WAS
467E	467E-032494	8:45	250ml	418.1	a light brown
WAS moved to 460D-427C	460D032494	8:45	(3) 60ml	8015	
WAS moved to 460D-427C	460D-032494	8:45	250ml	418.1	
WAS moved to 502F-469E	502F-032494	8:56	(3) 60ml	8015	
WAS moved to 502F-469E	502F032494	8:56	250ml	418.1	

Prepared By: Dana Bennett

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite _____ YES ___X___ NO

Depth of Sample: 38" below surface

Weather: 68° Sunny

Containers Used: Glass Jars

Amount Collected: 12 samples were collected.

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
455-D	455D-032494	9:21	(3) 60ML	8015	SAND was
455-D	455D-032494	9:21	250ML	418.1	a light color
430-C	430C-032494	9:35	(3) 60ML	8015	of brown
430-C	430C-032494	9:35	250ML	418.1	
477E	477E-032494	10:50	(3) 60ML	8015	
477E	477E032494	10:50	250ML	418.1	

Prepared By: David Benn

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 24 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
413-B	413B-032494	9:00	(3) 60ML	8015	
413-B	413B-032494	9:00	250ML	418.1	
388-A	388A-032494	9:17	(3) 60ML	8015	
388-A	388A-032494	9:17	250ML	418.1	
455D	455D-032494	9:21	(3) 60ML	8015	sand had
455-D	455D-032494	9:21	250ML	418.1	a little
455-D Dup	455-D 032494	9:21	(3) 60ML	8015	order to
455-D Dup	455D 032494	9:21	250ML	418.1	
472-E	472E-032494	9:30	(3) 60ML	8015	
472-E	472E-032494	9:30	250ML	418.1	
430C	430C-032494	9:35	(3) 60ML	8015	sand was
430-C	430C-032494	9:35	250ML	418.1	a little
					black.

Prepared By: Lorie Bernard

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
430C-Dup	430CDup-032494	9:35	(3) 60 ml	8015	Saved one
430C-Dup	430CDup-032494	9:35	250 ml	418.1	0 bottle blank
408-B	408D-03494	9:45	(3) 60 ml	8015	6
408-B	408D-03494	9:45	250 ml	418.1	

Prepared By: David Barnard

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite _____ YES ___X___ NO

Depth of Sample: 36" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 24 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
450-D	450D-32494	1010 / (3) 60ml	8015 / sand looked
450-D	450D-32494	1010 / 250ml	418.1 / light brown
was moved to 492F-469E	492F-32494	1013 / (3) 60ml	8015 /
was moved to 492F-469E	492F-32494	1021 / 250ml	418.1 /
393A	393A-32494	1021 / (3) 60ml	8015 /
393A	393A-32494	1021 / 250ml	418.1 /
435C	435C-32494	1028 / (3) 60ml	8015 /
435C	435C-32494	1028 / 250ml	418.1 /
was moved to 440C-447D	440C-32494	1050 / (3) 60ml	8015 /
was moved to 440C-447D	440C-32494	1050 / 250ml	418.1 /
477E	477E-32494	1050 / (3) 60ml	8015 / sand had
477E	477E-32494	1050 / 250ml	418.1 / a brown
			color

Prepared By: Jessie Bernardo

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
477E Dup	477EDup 32494	10:50 / (3) 60ml	8015 / sand had a
477E Dup	477EDup 32494	10:50 / 250ml	418.1 / brown color
497F	497F 32494	9:30 / (3) 60ml	8015 /
49FF	497F 32494	9:30 / 250ml	418.1 /

Prepared By: Dorie Brown

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 24" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 24 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
332-D	332D-032394	8:40	(3) 60ml	8015	sand was a
332-D	332D-032394	8:40	250ml	418.1	light brown
374-F	374F-032394	9:00	(3) 60ml	8015	color)
374-F	374F-032394	9:00	250ml	418.1	
260A	260A-032394	9:00	(3) 60ml	8015	
260 A	260A-032394	9:00	250ml	418.1	
302 C	302C-032394	9:15	(3) 60ml	8015	
302C	302C-032394	9:15	250ml	418.1	
344E	344E-032394	9:15	(3) 60ml	8015	
344E	344E-032394	9:15	250ml	418.1	
285B	285B-032394	9:20	(3) 60ml	8015	sand wand
285B	285B-032394	9:20	250ml	418.1	a small color

Prepared By: David Banner

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 24" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
285B Dup	285B-Dup 032394	9:20 / (3) 60ml	8015 / Sand had
285-B-Dup	285B-Dup-032394	9:20 / 250 ml	418.1 / a small odor
327D	327D-032394	9:20 / (3) 60ml	8015 / SAND was
327D	327D-032394	9:20 / 250 ml	418.1 / a light brown

Prepared By: Donald Bennett

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 24" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 24 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
369F	369F032394	9:40	(3) 60ml	8015	Sand
369F	369F032394	9:40	250ml	418.1	was a light
265A	265A032394	9:40	(3) 60ml	8015	brown
265A	265A032394	9:40	250ml	418.1	
307C	307C032394	10:10	(3) 60ml	8015	
307C	307C032394	10:10	250ml	418.1	
349E	349E032394	10:10	(3) 60ml	8015	
349E	349E032394	10:10	250ml	418.1	
280B	280B-032394	10:30	(3) 60ml	8015	
280B	280B-032394	10:30	250ml	418.1	
364F	364F032394	10:30	(3) 60ml	8015	
364F	364F032394	10:30	250ml	418.1	

Prepared By: [signature]

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite _____ YES ___X___ NO

Depth of Sample: 24" below surfaces

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
322D	322D-032394	10:30 / (3) 60ml	8015 / sand wm
322D	322D-032394	10:30 / 250ml	418.1 / light brown
322D Dup	322D Dup 032394	10:30 / (3) 60ml	8015 /
322D Dup	322D Dup 032394	10:30 / 250ml	418.1 /

Prepared By: Doris Bauer

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" below surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 24 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
was moved to 400B-437C	400B 32494	11:15	(3) 60ml	8015	sand look
was moved to 400B-437C	400B 32494	11:15	250ml	418.1	light brown
was moved to 442D-479E	442D-32494	11:20	(3) 60ml	8015	
was moved to 442D-479E	442D-32494	11:20	250ml	418.1	
403-B	403B 32494	11:30	(3) 60ml	8015	
403-B	403B 32494	11:30	250ml	418.1	
445-D	445D 32494	11:38	(3) 60ml	8015	
445-D	445D 32494	11:38	250ml	418.1	
487F	487F 32494	11:50	(3) 60ml	8015	
487F	487F 32494	11:50	250ml	418.1	
398A	398A 32494	12:00	(3) 60ml	8015	
398A	398A 32494	12:00	250ml	418.1	

Prepared By: [signature]

Date: 3/24/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 36" below Surface

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS
482E	482E-32494	12:12	(3) 60ml	8015
482E	482E-32494	12:12	250ml	418.1
484F	484F-32494	12:30	(3) 60ml	8015
484F	484F-32494	12:30	250ml	418.1

Prepared By: [signature]

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite _____ YES ___X___ NO

Depth of Sample: 24" below Surface

Weather: 68° Sunny

Containers Used: Glass Jars

Amount Collected: 4 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
322 D	322D032394	10:30 / (3) 60ml	8015 / None
322 D	322D032394	10:30 / 250ml	418.1 /

Prepared By: [signature]

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES X NO

Depth of Sample: 24" below surfaces

Weather: Sunny 68°

Containers Used: Glass Jars

Amount Collected: 8 Sample's were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
290-B	290B-032394	8:30 / (3) 60ml	8015
290 B	290B-032394	8:30 / 250ml	418.1
285 B	285B-032394	9:20 / (3) 60ml	8015
285 B	285B-032394	9:20 / 250ml	418.1

Prepared By: [illegible]

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 24" Below surface

Weather: 68° Sunny

Containers Used: Glass Jars

Amount Collected: 28 samples were collected.

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
275-B	275B-032394	11:00 / (3) 60ML	8015 / Sand was a
275-B	275B-032394	11:00 / 250ML	418.1 / light brown
270-A	270A-032394	11:20 / (3) 60ML	8015 /
270 A	270A-032394	11:20 / 250ML	418.1 /
312C	312C-032394	11:40 / (3) 60ML	8015 /
312C	312C-032394	11:40 / 250ML	418.1 /
354-E	354E-032394	11:50 / (3) 60ML	8015 /
354-E	354E-032394	11:50 / 250ML	418.1 /
317-D	317D-032394	12:00 / (3) 60ML	8015 /
317-D	317D-032394	12:00 / 250ML	418.1 /
359-F	359F-032394	12:15 / (3) 60ML	8015 /
359-F	359F-032394	12:15 / 250ML	418.1 /
273A	273A-032394	12:10 / (3) 60ML	8015 /
273A	273A-032394	12:10 / 250ML	418.1 /

Prepared By: Dorie Bernard

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 24" below surface

Weather: 68° Sunny

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
315C	315C-032394	12:35 / (3) 60ml	8015 / sand was
315C	315C-032394	12:35 / 250ml	418.1 / a light brown
357E	357E-032394	12:40 / (3) 60ml	8015 / color
357E	357E-032394	12:40 / 250ml	418.1 /

Prepared By: [signature]

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: 24" below surface

Weather: 68° sunny

Containers Used: Glass Jars

Amount Collected: 24 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS
294-B	294-B032394	7:15	(3) 60ml	8015
294-B	294B-032394	7:15	250ml	418.1
336 D	336D-032394	7:15	(3) 60ml	8015
336D	336D-032394	7:15	250ml	418.1
378 F	378F-032394	7:40	(3) 60ml	8015
378F	378F-032394	7:40	250ml	418.1
255A	255A-032394	7:40	(3) 60ml	8015
255A	255A-032394	7:40	250ml	418.1
297C	297C-032394	8:00	(3) 60ml	8015
297C	297C-032394	8:00	250ml	418.1
339E	339E-032394	8:15	(3) 60ml	8015
339E	339E-032394	8:15	250ml	418.1

Prepared By: Doris Barnard

Date: 3/23/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite _____ YES ___X___ NO

Depth of Sample: 24" below surface

Weather: 68° Sunny

Containers Used: Glass Jars

Amount Collected: 8 Samples were collected.

GRID NO.	SAMPLE NO.	TIME COLLECTED		COMMENTS	
290B	290B032394	8:30	(3) 60ml	8015	Sand was
290B	290B032394	8:30	250ml	418.1	brown color
290B Dup	290B Dup32394	8:30	(3) 60ml	8015	
290B Dup	290B Dup32394	8:30	250ml	418.1	

Prepared By: Jonie Bar[illegible]

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: Surface

Weather: Sunny Temp. 60°

Containers Used: Glass Jars

Amount Collected: 28 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
01-A	01A-032294	800 / 3 60ML	8015 / SAND WAS a
01-A	01A-032294	8:00 / 250ML	418.1 / black color
43 C	43C-032294	8:10 / (3) ML	8015 / SAND WAS A
43C	43C-032294	8:10 / 250ML	418.1 / light brown
85E	85E-032294	8:20 / (3) 60ml	8015 /
85E	85E-032294	8:20 / 250 ML	418.1 /
40 B	40B-032294	8:30 / (3) 60ml	8015 /
40B	40B-032294	8:30 / 250ML	418.1 /
124 F	124 F-032294	8:40 / (3) 60ml	8015 /
124F	124F-032294	8:40 / 250 ML	418.1 /
82 D	82D-032294	8:50 / (3) 60ML	8015 /
82 D	82D-032294	8:50 / 250 ML	418.1 /
82D Dup.	82DDup-032294	9:10 / (3) 60ml	8015 /
82D Dup	82DDup 032294	9:10 / 250 ML	418.1 /

Prepared By: Louis Barnard

Date:_____
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: Surface

Weather: Sunny Temp. 60°

Containers Used: Glass Jars

Amount Collected: 8 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
05A	05A-032294	9:30 / (3) 60ML	8015 / sand was a
05A	05A-032294	9:30 / 250ML	418.1 / light color
47C	47C-032294	9:45 / (3) 60ML	8015 /
47C	47C-032294	9:45 / 250ML	418.1 /

Prepared By: Louis Bernard

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: Surface

Weather: Sunny 60°

Containers Used: Glass Jars

Amount Collected: 8 sample Jars were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
082D	082D-032294	900 / (2) 60mL	8015 / light color of sand
082D	082D-032294	900 / 250mL	418.1 / light color
30D	30D-032294	10:55 / (3) 60mL	8015 / light color
30D	30D-032294	10:55 / 250mL	418.1 / light color

Prepared By: Lorie Bernard

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: Surface

Weather: Sunny Temp 62°

Containers Used: Glass Jars

Amount Collected: 20 samples were collected.

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
35B	35B-032294	10:05 / (3) 60mL	8015 / sand was a
35B	35B-032294	10:05 / 250mL	418.1 / light brown color
72D	72D-032294	11:05 / (3) 60mL	8015 /
72D	72D-032294	11:05 / 250mL	418.1 /
99E	99E-032294	11:45 / (3) 60mL	8015 /
99E	99E-032294	11.45 / 250mL	418.1 /
10A	10A-032294	10:25 / (3) 60mL	8015 /
10A	10A-032294	10:25 / 250mL	418.1 /
119F	119F-032294	10.45 / (3) 60mL	8015 /
119-F	119F-032294	10:45 / 250mL	418.1 /

Prepared By: Dave Bernard

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES X NO

Depth of Sample: _____

Weather: Sunny Temp. 60°

Containers Used: Glass Jars

Amount Collected: 28 samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
20A	20A-032294	12:15 / (3) 60ml	8015 / Sand was a
20A	20A-032294	12:15 / 250ml	418.1 / light brown
67D	67D-032294	12:00 / (3) 60ml	8015 / color
67D	67D-032294	12:00 / 250ml	418.1 /
25B	25B-032294	11:55 / (3) 60ml	8015 /
25B	25B-032294	11:55 / 250 ml	418.1 /
64D	64D-032294	12:25 / (3) 60ml	8015 /
64D	64D-032294	12:25 / 250ml	418.1 /
22B	22B-032294	12:15 / (3) 60ml	8015
22B	22B-032294	12:15 / 250ml	418.1
52C	52C-032294	10:35 / (3) 60ml	8015
52C	52C-032294	10:35 / 250ml	418.1
106F	106F-032294	12:25 / (3) 60ml	8015
106F	106F-032294	12:25 / 250ml	418.1

Prepared By: Dawn Bernard

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: _____

Weather: Sunny Temp. 60°

Containers Used: Glass Jars

Amount Collected: 8 Samples were collected

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
104 E	104E-032294	11:55 / (3) 60ML	8015 / sand was a
104 E	104E-032294	11:55 / 250 ML	418.1 / light brown
109 F	109F-032294	12:10 / (3) 60ML	8015 color
109 F	109F-032294	12:10 / 250 ML	418.1

Prepared By: Lorie Bernard

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES ___X___ NO

Depth of Sample: Surface

Weather: Sunny Temp. 60°

Containers Used: Glass Jars

Amount Collected: 28 samples were collected.

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
15A	15A-032294	11:25 / (3) 60mL	8015 / SAND WAS A
15A	15A-032294	11:25 / 250 mL	418.1 / light color
57C	57C-032294	11:35 / (3) 60mL	8015 /
57C	57C-032294	11:35 / 250mL	418.1 /
77D	77D-032294	1010 / (3) 60mL	8015 /
77D	77D-032294	10:10 / 250mL	418.1 /
62C	62C-032294	1210 / (3) 60mL	8015 /
62C	62C-032294	12:10 / 250mL	418.1 /
30B	30B Dup 032294	10:55 / (3) 60mL	8015 /
30B	30B Dup 032294	10:55 / 250mL	418.1 /
114F	114F 032294	11:15 / (3) 60mL	8015 /
114F	114F 032294	11:15 / 250mL	418.1 /
94E	94E 032294	10:45 / (3) 60mL	8015 /
94E	94E 032294	10:45 / 250mL	418.1 /

Prepared By: Louie Bernard

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name: Fort Story LARC Area

Sample Type: Soil

Composite: _____ YES X NO

Depth of Sample: _____

Weather: Sunny Temp. 60°

Containers Used: Glass Jars

Amount Collected: 4 sample were collected.

GRID NO.	SAMPLE NO.	TIME COLLECTED	COMMENTS
89E	89E-032294	9:55 / (3) 60ML	8015 / sand was a
89E	89E-032294	9:55 / 250 ML	418.1 / light brown color.

Prepared By: [signature]

WEEKLY REPORTS

RAPID RESPONSE WEEKLY REPORT

Project Name Ft Story F.T.P. #4 For Week Ending 04/18/93

Project Location Ft Story, Va. Beach, Va. Report No. 01

Name William T. Simpson Title Operations Supervisor

Company Name & Address I.T. Corp. Monroeville, Pa. 15146

Telephone No. (412) 372-7701 Telefax No. (412) 373-7135

Reporting Period: 04/13/93 to 04/18/93

Percent Field Work Completed 85 % Percent Project Completed ____ %

Summary of Work Completed On-Site: Completed Mob. and site prep. Removed approx 6800 gal of liquid from the F.T.P. Removed and Triple washed approx 45 ton of 2" stone from the F.T.P Triple washed Dusted and removed approx 250 tons of concrete from the F.T.P The Rubble, stone and concrete was loaded into 11 roll offs for disposal Built 3 40'x40'x3 double 6ply poly lined cells to hold the approx. 500 tons of soil excavated from around and under the F.T.P Placed 292 tons of 3/4" stone in the F.T.P. excavation Conducted 19 field screen tests of the soil test results range between 10-1000 p.p.m Removed the 4" m. well located on the east side of the F.T.P.

Summary of Work Completed Off-Site:

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story F.T.P #4 Ft Story VA.

For Week Ending 04/18/93

Explanation of Deviation from WorkPlan (including Modifications and Schedule Slippages): The Fire Training Pit was thought to be 2'-3' deep with 1' of sludge. After removing the liquid the pit was found to be 4' deep with 2' of 2" stone. The stone could not be placed at the L.A.R.C. for treatment like the sludge was to be. The stone was placed on the concrete apron around the fire pit and triple washed. The wash water and stone was removed by vac truck and rolloffs

Problems Encountered: While excavating the east side of the F.T.P electrical material was found buried along with two ammo boxes. The ammo boxes where filled with sand

Recommendations: Build temp. cells to hold the soil and test the soil for P.C.B.s If there is no P.C.B.s we can transport the soil to the L.A.R.C. area. If there is P.C.B.s the soil will be shipped off site for disposal.

Key Personnel Changes:

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story F.T.P. Ft Story VA.

For Week Ending 04/18/93

Work Anticipated to be Performed the Following Week: TAKE CONFIRMATION SAMPLES AND P.C.B SAMPLES. FINISH BACKFILLING F.T.P EXCAVATION with 3/4" STONE. PERFORM SITE TEAR DOWN AND DEMOB.

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks: USACE's Jeff Hubbard visited the site

Signature: William T. Simpson

RAPID RESPONSE WEEKLY REPORT

Project Name Ft Story F.T.P. #4 For Week Ending 04/25/93

Project Location Ft Story VA Beach, VA Report No. 02

Name William T. Simpson Title Operations Supervisor

Company Name & Address IT Corp. Monroeville PA 15146

Telephone No. (412) 372 - 7701 Telefax No. (412) 373 - 7135

Reporting Period: 04 / 18 / 93 to 04 / 25 / 93

Percent Field Work Completed 95 % Percent Project Completed ____ %

Summary of Work Completed On-Site: Traveled to Ft Story from Ft Eustis. Moved approx. 340 tons of soil from the three holding cells at the F.T.P. to the L.A.R.C. area. The soil was placed on a 40'x100' area lined with 6 mil poly. The scrap steel was removed from the soil and placed in a temp cell lined with 6 mil poly. The cells where removed and the site restored

Summary of Work Completed Off-Site: USACE Rep. Ron Meier, I.T.'s Tom Mathison and Bill Simpson met with sub contractor Solutions Inc. in Chesapeake VA to set up a pre-construct meeting on 4-27-93. Discuss the work plan and startup date. Solutions plans to start treatment 5-17-93

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story F.T.P #4 Ft Story, VA

For Week Ending 4/25/93

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): None

Problems Encountered: None

Recommendations: None

Key Personnel Changes: None

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story F.T.P #4 Ft Story VA

For Week Ending 4/25/93

Work Anticipated to be Performed the Following Week: None

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks: The P.C.B.s testing Results where Received on 4-21-93. The three samples Levels where <0.5

Jeff Hubbard was on site 4-24-93

Signature: William T. Simpson

RAPID RESPONSE WEEKLY REPORT

Project Name Ft Story L.A.R.C. Area For Week Ending 05/2/93

Project Location Ft Story, Va Beach, VA Report No. 01

Name William T. Simpson Title Operations Supervisor

Company Name & Address IT Corp. Monroeville PA 15146

Telephone No. (412) 372 - 7701 Telefax No. (412) 373 - 7135

Reporting Period: 04/25/93 to 5/2/92

Percent Field Work Completed 5 % Percent Project Completed ____ %

Summary of Work Completed On-Site: USACE's Construction Project Engineer Wally Shaheen had the Preconstruction meeting with Solutions Inc. I.T Corp and the DEH from Ft Story and Ft Eustis. IT's Site Supervisor Bill Simpson held Site Specific Training for Solutions and their Subcontractors. Solutions Dug Space certain holes with a backhoe to take samples and locate the depth of ground water. Solutions installed 5 wells. Depth of wells are between 15'-20' deep

Summary of Work Completed Off-Site:

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story LARC Area Ft. Story, VA

For Week Ending 05/2/93

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): NONE

Problems Encountered: NONE

Recommendations: NONE

Key Personnel Changes: NONE

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story L.A.R.C. AREA Ft Story VA

For Week Ending __/__/__

Work Anticipated to be Performed the Following Week: Solutions will study the DATA collected AND MAKE FINAL ADJUSTMENTS to the WORK PLAN

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks:

Signature: William T. Lynch

RAPID RESPONSE WEEKLY REPORT

Project Name Ft Story LARC Area For Week Ending 5/23/93

Project Location Ft Story VA Beach, VA. Report No. 03

Name William T. Simpson Title Operations Supervisor

Company Name & Address IT Corp. Monroeville, PA. 15146

Telephone No. (412) 373-7100 Telefax No. (412) 373-7135

Reporting Period: 05/16/93 to 05/23/93

Percent Field Work Completed 30 % Percent Project Completed ____ %

Summary of Work Completed On-Site: Solutions continued to do site prep work before the site is treated with the inoculant. Transferred approx. 40,000 gals of the micro-organisms from solutions lab to the 40'x100'x16' mobile tank on site. Solutions met with the State Water Board on Fri 5/21/93 to receive final approval of solutions work plan. Solutions plan to do 12 hrs shifts to maintain the micro-organisms

Summary of Work Completed Off-Site:

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Ord L.A.R.C. ARRA

For Week Ending 5/23/93

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): None

Problems Encountered: None

Recommendations: None

Key Personnel Changes: None

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story L.A.R.C. AREA

For Week Ending 5/23/93

Work Anticipated to be Performed the Following Week: Finish site prep. and begin treatment with the inoculant to the sandbox area. The telephone line that runs in the eastern part of the sandbox area is to be relocated. Solutions wants to start at the eastern area of the sand box.

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks: The USACE informed the State Water Board that the project will proceed without their approval. The Board will receive a final report when the project is completed.

Signature: William T. [illegible]

RAPID RESPONSE WEEKLY REPORT

Project Name Ft Story/L.A.R.C Area For Week Ending 5/30/93

Project Location Ft Story, VA. Beach, VA. Report No. 04

Name William T. Simpson Title Operations Supervisor

Company Name & Address I.T. Corp. Monroeville, PA 15146

Telephone No. (412) 372 - 7701 Telefax No. (412) 373 - 7135

Reporting Period: 05/23/93 to 05/30/93

Percent Field Work Completed 45 % Percent Project Completed ____ %

Summary of Work Completed On-Site: Ft Storys utilitys personal ran a new phone line to replace the line running through the eastern half of the sandbox area. Solutions hired 3 techs and 1 operator. IT's supervisor gave the 4 workers site specific training. Solutions began working 3-8hr shifts. Treated the eastern section of the sandbox area with approx 30,000 gal of 6-1 diluted ammonia hydroxide. Started the wet screening of the Fire pit soil. Stockpiled sand from the eastern section, area removed - approx. 100'x150'x2'. Dug a diversion ditch along the concrete pad to control rain runoff. Maintaining the micro-

Summary of Work Completed Off-Site: organisms 24hrs

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story L.A.R.C AREA

For Week Ending 5/30/93

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): NONE

Problems Encountered: NONE

Recommendations: NONE

Key Personnel Changes: NONE

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story L.A.R.C. AREA

For Week Ending 5/30/93

Work Anticipated to be Performed the Following Week: Solutions to Begin Actual treatment with the inoculant on June 1, 1993. Solutions 30 day treatment schedule Begining 6/1/93 was agreeable with USACE's Rep. Ron Meier, IT's Supervisor Bill Simpson and Solutions Environmental President Dorothy S. Small. Treatment with the micro-organisms will be ongoing for the next 30 days.

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks: Operations Supervisor Bill Simpson demoted 5/28/93. Simpson is scheduled to be back on site the week of 6/14. Some of the post treatment sampling should begin by then

Signature: William T. Simpson

RAPID RESPONSE WEEKLY REPORT

U.S. ARMY RAPID RESPONSE — CORPS OF ENGINEERS OMAHA DISTRICT

Project Name Fort Story For Week Ending 6/19/93

Project Location Lake Area VA. Report No. ____

Name Louie Bernardo Title Supervisor

Company Name & Address IT Corp 2790 Mosside Blvd. Monroeville

Telephone No. (800) 444-9596 Telefax No. ( ) ____-____

Reporting Period: 6/19/93 to ____/____/____

Percent Field Work Completed 75 % Percent Project Completed 70 %

Summary of Work Completed On-Site: Solutions continue treating the contaminated soil by placing inoculants into 3 of the Pits and also inside the pool which consume the contaminants. 2nd shift started on 6/15 24 hours around the clock. On 6/16 Petro chem truck arrived on site to vacuum out the heavy grease in Pit #2 and also in the pool area. approximately 4000 gals of grease, foam silk and debris was pumped out. Solutions treated approximately 250 yds per day. because of the heavy grease that was in the soil. Solutions continue taking PH samples on all of the Pits and pool. approximately 1750 gals of heavy grease is finished

Summary of Work Completed Off-Site:

N/A

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location _____

For Week Ending ___/___/___

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): N/A

Problems Encountered: N/A

Recommendations: N/A

Key Personnel Changes: N/A

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Fort Story

For Week Ending 6/27/93

Work Anticipated to be Performed the Following Week: Solutions continue treating the contaminated soil approximately 700 yds will be treat under the 50ppm limits (a day)
continue using the Vac truck.
Taking sample of soil, water

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks:

Signature: [illegible]

RAPID RESPONSE WEEKLY REPORT

Project Name Fort Story For Week Ending 6/25/93

Project Location Larc Area Report No. ____

Name Louie Bernardo Title Supervisor

Company Name & Address 2790 Mosside Blvd Monroeville

Telephone No. ( ) ____-____ Telefax No. ( ) ____-____

Reporting Period: 6/21/93 to 6/26/93

Percent Field Work Completed 50 % Percent Project Completed 65 %

Summary of Work Completed On-Site: Solutions operation
Continue processing soil
Serveral trenches were made to process the soil the heavy grease soil was finished approximately 3000 cuyard and then stockpiled for the second wash.
PH sampling was taken every day in all of trenches and in the pool
approximately 3000gal of heavy grease was vaccum off of all the trench and the pool Area. (Petro chem Vac truck)

Summary of Work Completed Off-Site:

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Fort Story

For Week Ending 7/2/93

Work Anticipated to be Performed the Following Week:

Continue processing the soil from the northern end of site to the middle of site.
Starting working on the fire training soil that is staged on the southend of site. working toward middle.
taken down the 50x100 ft. pad area to process the soil around that area.
Pit sampling will continue.

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks:

Signature:

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Fort Story Larc Area

For Week Ending 6/25/93

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): N/A

Problems Encountered: (PWC) Norfolk HES called site about the heavy odor of Ammonia smell.
advised Solution to cover up the bake's and also to applied water to the pile.

Approximately 1500 gals of Ammonia was applied to the sands. to help process the sand.
Air Monitoring was done every day for the Ammonia smell

Recommendations: N/A

Key Personnel Changes: N/A

RAPID RESPONSE WEEKLY REPORT

Project Name Ft. Story For Week Ending 3/25/94

Project Location LARC Area Report No. 1

Name Louie Bernardo Title Supervisor

Company Name & Address IT Corp 2790 Mosside Blvd

Telephone No. (412) 372 - 7701 Telefax No. (412) 373 - 7135

Reporting Period: 3/21/94 to 3/25/94

Percent Field Work Completed 100 % Percent Project Completed 100 %

Summary of Work Completed On-Site: Sampling the LARC Area. Samples were taken a four depths first - Surface, Second 24" below surface, third - 36" below surface, 48" below Surface All samples that were taken from each grid location. There were approximately 30 samples three duplicates and three QA

All of the QA samples were taken at the highest potential of contamination were send to ARD Laboratory. All the sampling equipment was decontaminated after each grid location. The equipment was washed with Soap then Spray

Summary of Work Completed Off-Site: with Isoproply Alcohol then rinse with deionized water. All sample bottles were properly identified and wiped clean and then placed into a seatable plastic bag. Samples were placed inside a cooler packed with Ice and then packed with Kitty Litter. Five coolers were used for each surface.

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft Story

For Week Ending 3/25/94

Explanation of Deviation from WorkPlan (Including Modifications and Schedule Slippages): None

Problems Encountered: Samples that were located at the 36" and 48" below surface graded was moved. Sample Number 442-D was moved at location E-479, 449E was moved at location D-447, 479-13 was moved at location C-437 The location of this sampler were in the tree area and was moved.

630F - was moved to E594, E691 was moved to E602, D588 was moved to D-582, D588 was moved to D589 The location of this sample were on the concrete slab.

Recommendations: None

Key Personnel Changes: None

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Ft. Story

For Week Ending __/__/__

Work Anticipated to be Performed the Following Week: The sampling is finished

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks:

Signature: Lorie Beiner