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JEB FORT STORY, VA
5090.3a

FINAL REPORT FIREFIGHTER TRAINING AREA, LIGHTER AMPHIBIOUS RESUPPLY
CARGO (LARC) 60 MAINTENANCE AREA, AND AUTO CRAFT AREA FORT STORY VA
9/1/1994
INTERNATIONAL TECHNOLOGICAL CORPORATION

**FINAL REPORT
FIRE TRAINING AREA NO. 4 AND LARC AREA
FORT STORY, VIRGINIA**

**CONTRACT NO. DACW45-90-D-9002
DELIVERY ORDER NO. 55
IT PROJECT NO. 519029**

PREPARED BY:

**IT CORPORATION
2790 MOSSIDE BOULEVARD
MONROEVILLE, PENNSYLVANIA 15146-2792**

PREPARED FOR:

**U.S. ARMY CORPS OF ENGINEERS
OMAHA DISTRICT
215 NORTH 17TH STREET
OMAHA, NEBRASKA 68102**

AUGUST 1994

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-E/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 ENGER930020055. 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.

-2-

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



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,

A handwritten signature in black ink, appearing to read 'T. P. Mathison', written over a horizontal line.

Thomas P. Mathison
Project Manager

TPM:mal

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

Regional Office

William Penn Plaza • 2790 Mosside Boulevard • Monroeville, Pennsylvania 15146-2792 • 412-372-7701

IT Corporation is a wholly owned subsidiary of International Technology 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.

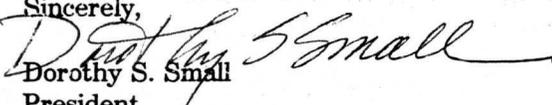
Several observations were made that we want to document, and we wish further discussions on these items to ensure we are following the proper decision path.

1. During the excavation, we found a layer of coal approximately 18 inches below grade, the volume and extent 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.

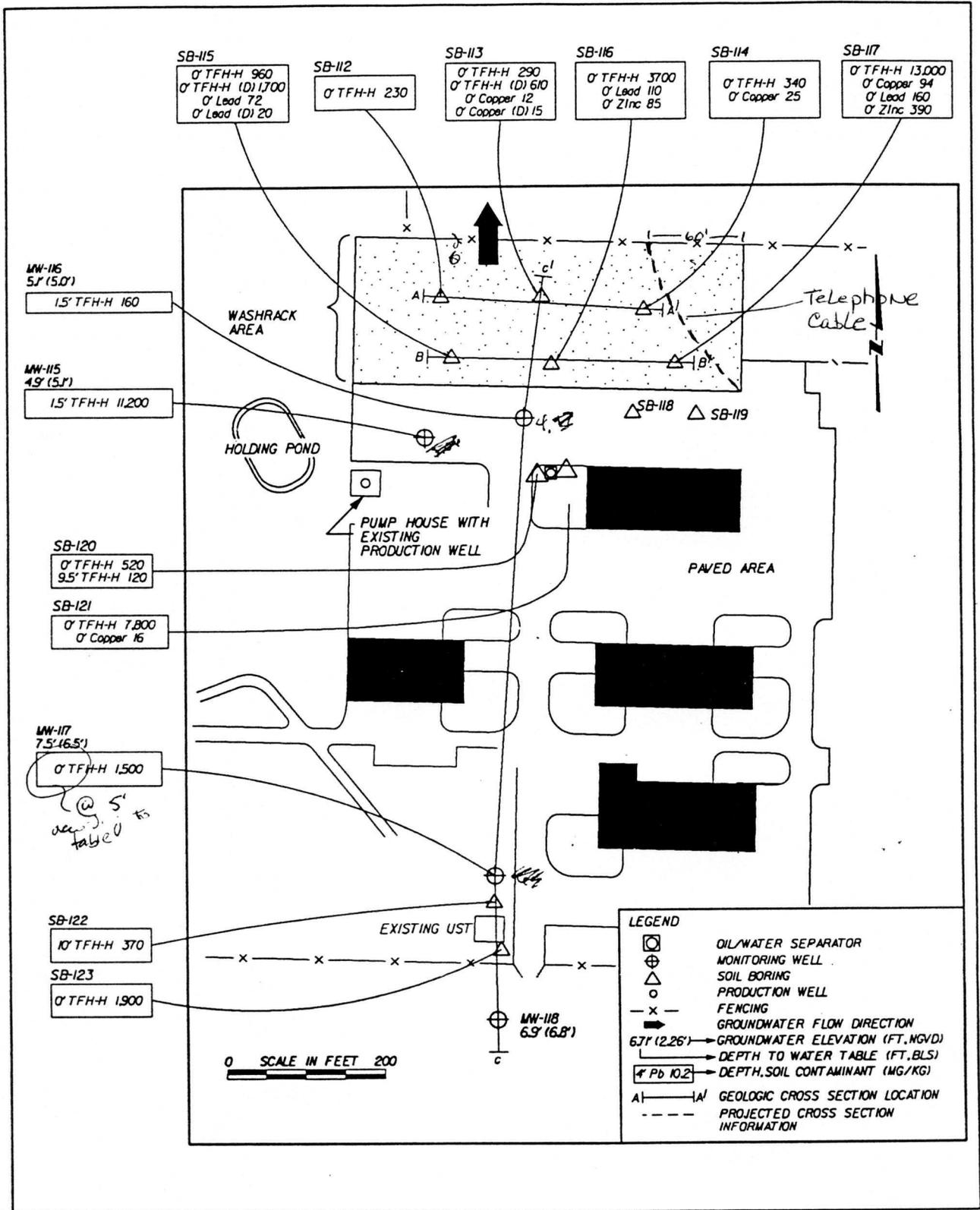
On April 29, 1993 we requested that the telephone line be moved, Mr. Sweet, in the telephone utility office at (804) 422-7111 stated that they do not remove or relocate underground cable. We can not proceed with the site excavation of the area due to the location of the cable. Please advise us if we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



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

Sample Location	Results (ppm-TPH)		
	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

Mr. Tom Mathison
 August 30, 1993
 Page 2 of 4

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	--

Mr. Tom Mathison
August 30, 1993
Page 3 of 4

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.

Mr. Tom Mathison
August 30, 1993
Page 4 of 4

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 J. F. 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 Mossie 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 be 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.

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

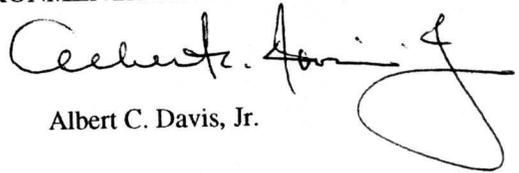
Mr. Mathison
February 17, 1994
Page 2 of 2

- 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

Fire Station
(SITE NAME AND LOCATION)

REPORT NO. 17 DELIVERY ORDER NO. #55 DATE 6/1/13
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

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: 6 - Soil Samples AMPLIFYING INFO. _____

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

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	_____	<u>None</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____	<i>None</i>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

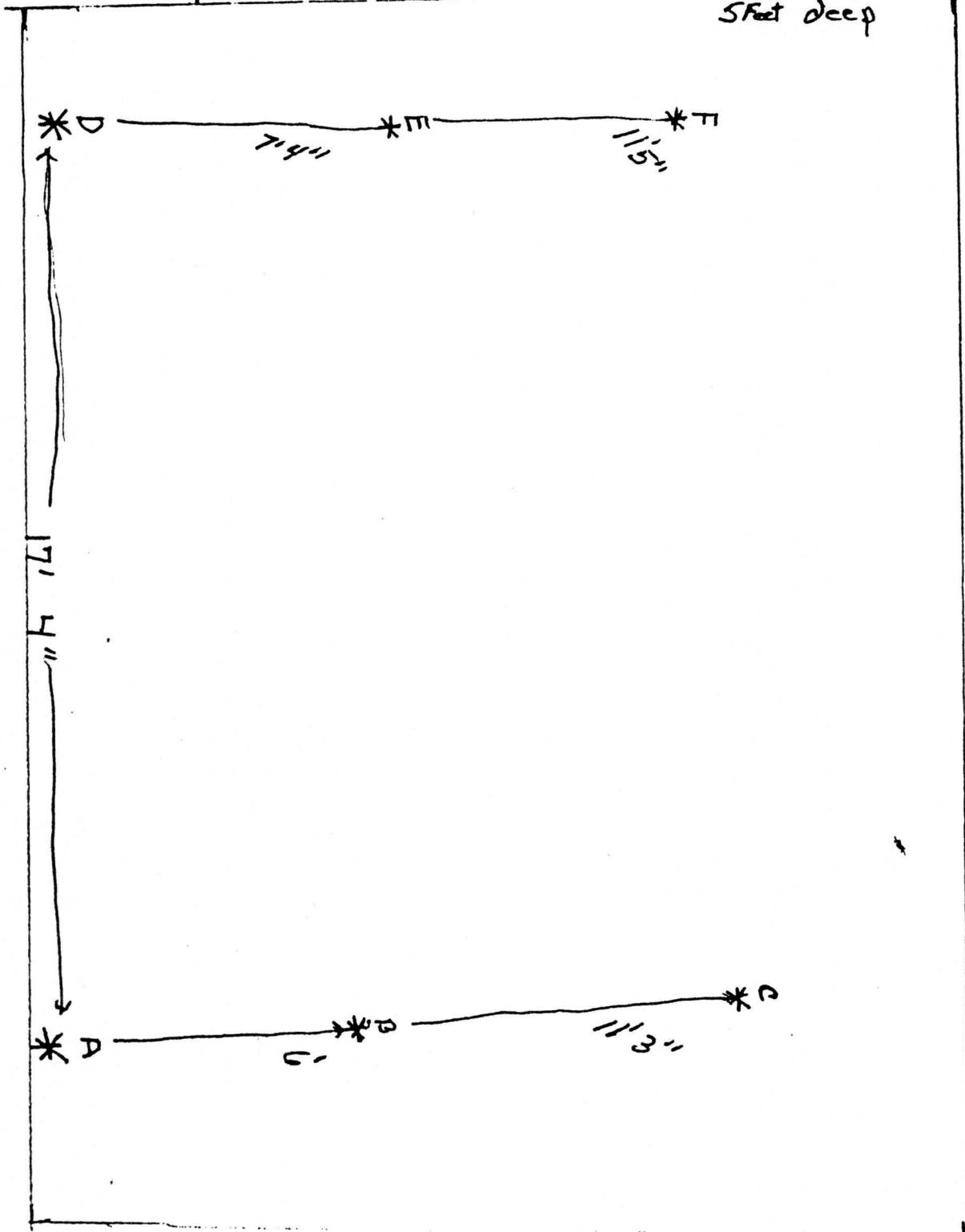
18. ADDITIONAL COMMENTS/REMARKS: None

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.

Louie Bernau
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 1A
(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 2000 lb front end loader and two 10000 lb dump trucks with drivers to move the soil from the storage coils at the FTP to the LA RC Area. 240 tons of soil was placed on a 40' x 100' dry lined area at the LA RC Area. The scrap steel was removed from the soil stored at the east coil. The steel is placed in a small ton lined coil at the F.T.P. Area. The two other coils were restored and graded. Removed some concrete from the project that was too heavy and placed it into another rolloff.

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): PREPARATORY AND FOLLOWUP ON THE SOIL TRANSFER - ALL WORK WAS COMPLETED SATISFACTORI

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: 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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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. Adams
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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 BACK FILLING 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 Ballot's filled with CONCRETE DEBRIS. 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

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

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: ~~4~~ 7 TESTED: _____ AMPLIFYING INFO: 4-CONFIRMATION
SAMPLES TAKEN FOR - TO BE TESTED FOR - TPH & METALS - SENT TO
AUSTIN Jet Fuel, RNA AND VOA SENT TO EXPORT. 3 SAMPLES
COLLECTED AND SENT TO SOLUTIONS FOR PCB 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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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. Army
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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 TRAINING PIT. THE CELLS WERE DOUBLE 6MIL 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 CONN EXCAVATION IS APPROX 45'x45'x6' BACKED FILLED 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

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 HARBY FIELD SCREEN TESTS AROUND THE
FIRE PIT. TESTS RESULTS RANGE BETWEEN 10 - 1000+ PPM.
THE 1000+ PPM RESULT WAS FOUND AT THE S/W CORNER.

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

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

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.

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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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.

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. Amos
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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 ROLL OFFS FOR THE CONCRETE DEBRIS, RECEIVED 580 CASE WITH HOP PAM, 690 EXCAVATOR, 3" TRASH PUMP, POWER WASHER, REMOVED TREES AND RUBBLE FROM FIRE PIT, DUMPED WATER FROM FIRE PIT INTO 6,000 GAL TANKER, SETUP 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.

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 1st story

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: 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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Pipe RAINING, the water was shown to be NON HAZ from the analytical testing

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. Amey
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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 moved from 9th - 1st sup, 1-cost/foreman, 2 operators and 1 sampler.

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

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

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

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story

(SITE NAME AND LOCATION)

REPORT NO. 3A DELIVERY ORDER NO. 35 DATE 6/30/93
WEATHER Cloudy RAINFALL 0 INCHES TEMP: MIN. 72 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): oversee is Solution environmental operation and soil treatment at the LABC Area
IT will take 2 soil samples from the two piles of soil that is stage at the north of the concrete pad adjacent to the LABC 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 begin.
Pumping out water into Pit #4 sand water from well #5
to water level done completed will begin another well
operation.
CEM arrived on site to continue pumping out Pit #2
CEM oil truck almost 1/2 full. Material from Pit #2 is
getting it taken using excavator bucket and water to emulsify
and speed up pumping process. Processing sand and enlarging
trench 4

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 sample was taken from the two pits that were dug at the end of concrete pad by the LARS.

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

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>n/a</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 REPORT 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, regarding, taken pool down and done the
heavy equipment, 3 week
I think also that IT and USACE has to be on site for
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.

Lonnie Bennett
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story
(SITE NAME AND LOCATION)

REPORT NO. 32 DELIVERY ORDER NO. 55 DATE 6/21/93
WEATHER Sunny / Hot RAINFALL _____ INCHES TEMP: MIN. 80 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): oversight

Solutions Environmental operation at the Top 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" x 7" x 4".
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 previously by trench 2 is 2.5' below concrete pad.
Currently moving all remaining unprocessed contaminated sand in this vicinity onto Pit #6. IT will become a temporary continue 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" x 7" x 4". The trench was filled in with approximately 8,300 tons of gravel.



Date _____ Subject _____ Sheet No. _____ of _____
d. 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 LARC Area approximately 95 ton of soil that came from the Fire training Area.

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

The trench was graded and backfilled.

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 946, 8015 - Austin Tx
ONE Sample was tested for EPA 41811 - 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
	<u>n/a</u>	

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

LIQUID: 3000 BBL/GAL
Sludge
SOLIDS: _____ YDS/TONS
AMPLIFYING INFO: CINA removed 3000 gal of Waste oil and Sludge

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

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
_____	_____	<u>N/A</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

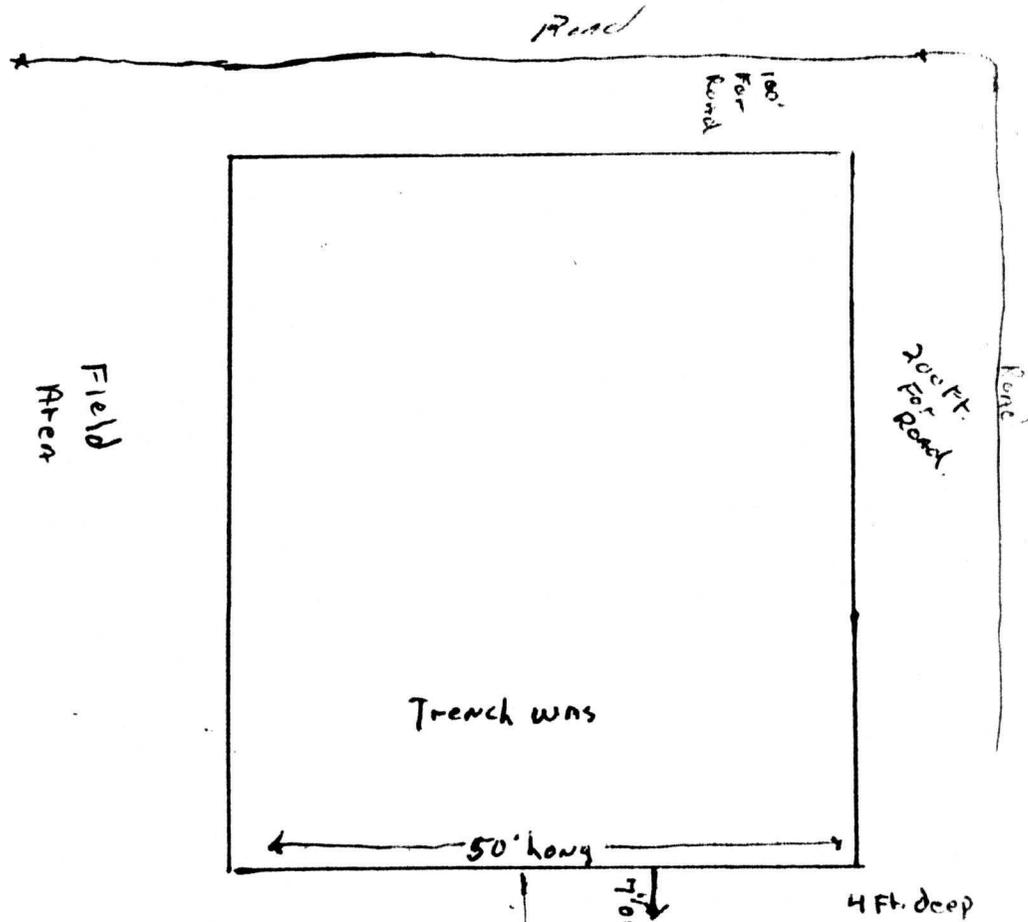
15. LIST ALL SAFETY VIOLATIONS OBSERVED AND CORRECTIVE ACTIONS: N/A

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.



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, SOYS
ONE sample test For EPA 418.1 expect to

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: ITC Corp

Ft. Story
(SITE NAME AND LOCATION)

REPORT NO. 37 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): avoiding

Solutions Environmental operations at the IARC 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.
Continuing processing sand.
C&M arrived on site to remove the sludge from Pit 2
Completes casing excavator and all other repairs
South end of trenches E and F appears to be clear.
Removed 4 pumps and meters from work site
Conducted proper reading adjacent to trench E while
readings were 5ppm

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: NA

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 readings were 5ppm.

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
_____	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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.

8. 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.

Lucie Bernatche
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: TT Corp

Ft. Story

(SITE NAME AND LOCATION)

REPORT NO. 20 DELIVERY ORDER NO. A35 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): Oversee

Solutions Environmental operation at the Jar Area and will coordinate all correspondence between Solutions and the USACE and the State of VA.
Plan is to raise two tankers and discharge Ammonia residue 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 base Fraxell Five into to raise water level.
Started to raise two tankers and discharge Ammonia residue into trench F.
Continue processing trench F and also both Fraxell Pit #2 out any heavy residuals should be placed into Pit #2 for removal.
Finished raising out both tankers put approximately 75 mins of water in both compartments in the FAR tanker and 25 mins in near tanker approximately 7" of Ammonia was in near tanker to start with.

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*

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. Pit

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
	<u>n/a</u>	

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

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

AMPLIFYING INFO: n/a

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

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
_____	_____	_____	<u>N/A</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 REPORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

18. ADDITIONAL COMMENTS/REMARKS:

W/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 Bernhardt
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: JT Corp

Et 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 late 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 pit (soil was processed) Excavation of trench E is underway and
of trench 2 is also underway approximately 500gals of pool water was pumped into trench 2 For in vacuulation pump for processing pump in pit is hooked up to direct discharge back seaward pool bottom air cylinder to agitate / suspend any sediment
For once through degreasing pump could be moved every 2-4 hrs
Top 6" of trench D was scraped off and stockpiled for processing
out to black film on surface. All water has been drained off of Pit #2 and discharged into the pool excavation of trench E



y _____ 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 solution to trench E agitation of trench 2 was completed currently in place placing remainder of fire pit soil and adjacent standpipes on top of processing sand in trench 2.
this must be done to make room for excavation of area

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 operator's using caution when running the heavy equipment.

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

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 ~~PH~~
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
_____	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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: *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 Bonner

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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's operation at the IARC 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's operation

Continue processing soil (sand)
Conducted oxygen reading in the north end corner of site
5 ppm.
Continue to fill trench C with processed soil.
Continue processing the fire training soil that is at the
south end of site
Removed floating debris from Pit #2
CEM arrives soil back after talking to pump out the trench
because of wrong fittings.

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 with the pumps.

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

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 - 12 - 25ft, 2 - 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
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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.

ADDITIONAL COMMENTS/REMARKS:

Solution's taken samples at the north end of site. These samples were taken for ~~reference~~

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

This area is approximately 50ft x 50ft in the north end 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.

Louis 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 6/29/93
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 Two 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.)
1. Spindle vanner for and an additional light tower was delivery
on site.
these items were being used to begin a similar process on the
Western side of the site.
Currently shifting stockpile to make room for excavation of
Trench C also Deter is moving all exposed clean sand to east side
of site.
Trench C has been excavated out processing has begun on adjacent
trench has been partially excavated at the western end of
site progress is down than anticipated due to insufficient
room to stockpile clean sand.

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 safety when hooking up and moving the generator around the site and clean off site.

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: Ammonia monitoring sample was taken 20yd from north end

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
_____	<u> N/A </u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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

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

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:

W/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

Sheet No

Proj No

Subject

Date

Date

Chkd By

6/24/93

Stockpile
at 1000
sand

Trench
to process
the sand

Trench
at 1000

stockpile
2000 cu. yard
Fire Area Soil
one washer

Pool
50x100

Pit #2
Grease
used
pumped
out

Trench ?

Stockpile
2300 cu. yard
ready for the wash

Pit #3

Fence

Trench
draining water out

Stockpile
Clean Sand
960 cu. yard

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 27 DELIVERY ORDER NO. #55 DATE 6/23/93
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): (overseem)

Solutions Environmental's operation at the LARC area and will coordinate all correspondence between solutions the USAEC 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 (and)
Solutions added approximately 1500 gal of Permanganate to trench A to help processing of the soil treatment system.
Solutions is attempting to close out trench A and ER5 to the end of Pit #2
Trench B is closed stockpile has been moved toward the west end excavation of trench B has begun
Trench B is completely excavated additional 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 Harece water appear low in Oxygen / soil appear unsatisfactory or at best

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 outside the fence perimeter on the east end of site. Results < 5ppm

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: Pit Sample
Pit 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
	<u>N/A</u>	

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

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

AMPLIFYING INFO: N/A

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 J. (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 A. (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.

ADDITIONAL COMMENTS/REMARKS:

at this point the Fire pit

is not facing process

still working at the bottom end of side

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/Fence line	Light Gray	< 50
6/21 0830	Dead washed soil - 1 Time	Med color	300
6/22 0630	Ammonia Solution Dead Solid Feom	BROWN-FINES	some 1100 < 50
6/22 1010	Water Feom Pit	Light BROWN	some 1100 < 50
6/22 1045	C.W. #1	BROWN-GRAY	< 50 insol in Hexane
6/22 1000	A-2	Light BROWN	60-70
6/22 1040	Pool Water	Gray Water	of Hexane Slight distribution
6/23 1000	Trench A washed soil	Light Gray	50-60
6/23 0545	Trench A water	Gray-Brown	40-50
6/23 0900	Pod Sand - 1 time washed	Med Gray	200
6/23 0800	Trench A liquid Seum	Dark Gray	10-15
6/23 1200	Pit washed Pit #3 = Trench A	Light Gray	20-30
6/23 1300	Trench A washed	Light Gray	20-30
6/23 1200	Trench A washed	Light Gray	30-40
6/24 0630	3/Fence line	Gray-S.S.	5-10 ppm
6/24 0720	Trench A	S.S.-Coal-	50-60 ppm
6/24 0815	Trench A	Light Gray	10-20
6/24 0830	Trench A	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. RESULT
6/12 1510	Light processed	some green Light Gray	100-150
6/12 1520	Typical processed	Med green Med. Gray	175-200
6/12 1530	Dark processed	Med green Med. Gray	250-300
6/12 1540	Random processed	Med. green Med. Gray	300-400
6/14 1300	Pool Water	Gray-Brown	Very low
6/14 1340	Disturbed Soil	Lt Gray	< 50
6/14 1530	Disturbed Soil		400-1000
6/15 1030	Surface of clay layer	Gray Sand	60
6/15 1100		Med Gray	60
6/15 1210		Med. Gray	40-60
6/15 1215		Light Gray	40
6/15 1220		Med-Light Gray	50-60
6/15 1245		Med/Light Gray	30-40
6/15 1250		Med/Light Gray	40-50
6/15 2000		Brown-	< - No color
6/20 0830		Yellow-Be Sand	<
6/20 0855		Gray Sand	<
6/20 0900		Gray-White Sand	<
6/20 0905		w staining "odor" Yellow Sand - "Kerosene"	}
6/20 0910	Shoreline (A)	Yellow Sand-Med color	
6/20 1030	Random processed	Gray Sand	200
6/20 1050	Exposure of Am Hyd. Water		< No color with

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 26 DELIVERY ORDER NO. #55 DATE 6/22/83
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 Area 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 processing 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 liner. Stockpile was moved away from Northern site perimeter and pad was placed along the chain link fence to prevent off site run off.

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	NH ₃ /Hr
① East North End of Fence	125 ppm	3.7 / hr
② Decav Area	25 ppm	0.57 / hr
③ South East by the Fence	20 ppm	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	

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
_____	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

LIQUID: _____ BBL/GAL

SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: _____

N/A

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 a clean water and cleansand 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.

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.

Louie Bernardo
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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

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

The secondary processing of the sand Stockpiles began at 1300.

Solutions are surprisingly able to maintain 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 #5 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.



Sheet No. _____ of _____

Subject _____

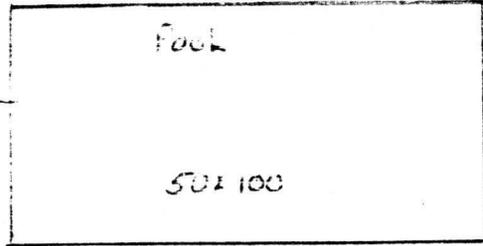
Date _____

Chkd. By _____ Date _____ Proj. No. _____



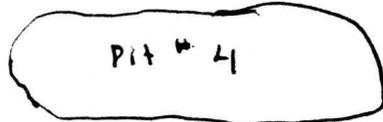
Pit #
5

pulling water to pool



Pool

50 x 100



Pit # 4

processing sand

needs several wash

Stock pile
3000 yd

Pit # 1
Filled in

clean
sand

Pit # 2
heavy
grease
pit



Pit # 3

processing sand



Trench
A

processing sand

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story

(SITE NAME AND LOCATION)

REPORT NO. 25 DELIVERY ORDER NO. #35 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 LARC 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

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
Stackpiling on Pit #1 depth of removal will be as low as the dealer
can safely operate.
Spraying down the stackpile with water because of the heavy
hydrocarbon smell.
Complete processing of all black grease sand and
Finished make pit #3 small and also adding clean water.

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 crane when running the heavy equipment

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

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 # 5 = 8.1
PH in Pit # 1 = 8.9 Groundwater # 5 = 7.9
" # 2 = 8.8 Ph in pit # 7.8
" # 3 = 8.5
" # 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
_____	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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:

Plum Norfolk HES called about the heavy odor of Ammonia. The Ammonia was spray on the stockpile and the holes that Salutracks 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 REPORT WHICH SHALL HAVE ADVANCE APPROVAL BY THE ON-SITE CORPS REPRESENTATIVE BEFORE THE CONTRACTOR IS ENTITLED TO COST REIMBURSEMENT.

8. ADDITIONAL COMMENTS/REMARKS: The machine stop called about
the smell of Ammonia. The smell was coming off of
the steel pile 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 Bernhardt
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

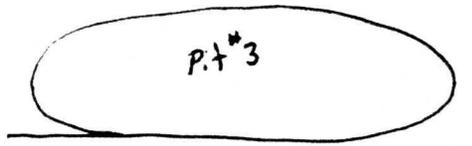
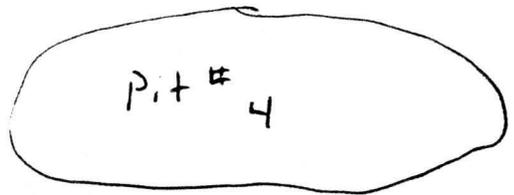
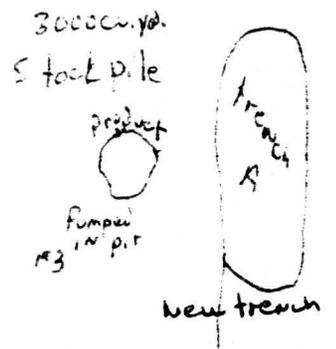
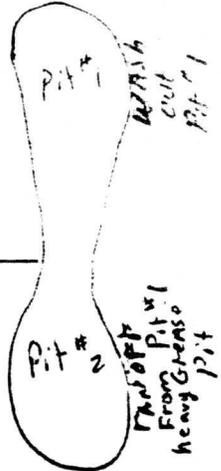
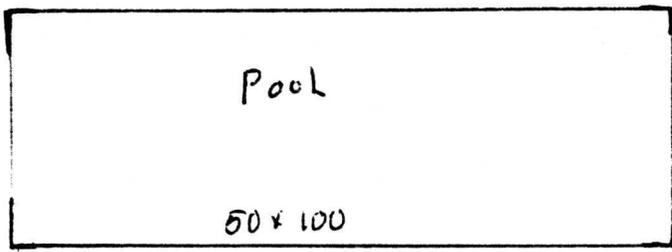
6/21/93

100-10-80



INTERNATIONAL
TECHNOLOGY
CORPORATION

Sheet No. _____ Date _____ Subject _____
Proj. No. _____
Dk'd. By _____ Date _____



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 24 DELIVERY ORDER NO. #55 DATE 6/20/93
WEATHER Sunny/lt 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): lover see

Solutions Environmental operations at the Lar 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 Nutriact
Solution
Measured processed sand stockpile appear to be approximately
3000 yd³
1 illegal diesel fuel was added to all 1200 gal and generator
Completed application of 16000 gal of Nutriact
spraying ammonia on the sand stockpile.

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: App. Maintenance
Roofing

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 Pit in Pit #5 = 6.6
Pit in Pit #1 = 8.8
Pit #2 = 8.8
Pit #3 = 8.5
Pit #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
_____	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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: 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.

Donnie Bernard
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 6/19/93
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 72 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): over see

Solutions Environmental operations at the site and
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 1800 gals of grease, oil water
and debris from surface of pool 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 a jackpile 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 pile at a more
convenient time. Sand was removed from trench #2 will be used a backfill
at approximately 10:30 AM 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 12'x12' the operator had to dig down to ground
water to get all of the contamination.
Note: that the ground water was very black & oily.

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

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. Pit

Pit in pool = 8.3 Pit in Pit #5 = 6.3
Pit #7 = 8.5 Pit in Pit #6 = 6.3
Pit in Pit #2 = 6.5 Pit in Pit #6 = 6.5
" #3 = 8.1
" #4 = 8.0

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

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	<u>N/A</u>	

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 well Pit #2, 3 and 4

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.

Zoué Bernard

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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, F-11-347
C-10-304, this samples were taken 24" below surface
E-15-477, C-15-435, D-14-479, 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 over 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
	<u>NONE</u>	

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
_____	_____	<u>None</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Berrant
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE



TAILGATE SAFETY MEETING

Division/Subsidiary Pgh Services & Rem. 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 Kerosene

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Level-D
 Chemical Hazards None
 Physical Hazards Slip, Trip, Fall
 Emergency Procedures Immerse - First Aid contact Supervisor call 911 if needed
 Hospital / Clinic McDonald Army Hosp Phone () _____ Paramedic Phone () 911
 Hospital Address Bldg 516 Steiner Rd.
 Special Equipment None
 Other _____

ATTENDEES

NAME PRINTED

Randy Hooks

SIGNATURE

Randy Hooks

conducted by:

Louie Bernardo

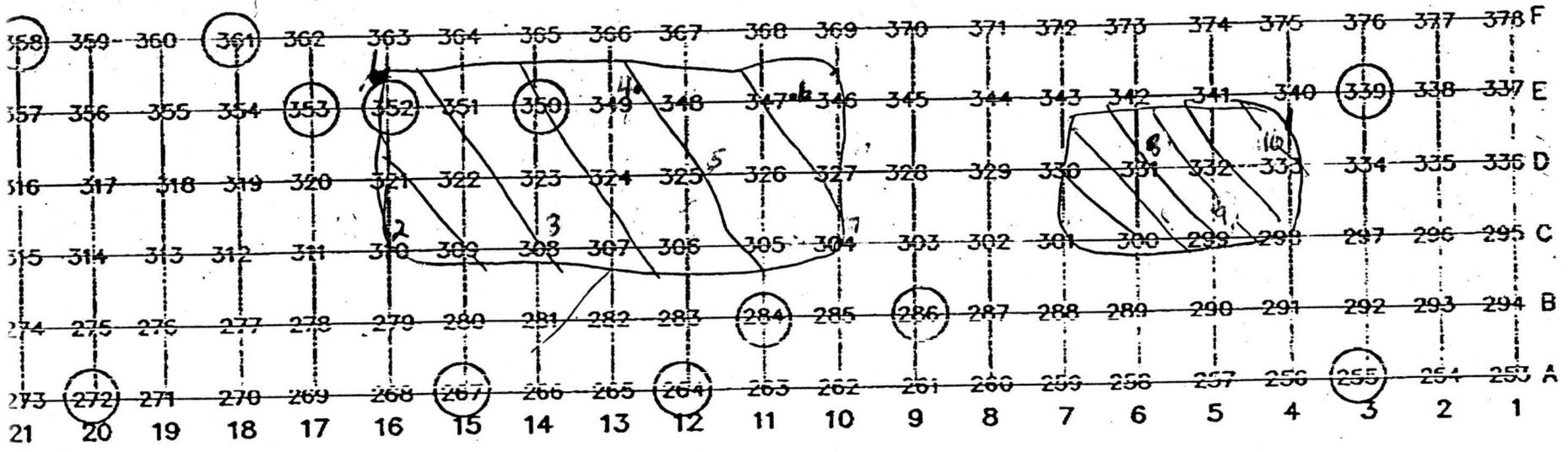
NAME PRINTED

Supervisor Louie Bernardo

Louie Bernardo

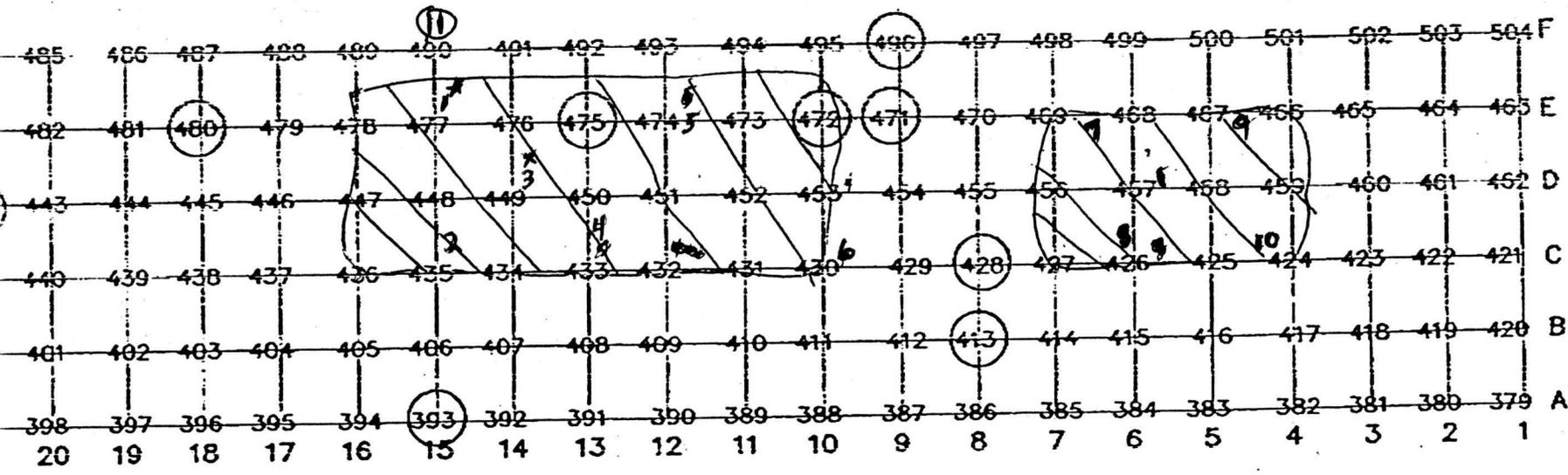
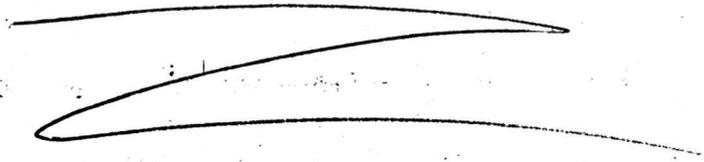
SIGNATURE

Manager Louie Bernardo



(12)
24" BELOW SURFACE

519029



⑨
36" BELOW SURFACE

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. Larr 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 on site to unload sampling materials
Went back to hotel to make Federal Express
arrangements
Started sampling at OIA grid location
Sample 85E sampling location had to be moved
to 84D because of concrete roadway the
was in the site. The sample remained 85E

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
at 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 used
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: Sam Meier Relocated the

Sample 85E to 84-D because of the concrete
SIAC.

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
	<u>None</u>	

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.

Joseph Baranick

CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story LACC Area
(SITE NAME AND LOCATION)

REPORT NO. 9 DELIVERY ORDER NO. 55 DATE 3/22/04
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 336D was located to 295C
All sample that are moved had the same sample
Number
All samples were packed inside 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 issued
Caution when taking 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 8/07/5
Soil samples were collected and shipped to the
LAB.

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

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
_____	<u>None</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
			<i>None</i>	

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 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 Banner
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 Cloudy 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 463E was moved to location 457D
Sample 460D was moved to location 427E
Sample 302F was moved to location 469E
All samples numbers remained the same
We also moved sample location from within the covered tree area
Sample 412B was moved to 437C
Sample 410C was moved to 441D
Sample 412D was moved to 479E
All sample 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 & crew cleaning sampling supplies by using cautions

6. LIST TYPE AND LOCATION OF TESTS PERFORMED AND RESULTS: 24" below surfaces samples were taken

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: Ken Meier 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 surface 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
	<u>None</u>	

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

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

AMPLIFYING INFO: None

18. ADDITIONAL COMMENTS/REMARKS: 4 Boles were made before
taken a samples because of the concrete
blow way

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 Bernier
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story Land Area
(SITE NAME AND LOCATION)

REPORT NO. 5 DELIVERY ORDER NO. #55 DATE 3/24/94
WEATHER Sunny RAINFALL _____ INCHES TEMP: MIN. 95 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
laying 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 E-470 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: Retention 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 LARC 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
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Banner
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story LARS Area
(SITE NAME AND LOCATION)

REPORT NO. 6 DELIVERY ORDER NO. 155 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):

Rain 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

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
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: NONE

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 Bernant
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 and started sampling material.
Started sampling at the 48" below surface
Sampling number 630 F was moved to location 594 F
Sampling number 601 F 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 567 D was moved to location E 604
Sampling number C 567 was moved to location D 572
Sampling number B 572 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 Lab's export and MRD.

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 a crew used

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. 4/18/1 d.w 8079
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
_____	<u>None</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

APPENDIX C
HEALTH AND SAFETY INFORMATION

TAILGATE SAFETY MEETING REPORTS



TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pch
 Date 04-14-93 Time 0706 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 GUINOA RD
 Special Equipment _____
 Other _____

ATTENDEES

NAME PRINTED
<u>Tony DeMarco</u>
<u>Earl Boumann</u>
<u>JACK BOBERG</u>
<u>R. TWADDLE</u>

SIGNATURE
<u>Tony DeMarco</u>
<u>Earl Boumann</u>
<u>JACK BOBERG</u>
<u>R. Twaddle</u>

Meeting conducted by:
William T. Simpson
 NAME PRINTED
 Supervisor William T. Simpson

William T. Simpson
 SIGNATURE
 Manager _____



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 POWER WASH 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, KHRIL 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

JACK BOBERG
Earl Baumann
Tony DeMarco
R. Twaddle

SIGNATURE

Jack Boberg
Earl Baumann
Tony DeMarco
R. Twaddle

Meeting conducted by:

William T. Simpson

NAME PRINTED

Supervisor William T. Simpson

William T. Simpson

SIGNATURE

Manager _____



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. BACH GEN. HOSP. Phone () 911 Paramedic Phone () 911
 Hospital Address FIRST COLONIAL RD. VA. BACH
 Special Equipment HOE RAM ON S&O CASE
 Other _____

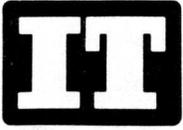
ATTENDEES

NAME PRINTED
TONY DeMarco
Earl Baumann

SIGNATURE
Tony DeMarco
Earl Baumann

Meeting conducted by:
Wm. T. Simpson
 NAME PRINTED
 Supervisor William T. Simpson

William T. Simpson
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh
 Date 04-17-93 Time 0700 Job Number 819029
 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

Hospital / 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
JACK BOBERG
Earl Boumann
R. Twaddle
Tony DeMarco

SIGNATURE
Jack Boberg
Earl Boumann
R. Twaddle
Tony De Marco

Meeting conducted by:
Wm. T. Simpson
 NAME PRINTED
 Supervisor William T. Simpson

William T. Simpson
 SIGNATURE
 Manager _____



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
JACK BOBERG
Earl Baumann

SIGNATURE
[Signature]
Earl Baumann

Meeting conducted by:
Wm. T. Simpson
 NAME PRINTED
 Supervisor [Signature]

[Signature]
 SIGNATURE
 Manager _____



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

Tony DeMarco
Earl Bauman

SIGNATURE

Tony De Marco
Earl Bauman

Meeting conducted by:

JACK BOBERG

NAME PRINTED

Supervisor William T. Am...

Jack Boberg

SIGNATURE

Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGG Env. Svc. Inc. Facility
 Date 6-30-93 Time 15:00 Job Number _____
 Customer SOLUTIONS ENVIRONMENT Address: 814 N. Greenbush
 Specific Location Ft. Story, VA Charlottesville, Va.
 Type of Work Bioremediation of Petroleum Hydrocarbon con
 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 plans #6 posted; Location of First Aid Kits &
Fire Extinguishers
 Hospital / Clinic Va. Beach General Phone (504) 481-8262 Paramedic Phone (804) 422-7456
 Hospital Address First Colonial Road
 Special Equipment _____

Other _____

ATTENDEES

NAME PRINTED	SIGNATURE
<u>Gray Ferguson</u>	<u>Gray Ferguson</u>
<u>Baron A. O'Connor</u>	<u>Baron A. O'Connor</u>
<u>Bob Gayler</u>	<u>Bob Gayler</u>
_____	_____
_____	_____
_____	_____

Meeting conducted by: Greg Kiser
NAME PRINTED

Supervisor Joe Smith

SIGNATURE
 Manager



TAILGATE SAFETY MEETING

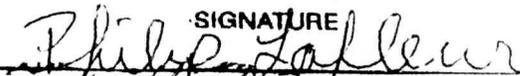
Division/Subsidiary AGOG Env. Svc. Inc. Facility _____
 Date 6-29-93 Time 1000 Job Number _____
 Customer Solutions Environmental Address: 814 B. Greenbrier Circle
 Specific Location Ft. Story, Va. Chesapeake, Va.
 Type of Work Bioremediation of Petroleum Hydrocarbon contaminated
 Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

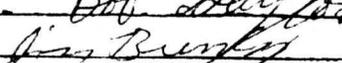
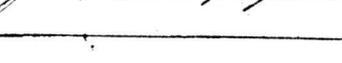
SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl gloves, leather gloves, hard hat, safety glasses, poly boots
 Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime
 Physical Hazards Trip Hazards - hoses, electrical wiring, soft ground 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 Reporting accidents promptly
 Other _____

ATTENDEES

NAME PRINTED
Philip Lafleur
Donald Holcomb
Bob Bayford
Jim Brunley

SIGNATURE


Meeting conducted by:

 NAME PRINTED
Gary Shirley
 Supervisor James Beaman


 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility _____
 Date 6-28-93 Time 20:00 Job Number _____
 Customer Solutions Environmental Address: 814 B Greenbrier Circle
 Specific Location Ft. Story, VA Chesapeake, 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 gloves, 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
<u>Joe Ericson</u>
<u>Cary Ferguson</u>
<u>Mike Westfall</u>
<u>Philip LaFlour</u>
<u>MATTHEW BRUMLEY JR</u>

SIGNATURE
<u>[Signature]</u>

Meeting conducted by: Greg Kiser, Mike Westfall
 NAME PRINTED
 Supervisor [Signature] Banner

[Signature] Mike Westfall
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility _____
 Date 6-27-93 Time 2:00 Job Number _____
 Customer Solutions Environmental Address: 814-B Greenbrier Circle
 Specific Location Ft. Story, Va. Chesapeake, Va.
 Type of Work Bioremediation of Petroleum Hydrocarbon contaminated soil
 Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime SA

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
Mike Westfall
MATTHEW G BRUMLEY JR

SIGNATURE
Mike Westfall
Matthew G Brumley Jr

Meeting conducted by: Greakiser
 NAME PRINTED
 Supervisor Joni Beeman

SIGNATURE
[Signature]
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility _____
 Date 6-27-93 Time 11:00 Job Number _____
 Customer Solutions Environmental Address: 814 B Greenhater Rd
 Specific Location Ft. Story, Va Chesapeake, Va.
 Type of Work Bioremediation of Petroleum Hydrocarbon contamination
 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 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
Aaron H. O'Connor
Bob Gaylord
Donald Helcomb

SIGNATURE
[Signature]
[Signature]
[Signature]

Meeting conducted by [Signature]
 NAME PRINTED
 Supervisor Donald Helcomb

[Signature]
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility _____
 Date 6-26-93 Time 15:00 Job Number _____
 Customer Solutions Environmental Address: 814 B. Greenbrier Road
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
Gray Ferguson
Robert A. Oconnor
Bob Gaylord

SIGNATURE
Gray Ferguson
Robert A. Oconnor
Bob Gaylord

Meeting conducted by:
Greg Kiser
 NAME PRINTED

Greg Kiser
 SIGNATURE

Supervisor Tom Berner

Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility _____
 Date 6-25-93 Time 0645 Job Number _____
 Customer Solutions Environmental Address: 814 B Greenbrier Court
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 gloves, leather gloves, hard hat, safety glasses, poly boots
 Chemical Hazards Ammonium Hydroxide, Phosphoric Acid, Lime
 Physical Hazards Trip Hazards - hoses, electrical wiring, soft mud, 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 Job awareness & communication w/ equipment operators.
 Other _____

ATTENDEES

NAME PRINTED
<u>M. Westfall</u>
<u>B. Gaylor</u>
<u>P. Lefler</u>
<u>J. Brunley</u>
<u>D. Holcomb</u>

SIGNATURE
<u>[Signature]</u>
<u>Philip Lefler</u>
<u>[Signature]</u>
<u>[Signature]</u>

Meeting conducted by: Gary Shirley
 NAME PRINTED
 Supervisor Louise Beamer

[Signature]
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility
 Date 6-24-93 Time 11:05 Job Number _____
 Customer Solutions Environmental Address: 814 B Greenbrier Court
Chesapeake, VA.
 Specific Location Ft. Story, VA.
 Type of Work Bioremediation of Petroleum Hydrocarbon Contaminated Area
 Chemicals Used Ammonium Hydroxide, Phosphoric Acid, Lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment P.E. Coated Tyvek, Latex gloves, Butyl gloves, 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
<u>Mike Westhall</u>
<u>Philip LaFleur</u>
<u>MATTHEW G BRUMLEY JR</u>

SIGNATURE
<u>Mike Westhall</u>
<u>Philip LaFleur</u>
<u>Matthew G Brumley Jr</u>

Meeting conducted by: Greg Kiser
 NAME PRINTED
 Supervisor Joe Seaman

Greg Kiser
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. Svc. Inc. Facility _____
 Date 6-23-93 Time 0915 Job Number _____
 Customer Solutions Environmental Address: 814-B Greenbrier Court
Chesapeake, VA.
 Specific Location Ft. Story, VA.
 Type of Work Bioremediation of Petroleum Hydrocarbon contaminated area
 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 _____
HAZARDS & PPE for Ammonia Hydroxide
 Other _____

ATTENDEES

NAME PRINTED
Philip LaFleur
Jim Brunley
Donald Holcomb
Bob Grayson

SIGNATURE
Philip LaFleur
Jim Brunley
Donald Holcomb
Bob Grayson

Meeting conducted by: _____
 NAME PRINTED
Dave Bauer

 SIGNATURE

 Manager _____

9



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. SVC. Inc. Facility _____
 Date 6-17-93 Time 05:00 Job Number _____
 Customer Solutions Environmental Address: 814 B Greenbrier Court
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 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 Training (H&S) OFF DUTY LIFESTYLE
 and Impact on WORK SAFETY
 Other _____

ATTENDEES

NAME PRINTED
B. Gaylord
P. Lott
J. Brumley
D. Holcomb
M. Westfall

SIGNATURE
B. Gaylord
J. Brumley
D. Holcomb
M. Westfall

Meeting conducted by:
G. Shirley
 NAME PRINTED
 Supervisor G. Shirley

SIGNATURE
G. Shirley
 Manager



TAILGATE SAFETY MEETING

Division/Subsidiary AGEG Env. Svc. In Facility
 Date 6/21/93 Time afternoon Job Number _____
 Customer Solutia Environmental Address: 814 B Greenbriar
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 - heavy electrical wiring, soil
mud, Heavy equipment
 Emergency Procedures spill kit, location of First Aid kit
Fire Extinguishers
 Hospital/Clinic York Road General Phone (804) 491-8262 Paramedic Phone (804) 422-1111
 Hospital Address First Colonial Road
 Special Equipment (1) Emergency Response Procedures
(2) NIOSH PPE and Handling
 Other _____

ATTENDEES

NAME PRINTED	SIGNATURE
<u>R. Goyette</u>	<u>[Signature]</u>
<u>J. Blanks</u>	<u>[Signature]</u>
<u>D. Holsinger</u>	<u>[Signature]</u>

Meeting conducted by: G. Shirley
 NAME PRINTED
 Supervisor [Signature]

[Signature]
 Manager



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. SVC. Inc. Facility _____
 Date 6-20-93 Time 0700-0900 Job Number _____
 Customer Solutions Environmental Address: 814 B Greenwater Circle
 Specific Location Ft. Story, Va. Chesapeake, 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) 422-1745
 Hospital Address First Colonial Road
 Special Equipment (1) Emergency Report Conditions
(2) NH4OH PPE & HANDLING
 Other _____

ATTENDEES

NAME PRINTED
B. Gaylord
J. Brunley
D. Holcomb

SIGNATURE

Meeting conducted by:
G. Shirley
 NAME PRINTED
 Supervisor Paul Bauer

SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGAG Env. SVC. Inc. Facility _____
 Date 6-19-93 Time 05:00 06:30 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 Kit, 1-
Fire Extinguishers

Hospital / Clinic Va Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-2446

Hospital Address First Colonial Road

Special Equipment (1) Back Strain
(2) Heat Stress

Other _____

ATTENDEES

NAME PRINTED
J. Brunley
B. Holcomb

SIGNATURE
J. Brunley
B. Holcomb

Meeting conducted by: G. Shirley
 NAME PRINTED

SIGNATURE
[Signature]

Supervisor Don [Signature]

Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary AGGG Env. Svc. In Facility

Date 6-17-93 Time 05:00 Job Number _____

Customer Solutions Environmental Address: 914 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 or
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 Kit &
Fire Extinguishers

Nearest Clinic Va Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-7456

Hospital Address First Colonial Blvd

Special Equipment _____

Other _____

ATTENDEES

NAME PRINTED

SIGNATURE

Steven A. Penny

Steven A. Penny

MATTHEW G. [unclear]

Matthew G. [unclear]

Donald J. [unclear]

Donald J. [unclear]

Meeting conducted by:

Greg Kiser

NAME PRINTED

[Signature]

SIGNATURE

Supervisor

[Signature]

Manager



TAILGATE SAFETY MEETING

Division/Subsidiary AGG Environmental, Inc. Inc. Facility _____
 Date 6-15-93 Time 9:05 Job Number _____
 Customer Solutions Environmental Address 814-B Greenbriar Circle
Chesapeake VA
 Specific Location FT. Story VA
 Type of Work Biochemical treatment of Petroleum Hydrocarbons contaminated
SAND
 Chemicals Used Ammonia Hydroxide, Phosphoric Acid, lime

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment Water shoes, leather gloves, hard hat,
safety glasses, poly pants
 Chemical Hazards Ammonia Hydroxide, Phosphoric Acid
 Physical Hazards Trip hazards - hoses, electrical wiring, soft sand,
MVD
 Emergency Procedures phone numbers listed/location; location of MSD
kits and fire extinguishers
 Hospital/Clinic VA Beach General Phone (804) 481-8262 Paramedic Phone (804) 422-1116
 Hospital Address First Colonial Road
 Special Equipment _____
 Other _____

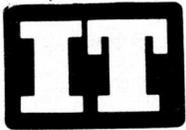
ATTENDEES

NAME PRINTED
Steven A Penney
MATTHEW G DRUMMETT

SIGNATURE
Steven A Penney
matthew g drummett

Meeting conducted by Greg Wise
 NAME PRINTED
 Supervisor _____

Greg Wise
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Pgh.
 Date 3/21/94 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 boot 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 Currier Rd.

Special Equipment

Other

ATTENDEES

NAME PRINTED

Heather Wilson

Tony DeMarco

SIGNATURE

Heather Wilson
Tony DeMarco

Meeting conducted by:

Louise Bernard

NAME PRINTED

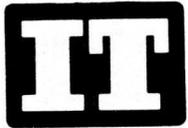
Supervisor

Louise Bernard

SIGNATURE

Louise Bernard

Manager



TAILGATE SAFETY MEETING

Division/Subsidiary 3571 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
TONY DeMarco

Heather Wilson
Tony De Marco

Meeting conducted by:

Louie Bernard
 NAME PRINTED
 Supervisor Louie Bernard

Louie Bernard
 SIGNATURE
 Manager _____



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 Quinca Rd
 Special Equipment _____
 Other _____

ATTENDEES

NAME PRINTED
TONY DeMarco
Heather Wilson

SIGNATURE
Tony DeMarco
Heather Wilson

Meeting conducted by:
Louie Bernardo
 NAME PRINTED
 Supervisor Donie Bernhardt

Donie Bernhardt
 SIGNATURE
 Manager _____



TAILGATE SAFETY MEETING

Division/Subsidiary 3511 Facility Rgh
 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 Notify supervisor treat with first Aid and transport to hospital if needed
 Hospital / Clinic Ft. Story Health Club Phone () _____ Paramedic Phone () 911
 Hospital Address New Guinea Rd.
 Special Equipment _____
 Other _____

ATTENDEES

NAME PRINTED

Heather Wilson
Tony DeMarco

SIGNATURE

Heather Wilson
Tony DeMarco

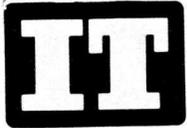
Meeting conducted by:

Louie Bernardo
 NAME PRINTED

Louie Bernardo
 SIGNATURE

Supervisor Louie Bernardo

Manager _____



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 - P
 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

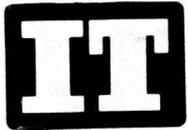
Heather Wilson
Tony DeMarco

Heather Wilson
Tony DeMarco

Meeting conducted by:

Louie Bernardo
 NAME PRINTED
Louie Bernardo
 Supervisor _____

Doug Bennett
 SIGNATURE
 Manager _____



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 Health Clinic Phone () _____ Paramedic Phone () 911
 Hospital Address New Quiner Rd
 Special Equipment _____
 Other _____

ATTENDEES

NAME PRINTED

Tony DeMarco

SIGNATURE

Tony DeMarco

Meeting conducted by:

Louie Bernardo

NAME PRINTED

Joel Berner

SIGNATURE

Supervisor

Joel Berner

Manager

APPENDIX D
DISPOSAL RECORDS

D 18 56107

TRUCK # 9260 TRAILER # _____

COMPANY NAME: Priston

DATE: 10/20/93 PRICE: _____ \$6.00

RE-WEIGH: \$1.00

SIGNATURE: Kay Anderson

CHARLIE'S TRUCK PAVILION, INC.
3792 NORTHAMPTON BLVD.
VA. BEACH, VA. 23455
804/460-2032

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ORIGINAL

018 56107

TRUCK # 9260 TRAILER # _____

COMPANY NAME: Pristine

DATE: 10-20-93 PRICE: 1.00 \$6.00

RE-WEIGH: \$1.00

SIGNATURE: Kay Andreassen

CHARLIE'S TRUCK PAVILION, INC.
5792 NORTHAMPTON BLVD.
VA. BEACH, VA. 23455
804/460-2032

ORIGINAL



Laidlaw Environmental Services of SC, Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

D1856107 5

WORK ORDER NUMBER 177870

MANIFEST NUMBER 00001

CUSTOMER NAME _____

PLANT LOCATION _____

FLATBED DRUMS

TANKERest. _____ GALLONS

DUMP TRUCK . est. _____ CU. YARDS

ENCLOSED VAN DRUMS

VEHICLE WEIGHT:		
GROSS	07:27 10/21/93	77500 LB G
TARE	09:04 10/21/93	30220 LB G
NET	<u>47280</u>	

DATE _____
TIME IN: _____
TIME OUT: _____

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: Doel 5

DRIVER: _____

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State



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-C039 Expires 9-30-

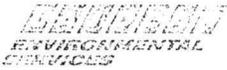
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No VA 1213720815	Manifest Document No. 00002	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.	
3. Generator's Name and Mailing Address Fort Story, VA 23459-5000 Attn: Gary Longmire			A. State Manifest Document Number D 18 56106		B. State Generator's ID	
4. Generator's Phone: 804) 422-7344			C. State Transporter's ID		D. Transporter's Phone: 803-452-6060	
5. Transporter 1 Company Name Dart Trucking Co Inc Laidlaw Environmental Services (IG)			E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name			8. U.S. EPA ID Number		G. State Facility's ID	
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 0170 3759815		H. Facility's Phone 803-452-5003	
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No	13. Total Quantity	14. Unit Wt	15. Waste Number
a. Non-regulated solid waste, non-regulated soils			0, 0, 1	Est. 4,500,00	P	77777
b.						
c.				49,040		
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above			
a. [P1W]-[05788]-[6101]			c. []-[]-[]			
b. []-[]-[]			d. []-[]-[]			
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 Mossie Blvd., Monroeville, PA 15146			P. U.S. reporting burden for this collection of information is estimated to average 37 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 computing and reviewing the form. Send comments regarding this 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. McCann		Signature <i>Stephen A. McCann</i>		Month Day Year 10/20/93		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT E. DAVIS		Signature <i>Robert E. Davis</i>		Month Day Year 11/02/93		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature 2002 9213 19213		Month Day Year		
Discrepancy Indication Space						
a. 49040			c. []		ts	
b. []			d. []		ts	
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in item 9						
Printed/Typed Name		Signature <i>[Signature]</i>		Month Day Year		

RECEIVED NOV 1 1993

GENERATOR

TRANSPORTER

FACILITY



Laidlaw Environmental Services of SC, Inc.
 Route 1, Box 250
 Pinewood, South Carolina 29125

WORK ORDER NUMBER 177871 21

MANIFEST NUMBER 00002

CUSTOMER NAME _____

PLANT LOCATION _____

FLATBED DRUMS

TANKERest. _____ GALLONS

DUMP TRUCK . est. _____ CU. YARDS

ENCLOSED VAN DRUMS

VEHICLE WEIGHT:		
GROSS	0:51 10/21/93	82380 LB G
TARE	01:17 10/21/93	33340 LB G
NET		<u>49040</u>

DATE _____
TIME IN: _____
TIME OUT: _____

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: J. D. R. J. 21

DRIVER: _____

2 hrs 26 mins unloading time

1. Hard - File Daily in Order - 2. Lab Arrival - 3. Customer - 4. Accounting - 5. Weight File by State



South Carolina Department of Health and Environmental Control

410 - 56100
9285 - 157
Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia SC 29201
Phone (803) 734-5200
Emergency & Holidays (803)253-6465

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
V, A, 1, 2, 1, 3, 7, 2, 0, 8, 1, 5, 0, 0, 0, 3

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

A. State Manifest Document Number

B. State Generator's ID

4. Generator's Phone (804) 422-7344

C. State Transporter's ID T197 KC 05

D. Transporter's Phone 803-452-6060

5. Transporter 1 Company Name
DART Trucking Co. Inc
Laidlaw Environmental Services (TG)

E. State Transporter's ID

F. Transporter's Phone

6. U.S. EPA ID Number 865825
S, C, D, 9, 8, 7, 5, 7, 4, 6, 4, 7

G. State Facility's ID

7. Transporter 2 Company Name

H. Facility's Phone
803-452-5003

8. U.S. EPA ID Number

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

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type
0, 0, 1 D, T

13. Total Quantity
EST. 45,000

14. Unit Wt Vol
P

I. Waste Number
7, 7, 7, 7

a. Non-regulated solid waste, non-regulated soils

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

p.

q.

r.

s.

t.

u.

v.

w.

x.

y.

z.

aa.

ab.

ac.

ad.

ae.

af.

ag.

ah.

ai.

aj.

ak.

al.

am.

an.

ao.

ap.

aq.

ar.

as.

K. Handling Codes for Wastes Listed Above

J. Additional Descriptions for Materials Listed Above

a. [P, W] - [0, 5, 7, 8, 8] - [6, 1, 0, 1]

b. [] - [] - []

c. [] - [] - []

d. [] - [] - []

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

p.

q.

r.

s.

t.

u.

v.

w.

x.

y.

z.

aa.

ab.

ac.

ad.

ae.

af.

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding this burden estimate including suggestions for reducing this burden to Chief Information Policy Branch, PM 223, U.S. Environmental Protection Agency, 401 M St SW, Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

15. Special Handling Instructions and Additional Information

Work Order No.: 177872

Please send additional copy of completed manifest to: IT Corp.

Attn: Tom Mathison, 2790 Moss Side Blvd., Monroeville, PA 15146

GENERATOR
TRANSPORTER
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 [Signature] Month Day Year 11/21/93



Laidlaw Environmental Services of SC, Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

WORK ORDER NUMBER 177872 20

MANIFEST NUMBER 00003

CUSTOMER NAME _____

PLANT LOCATION _____

VEHICLE WEIGHT:		
GROSS	0:50 10/21/93	80560 LB G
TARE	01:08 10/21/93	33460 LB G
NET		<u>47100</u>

() FLATBED DRUMS

() TANKERest. GALLONS

() DUMP TRUCK . est. CU. YARDS

() ENCLOSED VAN DRUMS

DATE _____
TIME IN: _____
TIME OUT: _____

TRAFFIC MANAGER		OTHER
TREATMENT		
OFF SPEC TREATMENT		
OFF SPEC		
OFF SCHEDULE		

HAULER: Daer 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)253-6448

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
VA 1213720815
Manifest Document No
09004

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 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 S, C, D, 9, 8, 7, 5, 7, 4, 6, 4, 7

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 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		13. Total Quantity	14. Unit Wt Vol	I. Waste Numbr
	No	Type			
a. Non-regulated solid waste, non-regulated soils	0, 0, 1	D, T	EST 400.00	P	7171
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. P, W - 10, 5, 7, 8, 8 - 16, 1, 0, 1
b. - - - - -
c. - - - - -
d. - - - - -

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Work Order No.: 177930
Please send additional copy of completed manifest to: IT Corp.
Attn: Tom Mathison, 2790 Mossie Blvd., Monroeville, PA 15146
Phone 1-800-444-9584

P.L.R. reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment, storage, and disposal facilities. This includes reviewing instructions, gathering data and reviewing existing information, reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding this burden estimate or suggestions for reducing this burden to Chief Information Officer, Branch PM 223, U.S. Environmental Protection Agency, 401 M St., 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. 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: 11 02 93

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Lee Ravenell
Signature: Lee Ravenell
Month Day Year: 11 02 93

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: _____
Signature: _____
Month Day Year: _____

19. Discrepancy Indication Space
a. 36420 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 Year: 10 27 93

GENERATOR
TRANSPORTER
FACILITY

DISPATCH WORK TICKET

Dispatch Order: 2015695
Dispatch Seq : 2.0

LIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

WO Number : 55438
WO Sequence : 2.0
Equipment Type: DUMP

Trailer : 6096T
-Equipment type:
-Location : PINWOOD, SC
-Addition Info : PINWOOD

Driver : DOE
Tractor: 60062

Event Location : LAIDLAW ENVIRONMENTAL SERVICES [LESPIN]
-Address 1 : ROUTE 1, BOX 255
-Address 2 :
-City, State : PINWOOD, 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:

ver Note: FOR DIRECTIONS TO SITE CONTACT LOUY BERNADO 804-888-6931

Time Arrival: 8:58 Time Departure: 10:32 Total Time: 1 1/2

Condition of Drums & Material: _____

Manifest: 00004 T.S.D.F: _____

Tanker Cleaning Time: _____

Reason for Demurrage: _____

Beginning Mileage: _____ Ending Mileage: _____

X [Signature] Customer Representative
X [Signature] Laidlaw Representative
X [Signature] TSDf Representative

DISPATCH WORK TICKET

Dispatch Order: 2015695
Dispatch Seq : 1.0

LIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

WO Number : 55438
WO Sequence : 1.0
Equipment Type: DUMP

Trailer : 6096T
-Equipment type:
-Location : PINWOOD, SC
-Addition Info : PINWOOD

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 : PINWOOD, SC

Time Arrival: 11:10 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: _____

X Ronald Beaman Customer Representative
X Bill Ramey Laidlaw Representative
X _____ TSDF Representative



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste
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. **V A 1 2 1 3 7 2 0 8 1 5**
Manifest Document No. **00005**

2. Page 1 of 1

Information in the shaded areas required by Federal law, but is by State

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 **S C D 9 8 7 5 7 4 6 4 7**

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 **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
15. Waste Numt

a. **Non-regulated solid waste, non-regulated soils**

0, 0, 1 D, T 40,000 P 7, 7, 7

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. **P, W - 0, 5, 7, 8, 8 - 6, 1, 0, 1**

b.

15. Special Handling Instructions and Additional Information

Work Order No.: 177929
Please send additional copy of completed manifest to: **IT Corp. Attn: Tom Mathison, 2790 Mossie Blvd., Monroeville, PA 15146**
Phone **1-800-444-9586**

P.L.C. reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment, storage and disposal facilities. This includes reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding the burden estimate and suggestions for reducing this burden to Chief Information Officer, Branch PM 223, U.S. Environmental Protection Agency, 401 M St., 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.

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 **1/10/25/9**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **Theodore Brown** Signature **Theodore Brown** Month Day Year **1/10/25/9**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name _____ Signature _____ Month Day Year _____

19. Discrepancy Indication Space
a. **4/1040** 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 Year **1/02/25/3**

GENERATOR

TRANSPORTER

FACILITY



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 _____

VEHICLE WEIGHT:	
GROSS: 00	10/27/93 73120 LB G
TARE 10:31	10/27/93 31480 LB G
NET	41640

- () FLATBED DRUMS
- () TANKERest. GALLONS
- () DUMP TRUCK . est. CU. YARDS
- () ENCLOSED VAN DRUMS

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

LIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

WO Number : 55435
WO Sequence : 1.0
Equipment Type: DUMP

Trailer : 60103T
-Equipment type:
-Location : PINWOOD, SC
-Addition Info : PINWOOD

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 : PINWOOD, SC

Time Arrival: 10:30 AM Time Departure: 12:00 PM Total Time: _____

Condition of Drums & Material: _____

Manifest: 00005 T.S.D.F.: _____

Tanker Cleaning Time: _____

Reason for Demurrage: _____

Beginning Mileage: 145306 Ending Mileage: 145724

Tom Bernado Customer Representative
X Theodore Brown Laidlaw Representative
X _____ TSDF Representative

DISPATCH WORK TICKET

Dispatch Order: 2015701
Dispatch Seq : 2.0

LIDLAW ENVIRONMENTAL
SERVICES (TG), Inc.
350 RAILROAD STREET
PO BOX 321
ROEBUCK, SC 29376
(803) 587-1999

WO Number : 55435
WO Sequence : 2.0
Equipment Type: DUMP

Trailer : 60103T
-Equipment type:
-Location : PINWOOD, SC
-Addition Info : PINWOOD

Driver : THEODORE BROWN
Tractor: 60054

Event Location : LAIDLAW ENVIRONMENTAL SERVICES [LESPIN]
-Address 1 : ROUTE 1, BOX 255
-Address 2 :
-City, State : PINWOOD, SC 29125
-Telephone : (513) 782-4507
-Contact : QUENTON NICHOLS

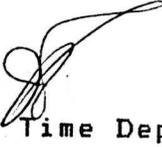
Event : DELIVERY
Event Date : 10/27/93
Event Time :

Dispatch Date : 10/26/93
Dispatch Time : 01:00

Disposal Work Order: 177929

Customer PO:

ver 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: _____

X _____ Customer Representative
X Theodore Brown Laidlaw Representative
X [Signature] 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

CUSTOMER'S
ORDER NO.

~~1000~~ 1000

DATE

4/15/93

CUSTOMER'S NAME

RT Corp

ADDRESS

2790 Moss Side BLVD

JOB LOCATION

FORT STORY

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	SHIP VIA	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>
---------	------	--------	--------	----------	--------------	----------	----------	----------------------------------	----------------------------------

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	<u>1,100</u> GALLONS OF USED WATER & OIL		
2	GALLONS OF USED WATER & FUEL		
3	WATER CONFORMING		
4	WATER NON-CONFORMING		
5			
6			

CHECK ONE:			
<input type="checkbox"/> MSDS			
<input type="checkbox"/> USE EMERGENCY RESPONSE GUIDE			
<input checked="" type="checkbox"/> PRODUCT LISTED ABOVE			
Destination: <u>Petro Chem</u>			

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

CUSTOMER'S ORDER NO. P.O. # 474953 DATE 4 / 14 / 1993
CUSTOMER'S NAME I.T. CORP
ADDRESS 2790 Masside Boulevard
JOB LOCATION FORT STORY

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	SHIP VIA	PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>	
QUANTITY	DESCRIPTION					PRICE	AMOUNT			
1	<u>5716</u>	GALLONS OF USED OIL & WATER								
2		GALLONS OF USED FUEL & WATER								
3										
4										
5										
6										
7										
8										
9										
10										
11	Destination: <u>Petrochem</u>									

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 AZ Norton

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.

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 NO: 55-13

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.: DACW 45-90-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.	DESCRIPTION OF ITEM SUBMITTED <i>(Manifest Description, number of pages, type size, model number, etc.)</i>	MFG OR CONTRCAT, CURVE, OR MANIFEST NO. <i>(See instruction no. 8)</i>	NO. OF COPIES	CONTRACT	NUMBER OF PAGES	FOR CONTRACTOR USE CODE	VARIATION <i>(See instruction No. 6)</i>	FOR CE USE CODE
				SPEC/DRWG				
a	b	c	d	e	f	g	h	i
1.	Complete Manifest package for Non-HAZ. Soils	0001	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)

j	POINTS OF CONTACT: TM:	PHONE:	FAX:	ITEM NO. <i>(Block a)</i>	NAME OF TSDF:	COMPLIANCE: (YES/NO)	DATE CHECKED:
	PE:			1.			
	OSR:			2.			
	OTHER:			3.			
	III REVIEW BY: <i>(initials)</i>	o. CHEM REVIEW BY: <i>(initials)</i>		4.			
	DATE:	DATE:					

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 otherwise stated.

Quentin Nichols
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
--	---	------



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.



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia, SC 29204
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
VA1121372081500001

Manifest Document No

2 Page of 1

Information in the shaded areas is required by Federal law but is by State

Generator's Name and Mailing Address
U.S. Army Transportation 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

7 Transporter 2 Company Name

8 U.S. EPA ID Number

D Transporter's Phone 803-452-6060

E State Transporter's ID

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

F Transporter's Phone

G State Facility's ID

H Facility's Phone
803-452-5003

11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12 Containers No Type

13 Total Quantity

14 Unit

15 Waste Number

a Non-regulated solid waste, non-regulated soils

001

D,T

P

7777

GENERATOR

Additional Descriptions for Materials Listed Above

a [PIW]-[05788]-[6101]

c []-[]-[]

b []-[]-[]

d []-[]-[]

K Handling Codes for Wastes Listed Above

15 Special Handling Instructions and Additional Information

Work Order No:

Please send additional copy of completed manifest to: IT Corp.
Attn: Tom Mathison, 2790 Moss Side Blvd., Monroeville, PA 15146

Please reporting burden for this collection of information is estimated average 30 minutes for generators, 15 minutes for transporters, and minutes for treatment, storage, and disposal facilities. This includes the reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding this burden estimate, include 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

Signature

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

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

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

I.D. Number: VA 1213720815 VA 23696

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: _____

LIDLAW 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 indicated 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: _____

JUL-14-1993 14:45 FROM CENRO-MID-H FROM 385137824510 P.02
 JUN 29-1993 17:06 TO

TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR MANUFACTURER'S CERTIFICATES OF COMPLIANCE

(Read instructions on the reverse side prior to completing this form)

DATE: _____ TRANSMITTAL NO. **SS-1-1**

SECTION I - REQUEST FOR APPROVAL OF THE FOLLOWING ITEMS

CONTRACT NO. **ZACW-45-90-D9002**

CHECK ONE:
 THIS IS A NEW TRANSMITTAL.
 THIS IS A RESUBMITTAL OF TRANSMITTAL _____

TO: U.S. ARMY CORPS OF ENGINEERS
 ATTN: CENRO-MID-H (HUBBARD)
 BOBRINSKY FEDERAL BUILDING
 315 W. 17th STREET
 CMCHA, NE WASH - 4978

FROM: WENDY COATES FOR QUENTIN NICHOLS
 IT CORPORATION
 1149 CHESTER RD.
 CINCINNATI OH 45246

SPECIFICATION SEC. NO. (Cover only one section of in each transmittal)

PROJECT TITLE AND LOCATION
FORT STORY - VIRGINIA BEACH VA

ITEM NO.	DESCRIPTION OF ITEM SUBMITTED (Type, size, model number, etc.)	MFG OR CONTR. QTY, CURVE DRAWING OR SPEC. REF. NO. (See instructions on the back)	CONTRACT REFERENCE DOCUMENT		FOR CONTRACTOR USE CODE	VARIATION (See Variation No. @)	FOR USE CODE
			SPEC. PARA. NO.	DRAWING SHEET NO.			
1	LAYDOWN PROFILE FOR NON-HAZARDOUS SOIL						A
2	CHEMICAL WASTE MANAGEMENT PROFILE FOR NON-HAZARDOUS SOIL						A
3	ENVIRONMENTAL PROFILE FOR NON-HAZARDOUS SOIL						A
	ED 7/14/93 YMW 7/14/93						



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 otherwise 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*
J. M. SLATTERY, Chief, Industrial Hygiene

DATE: **7-14-93**



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:

<u>LAW CODE #</u>	<u>WASTE DESCRIPTION</u>	<u>DISPOSAL PRICE</u>
05788-6101	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.

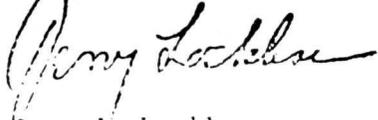
All shipments to our site are subject to Federal and State taxes as outlined in the enclosed Scheduling Guideline.

Page 2
August 22, 1993

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/sjk

enclosures

cc: Chuck Cormack
Ruth Rilee

ROCK COUNTY
with piece

AUG 21 1993

APPROVED

Amendment New

AUTHORIZATION REQUEST FORM

Landfill Reclaim
 Recycle Incinerate
 Landfarm Energy Rec
 Other S-3 93 SW

CALL FOR
IDENTIFICATION
INVA CHESTER RD
COLUMBIA, OH 43004
ATTN: GEORGE W. BUCHHEIS
(614) 782-4507

South Carolina Department of Health and Environmental Control
Bureau of Solid and Hazardous Waste (803) 734-5200

Authorization Number: PW - 05788 - 6101

To be entered
by TSD Facility 898147

Generator Information:

Generator ID # VA 1 2 1 3 7 2 0 8 1 5 Name U.S. ARMY TRANSPORTATION CENTER - FORT STAN
Address SHORE DRIVE City VIRGINIA BEACH State VA Zip Code 23696
Official Contact TIM MATHISON Title DEPT. MGR. (IT) Telephone (200) 444-9586 Independent County

Treatment, Storage, or Disposal Facility Information:

Facility EPA ID # SCD070375985 Name GSX SERVICES OF S.C. INC.

001 Line # (This line # will always represent this specific waste stream:)

ORIGINAL DOCUMENT
DO NOT USE WHITEOUT

NON-HAZARDOUS SOIL

Description of Hazardous Waste

7777 GENERATOR DECLARES THAT THIS WASTE IS NON-HAZARDOUS (777)

EPA/DHEC Waste Codes

DOT Hazard Class

Process Producing Waste:
REMOVAL OF UNDERGROUND STORAGE TANK CONTAINING WASTE OIL

Enter Quarter for One-Time Disposal: 3 / 9.3 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
-4-93 (ny)

ATTACHMENTS

22

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
(777)

Water: 0-10 %

22 AT _____ IMENTS
INITIALED NUMBERED.

5788-610
8-493

AUTHORIZATION REQUEST FORM (con't)

Metallic: (total-metals not EP Toxicity Test) TCLP (mg/L)

Toxics:

As <u><0.1</u> ppm	Cr ⁺³ _____ ppm	Ag <u><0.01</u> ppm	Fe _____ ppm
Ba <u><0.5</u> ppm	Cr ⁺⁶ _____ ppm	Ni _____ ppm	Sb _____ ppm
Cd <u>0.006</u> ppm	Hg <u><0.002</u> ppm	Cu _____ ppm	Mn _____ ppm
Pb <u>0.15</u> ppm	Se <u><0.05</u> ppm	Ti _____ ppm	Co _____ ppm
Zn _____ ppm	TOTAL Cr <u><0.05</u> ppm	_____ ppm	_____ ppm

Cyanide (REACTIVE) <u><250</u> ppm
Pesticides <u>NONE</u> ppm
Carcinogens <u>0.073</u> 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 possibility 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 (777)

TSDF NOTICE OF ACCEPTANCE:

22 ATTACHMENTS ARE INITIALLED, NUMBERED, CODED, AND DATED.

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

PLEASE COMPLETE THIS FORM AND RETURN TO GSX, PINWOOD, SC

GENERATOR NAME: U.S. ARMY TRANSPORTATION CENTER - FOOT STIRY

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?
 - 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 determined 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.

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

22 ATTACHMENTS ARE INITIAL AND NUMBERED.

5788-601



ANALYTICAL SERVICES

CERTIFICATE OF ANALYSIS

June 29, 1993

IT Corporation/Fort Story
2790 Mosside Boulevard
Monroeville, PA 15146
Attn: Tom Mathison

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

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.

Reviewed and Approved:

Carrie L. Smith, Project Manager

American Council of Independent Laboratories
International Association of Environmental Testing Laboratories
American Association for Laboratory Accreditation

OPERATOR DECLARES THIS WASTE IS NONHAZARDOUS
7777
1922 ATTACHED
73
AND INITIALED, NUMBERED

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 reproducibility. 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.

REPRODUCTION OF THIS
DOCUMENT IS PROHIBITED
(7777)

2422 ATTACHMENTS
NOT RECORDED, NUMBERED,
INDEXED AND DATED,
5788 8825
10101

IT Corporation/Fort Story
Date: 04/19/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

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.

25 22 ATTACHMENTS
REPRODUCED, NUMBERED,
INDEXED, AND DATED.

5788-610

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
ALL SAMPLES RECEIVED,
CODED, AND LABED.

5098-61

IT Corporation/Fort Story
Date: 04/19/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

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

LABORATORY DECLARES THAT THIS
WASTEFUL IS NON-HAZARDOUS
(7777)

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.

5422 ATTACHMENTS
ARE INITIALED, NUMBERED,
CODED, AND DATED.

5188-6

IT Corporation/Fort Story
Date: 04/19/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

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

Checked by
E. J. [unclear]
4/19/93

519029
ANALYZED, REPORTED,
CODED, AND INDEXED

51988-101
26-4-93

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

COPIES THAT ARE
NOT TO BE REPRODUCED

7822

51988-101

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
Acetone
Carbon disulfide
2-Butanone
1,1,1-Trichloroethane
Carbon tetrachloride
Trichloroethene
1,1,2-Trichloroethane
Benzene
4-Methyl-2-pentanone
Tetrachloroethene
Toluene
Chlorobenzene
Ethylbenzene
Xylenes (total)
1,1,2-Trichloro-1,2,2-Trifluoromethane
Ethyl acetate
Trichlorofluoromethane
Diethyl ether

73
ND100
ND5
ND100
ND5
ND5
ND5
ND5
ND5
ND51
ND5
ND5
ND5
ND5
ND5
ND5
ND5
ND5
ND5

Surrogate Spike
Percent Recovery

Toluene-d₈
Bromofluorobenzene
1,2-Dichloroethane-d₂

118%
67%
98%

* Outside QC limits.

GENERATOR DECLARES THIS WASTE IS NON-HAZARDOUS (7777)
8/22

5188-01
1102

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.

9 of 25 ATTACHMENTS
ARE INITIALLED, 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
1,1,2-Trichloro-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 ₂	97%

THIS IS THE ONLY COPY OF THIS REPORT THAT IS BEING DISTRIBUTED TO THE CLIENT. ALL OTHER COPIES ARE VOID.

10/28 ATTACHMENTS
 AND THE FOLLOWING INFORMATION
 COMPANY NAME: ITAS PGH LAB

188-461

IT Corporation/Fort Story
Date: 04/19/93

IT ANALYTICAL SERVICES
PITTSBURGH, PA

Client Project ID: 519029

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

GENERATOR DECLARES THIS
WASTE IS NON-HAZARDOUS
(777)

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%

11/9/92
188-6010

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%

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IT CORPORATION
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ARE INITIALED, NUMBERED,
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5188 JK
04/19/93

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 DEPT.
MISLE IS HIGHWAY
(7777)

13722
RECEIVED, PITTSBURGH, PA
APR 22 1993

188-612
11-93

IT Corporation/Fort Story
Date: 04/19/93

IT ANALYTICAL SERVICE
PITTSBURGH, PA
Job Number: Q304034/03

Client Project ID: 519029

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%

HAZARDOUS
THIS
14 8 22

5188-4
49

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%

15
9-4-93
788-610
66-4-93

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.

8-4-93
5788-6101

IT Corporation/Fort Story

Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICE
PITTSBURGH, PA

Job Number: Q304034/01

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%

519029
10/17/2001
11/02
MS 22
10/17/2001
11/02

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	Concentration	
					$\mu\text{g}/\text{Kg}$	Total Xylenes
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%

18
6
22

GENERATOR DECLARES THAT THIS
WASTE IS NON-HAZARDOUS
(7777)

5788-6101
8-4-93

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICE
PITTSBURGH, PA
Job Number: Q304034/01

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 $\mu\text{g}/\text{Kg}$
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%

9522 ATTACHMENTS
ARE INITIALED, NUMBERED,
CODED, AND DATED.

SPC-01
02

IT Corporation/Fort Story
Date: 04/19/93

Client Project ID: 519029

IT ANALYTICAL SERVICE
PITTSBURGH, PA
Job Number: Q304034/01

Polychlorinated Biphenyls Analysis

Lab Sample ID: Method Blank
Extraction Date: 04/07/93
Analysis Date: 04/15/93

Parameter	Concentration $\mu\text{g}/\text{Kg}$
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

Dibutylchloroendate	79%
Tetrachlorometaxylene	78%

GENERATOR DECLARES THAT THIS
WASTE IS NON-HAZARDOUS
(7777)

20 & 22
DIBUTYLCHLOROENDATE
TETRACHLOROMETAXYLENE
COULDN'T FIND DATA

51988-6101
8-93
8

TC Rule Certification / Recertification Form

Generator Name: U.S. ARMY TRANSPORTATION CENTER-FORT STONY EPAID#: 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)		Scientific Data	Generator's Knowledge	Actual Value
			Yes	No			
D001	Characteristic of Ignitability	< 140 °F		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		> 140 °F
D002	Characteristic of Corrosivity	≤ 2 or ≥ 12.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.90/5.91 pH
D003	Characteristic of Reactivity			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		< 250 mg/lit CN < 500 mg/lit sulfide

Constituent	*Regulatory Threshold Level, ppm	(Check One)		Scientific Data	Generator's Knowledge	Actual Value (ppm)	SEE ATTACHED ANALYTICAL
		Yes	No				
D004	(Arsenic)	5.0		<input checked="" type="checkbox"/>		< 0.1	SEE ATTACHED ANALYTICAL
D005	(Barium)	100.0		<input checked="" type="checkbox"/>		< 0.5	
D006	(Cadmium)	1.0		<input checked="" type="checkbox"/>		0.0002	
D007	(Chromium)	5.0		<input checked="" type="checkbox"/>		< 0.05	
D008	(Lead)	5.0		<input checked="" type="checkbox"/>		0.15	
D009	(Mercury)	0.2		<input checked="" type="checkbox"/>		< 0.0002	
D010	(Selenium)	1.0		<input checked="" type="checkbox"/>		< 0.05	
D011	(Silver)	5.0		<input checked="" type="checkbox"/>		< 0.01	
D012	Endrin	0.02		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D013	Lindane	0.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D014	Methoxychlor	10.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D015	Toxaphene	0.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D016	2, 4-D	10.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D017	(2, 4-Dichloro-phenoxyacetic acid)				<input checked="" type="checkbox"/>		
D018	2, 4, 5-TP Silvex	1.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D019	Benzene	0.5		<input checked="" type="checkbox"/>		< 0.005	
D019	Carbon Tetrachloride	0.5		<input checked="" type="checkbox"/>		< 0.005	
D020	Chlordane	0.03		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
D021	Chlorobenzene	100.0		<input checked="" type="checkbox"/>		< 0.005	
D022	Chloroform	6.0		<input checked="" type="checkbox"/>		< 0.005	
D023	o-Cresol	200.0		<input checked="" type="checkbox"/>		< 0.050	
D024	m-Cresol	200.0		<input checked="" type="checkbox"/>		< 0.050	
D025	p-Cresol	200.0		<input checked="" type="checkbox"/>		< 0.050	

215-22 ATTACHMENTS ARE INITIALED, NUMBERED, CODED, AND DATED.

-Continued-

5788-1010
8-11-93

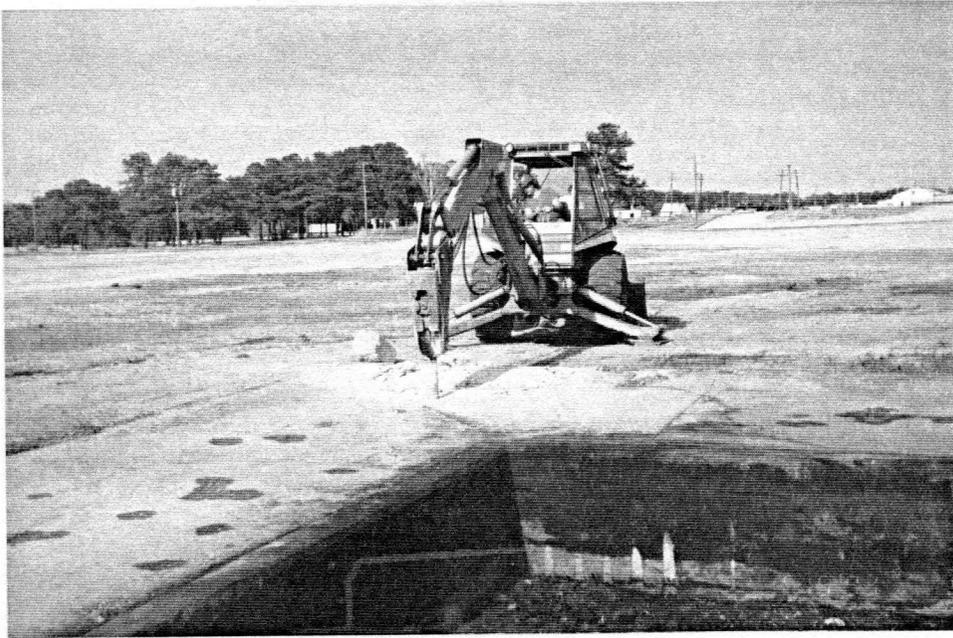
APPENDIX E
PHOTO DOCUMENTATION



Photograph No. 1
Excavator Loading Concrete into Container



Photograph No. 2
Extraneous Items in Excavation



Photograph No. 3
Hydraulic Hammer Breaking Concrete



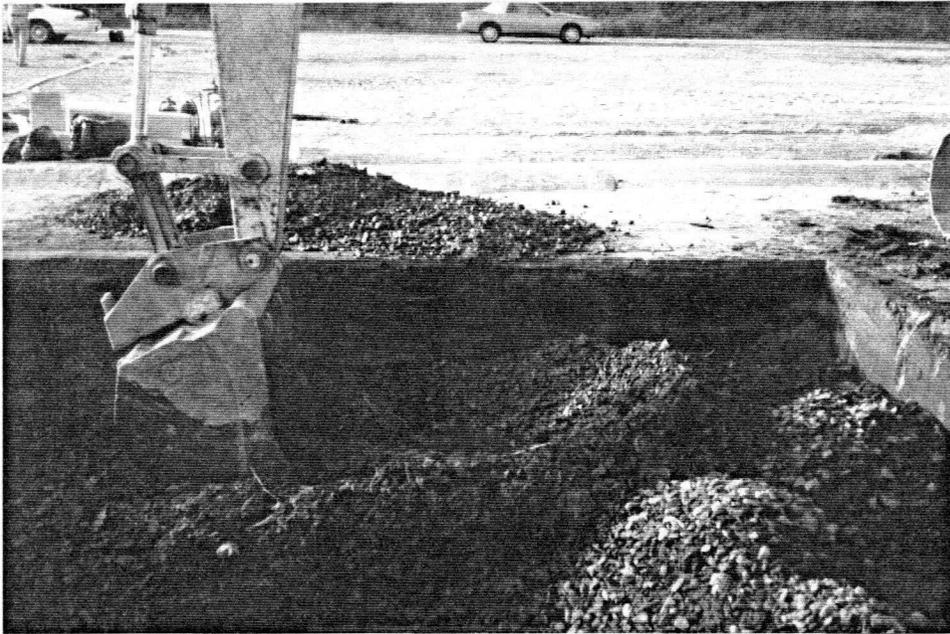
Photograph No. 4
Excavator Retrieving Concrete Rubble



Photograph No. 5
Washing Product from Material in Pit



Photograph No. 6
Retrieving Product from Pit



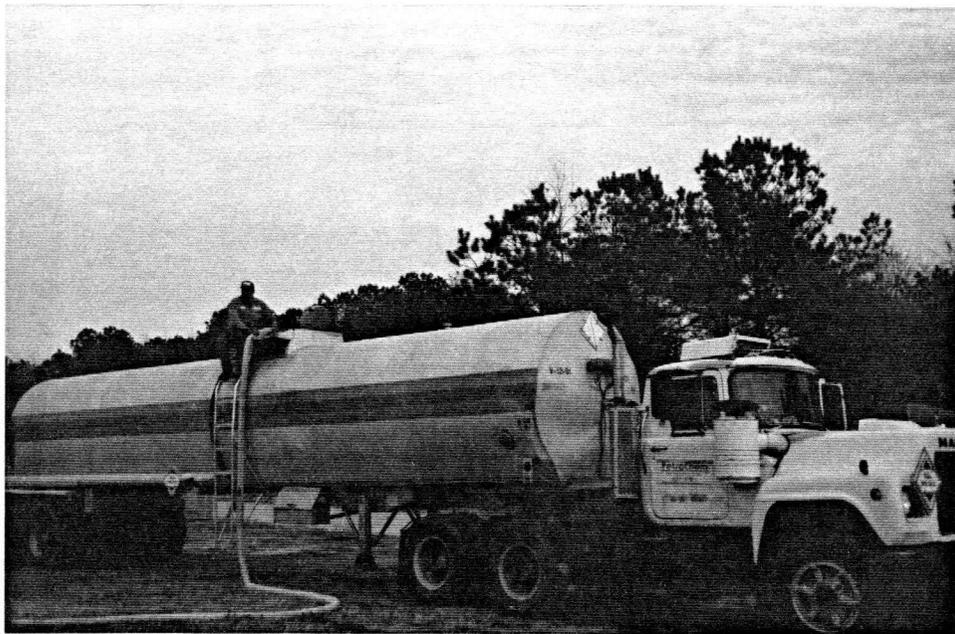
Photograph No. 7
Gravel, Stone and Debris in Pit



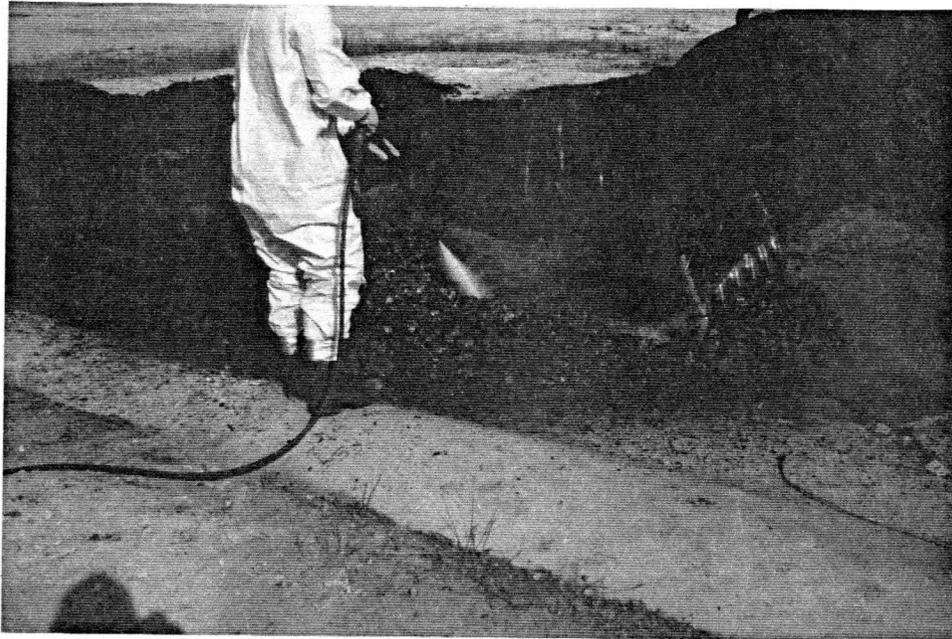
Photograph No. 8
Gravel and Debris on Side of Pit



Photograph No. 9
Setting Vacuum Hose in Fire Pit



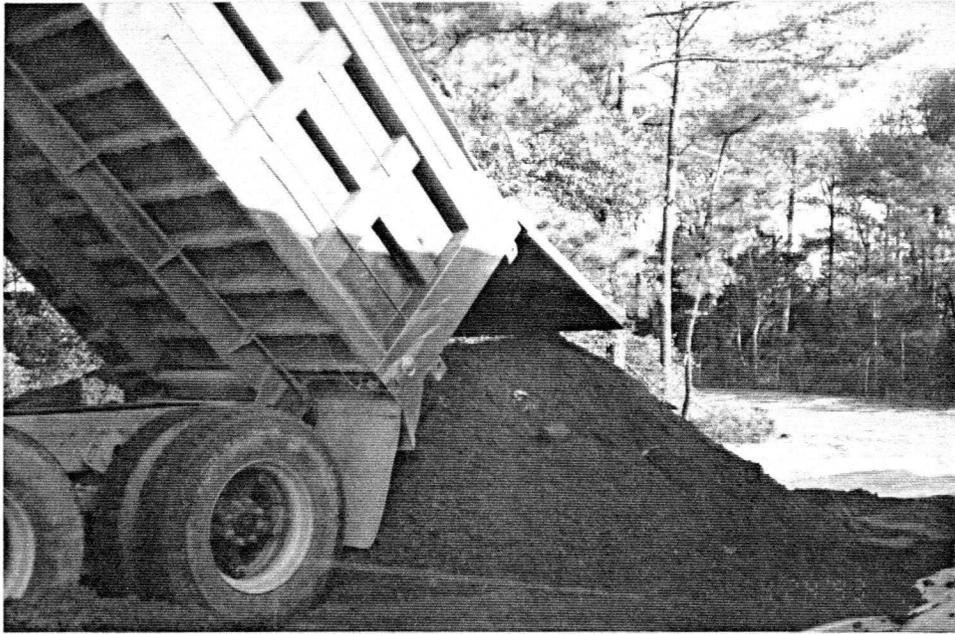
Photograph No. 10
Vacuum Truck Pumping from Fire Pit



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



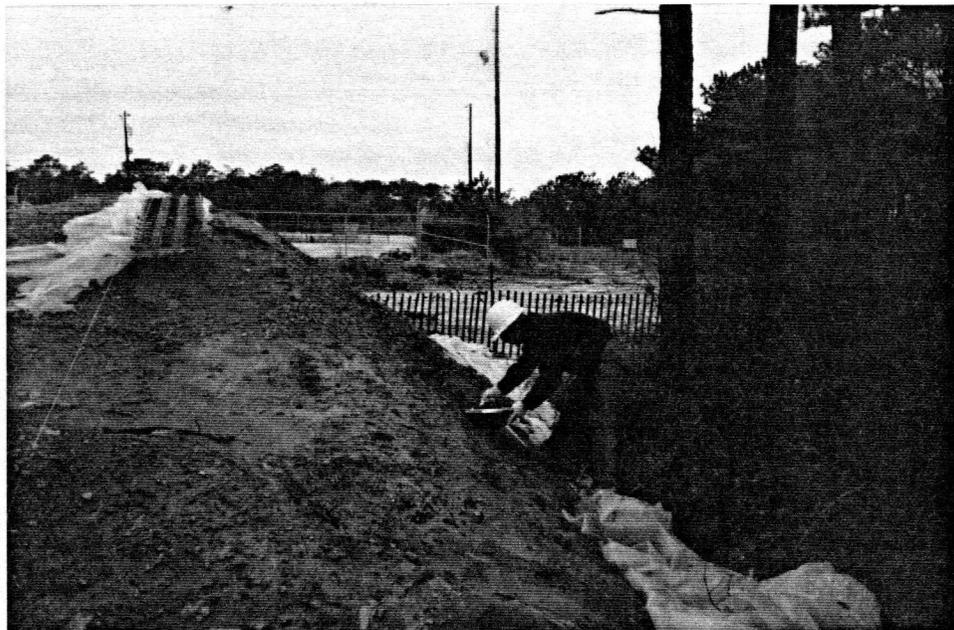
Photograph No. 15
Pushing Fill Gravel into Fire Pit



Photograph No. 16
Rolling Poly in Holding Cell



Photograph No. 17
Soil from Fire Pit to Holding Cell



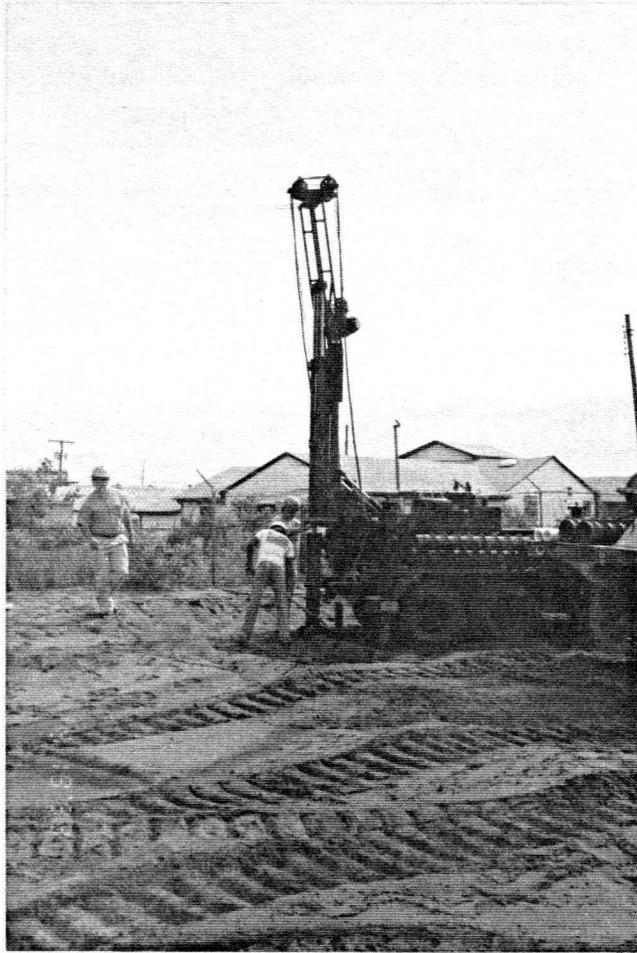
Photograph No. 18
Collecting Soil Sample in LARC Area



Photograph No. 19
Soil from Which Samples are Taken



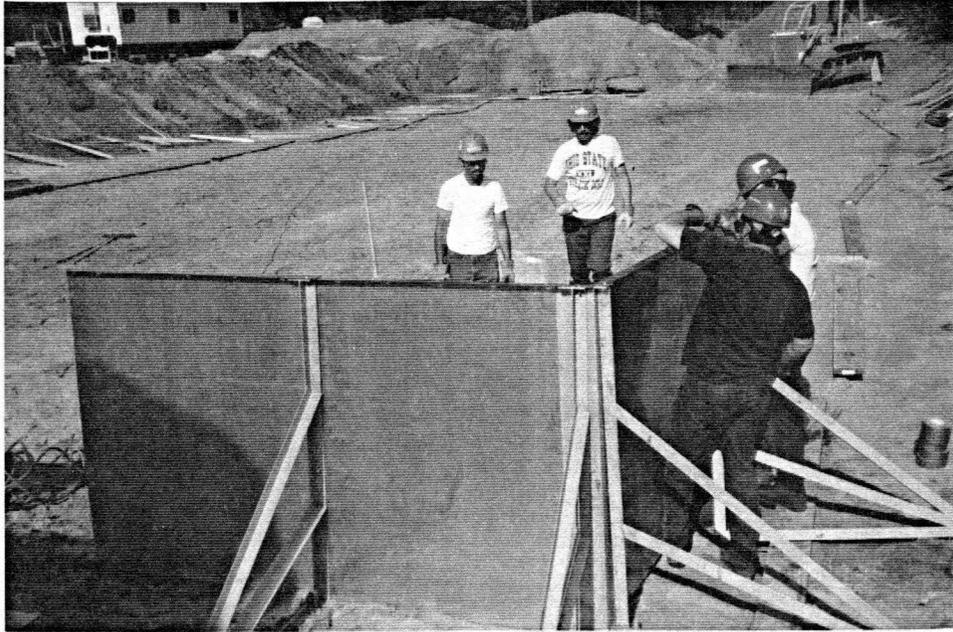
Photograph No. 20
Soil in LARC Area to Sample



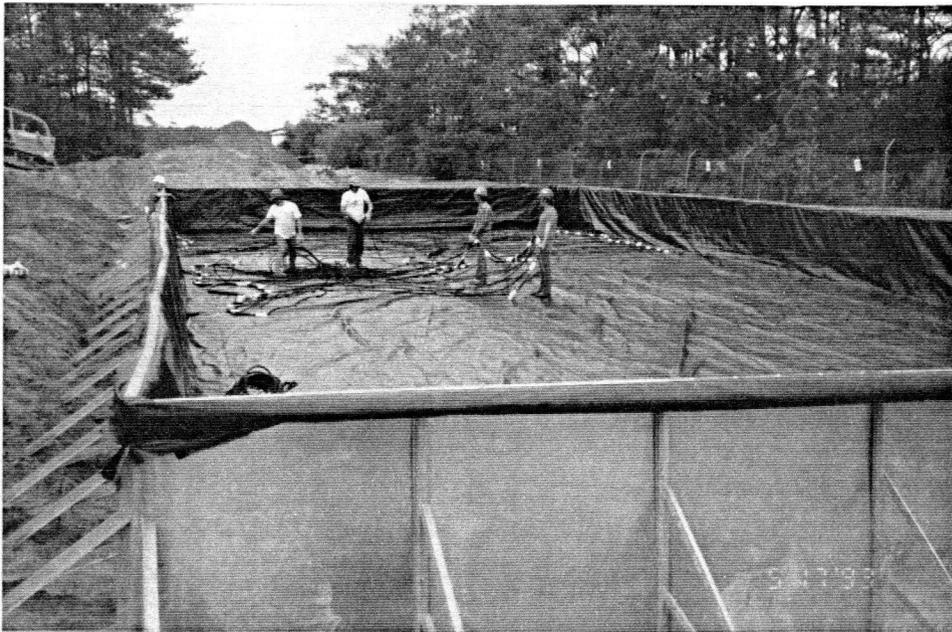
Photograph No. 21
Drilling Rig for Well Installation



Photograph No. 22
Laying Out Area for Pool



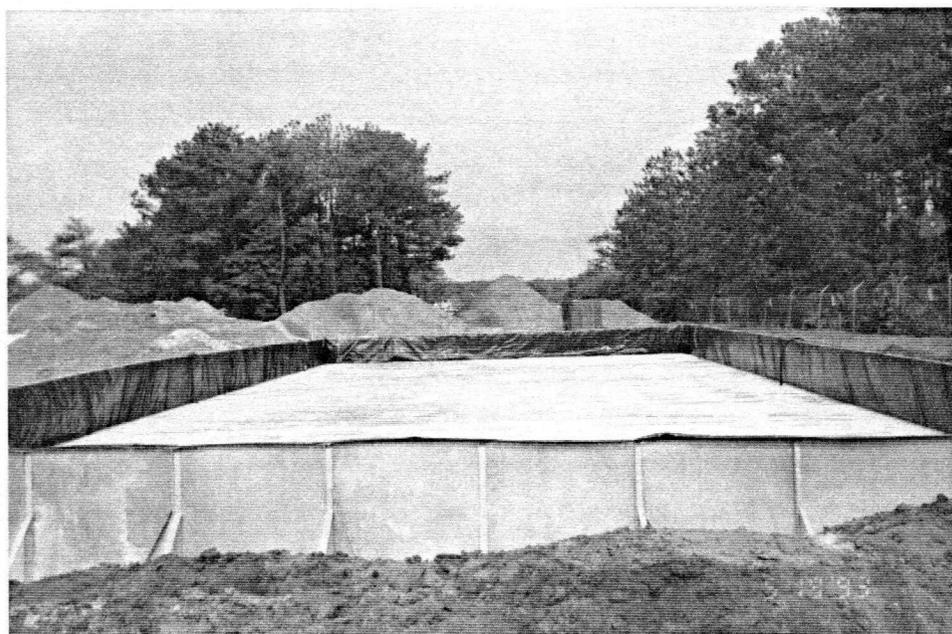
Photograph No. 23
Assembling of Pool



Photograph No. 24
Liner in the Pool Area



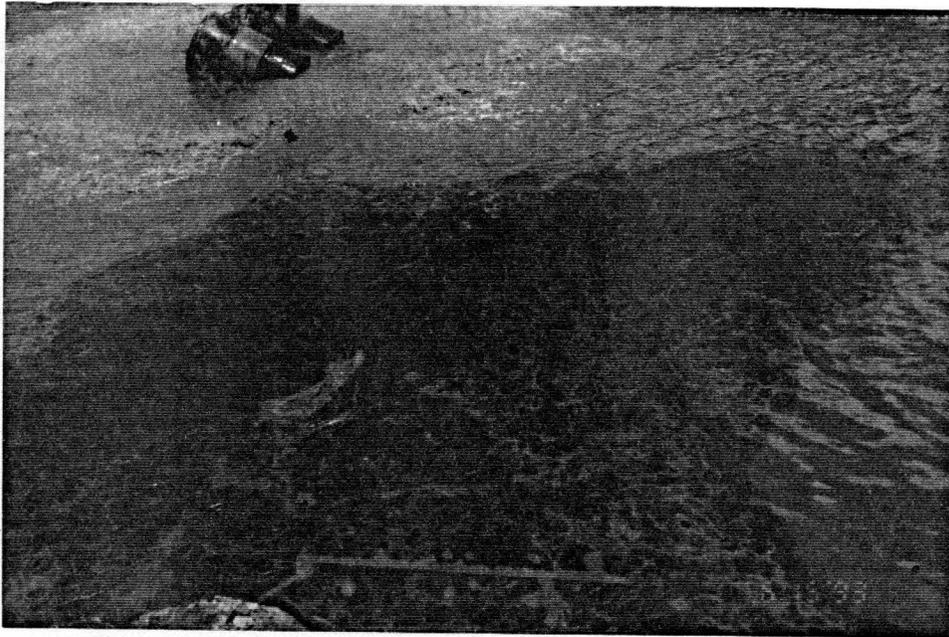
Photograph No. 25
Liner and Air Lines Installed in the Pool



Photograph No. 26
Pool Assembly



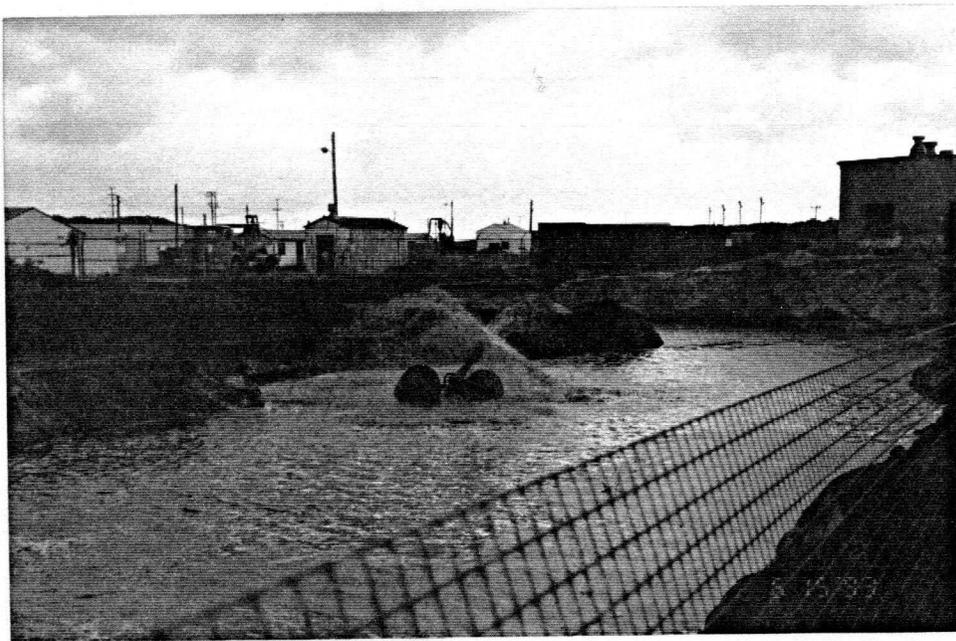
Photograph No. 27
Oily Water in Collection Pit



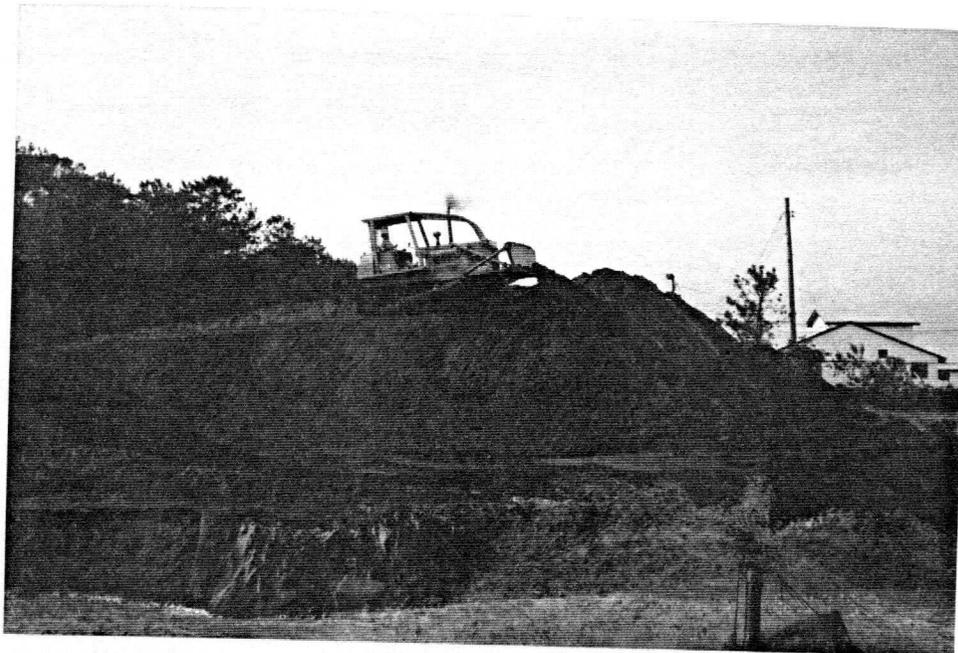
Photograph No. 28
Oily Water



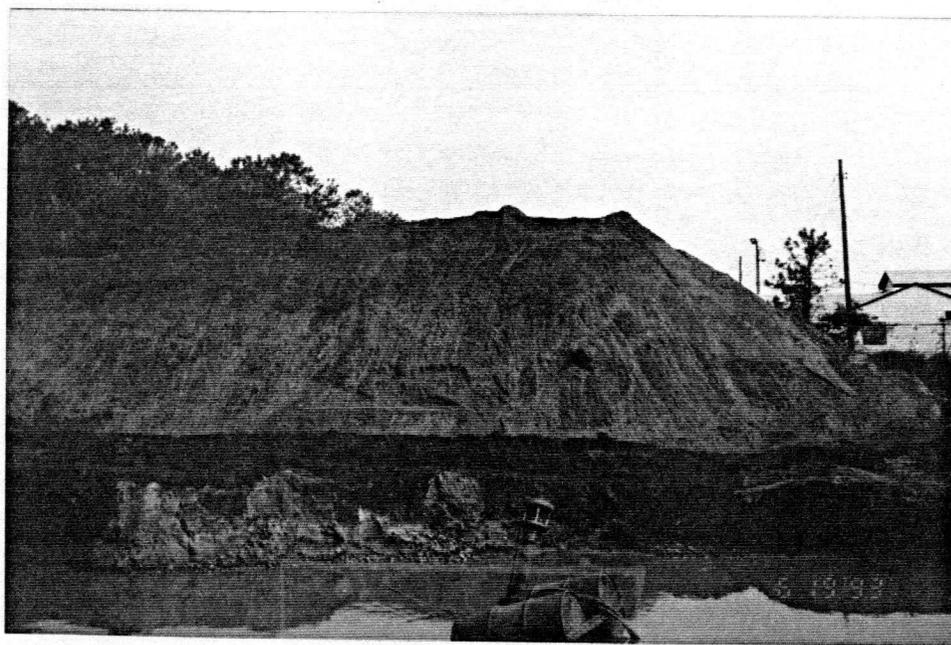
Photograph No. 29
Satellite Pool Showing Hydraulic Pump to Agitate and Aerate Contaminated Soil and Water



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



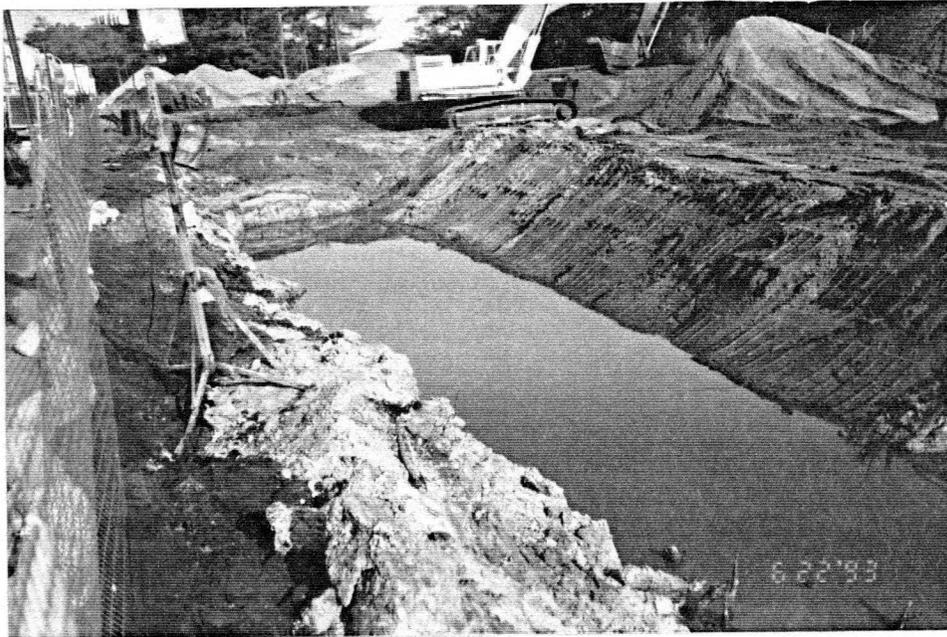
Photograph No. 32
Stockpiling the Sand that was Processed



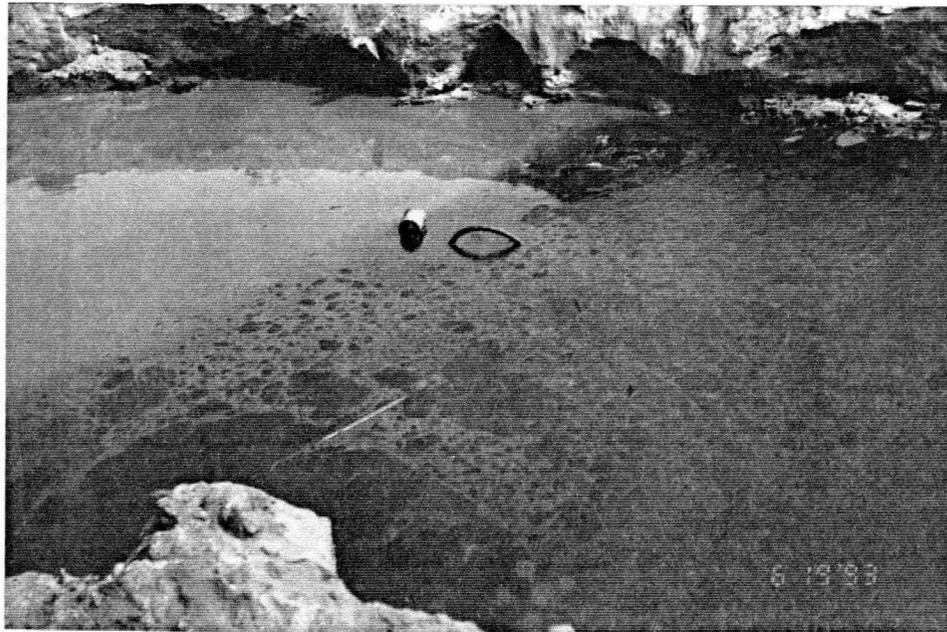
Photograph No. 33
Debris Pile



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



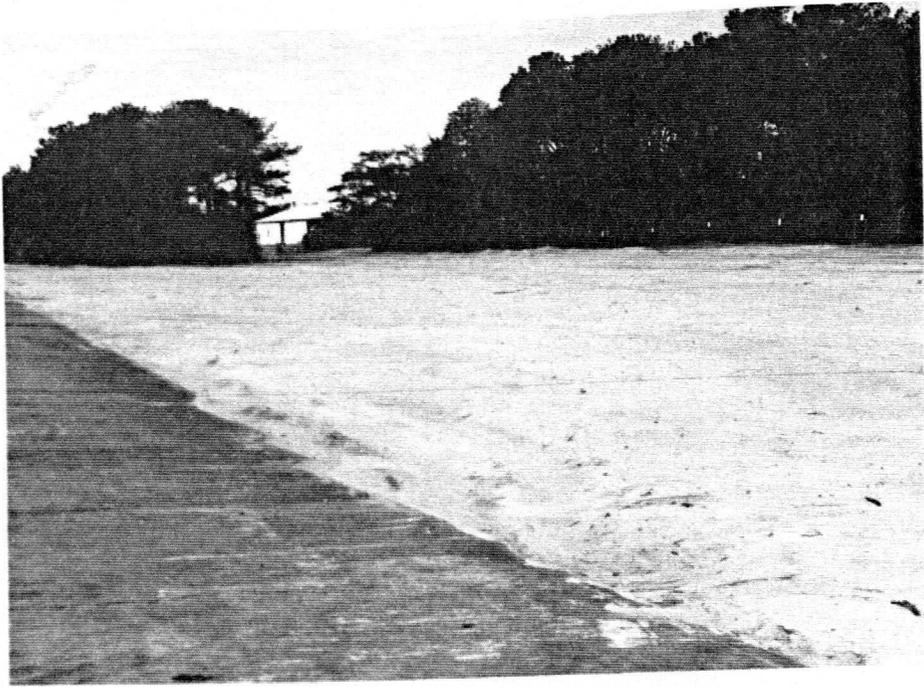
Photograph No. 38
Closing Out Pit No. 3



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

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:

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' x 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.

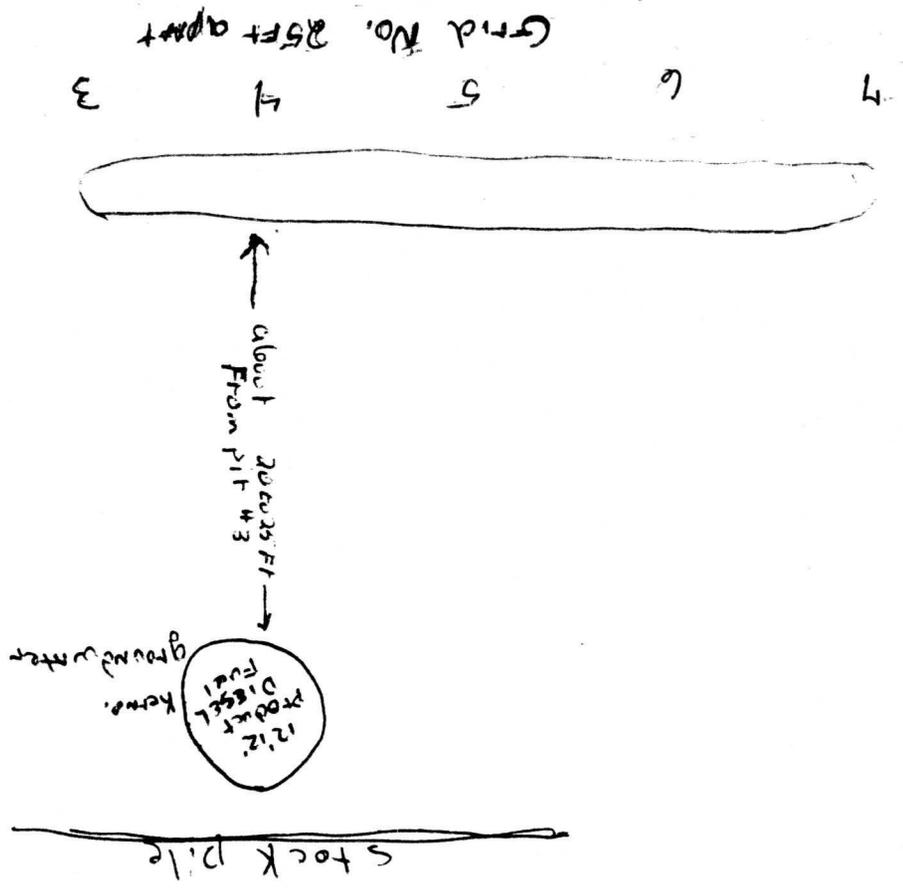
19. CERTIFICATION: I CERTIFY THAT THE ABOVE REPORT IS COMPLETE AND CORRECT
AND THAT I, OR MY AUTHORIZED REPRESENTATIVE, HAVE INSPECTED ALL WORK
PERFORMED THIS DAY BY THE PRIMARY CONTRACTOR AND EACH SUBCONTRACTOR AND HAVE
DETERMINED THAT ALL MATERIALS, EQUIPMENT, AND WORKMANSHIP ARE IN STRICT
COMPLIANCE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

Louie Bernack
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE



INTERNATIONAL
TECHNOLOGY
CORPORATION

Unkd By _____ Date 6/19 Subject Fert Storey Sheet No _____
Proj No _____



RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: J T CORP

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's contract 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 & AEA Environmental
Continue to treat the soil
This process consists of plowing inoculants in the soil which consume the contaminants to reduce the TPH level of the soil to below 50 ppm.
Solutions apply ammonia into the 1,2,3 pits solution to remaining black sand.
Continue processing the sand in pit #1
Working out the North East corner of site
This work was removal of substantial amounts of debris such as asphalt, concrete, gravel and railroad ties etc.
Solutions is attempting to segregate the material as well as possible yet it is very difficult due to it being intermingled with a variety of materials there appears.

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: 2020 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	DOF/ time	Location	Result	NH ₃ /HR
6/17 2100	6/18 1000	Putting Soil mixes by pump	40 ppm	3.74/hr
6/17 2100	6/18 1000	Putting Soil mixes by pump	35 ppm	2.81 hrs
6/17 2000	6/18 1350	Delay when spraying	No Result	
6/17 2000	6/18 1350	Fence when spraying	10 ppm	0.56/hr

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 Testing

<u>PH in pool = 8.3</u>	
<u>PH in Pit #1 = 8.4</u>	<u>PH in Pit #5 = 6.5</u>
<u>" #2 = 8.5</u>	<u>Ground water in #5 = 6.3</u>
<u>" #3 = 8.1</u>	<u>" #6 = 6.5</u>
<u>" #4 = 8.0</u>	

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

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
	<u>None</u>	

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 REPORT 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 Bernade
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: JJ Corp

Fort Story
(SITE NAME AND LOCATION)

REPORT NO. 21 DELIVERY ORDER NO. #55 DATE 6/17/93
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 72 MAX. 92

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 operation's of the base area and participate 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 & AG&E Environmental
• continue to treat the soil (sand)
• This process consists of placing inoculants in the soil which consume the contaminants to reduce the TPH level of the soil to below 50 ppm.
• Solutions apply ammonia into trench solution to remaining (black) sand.
• Stockpile #3 excavate and stockpile remaining black sand.
• continue processing sand in Pit #1
• Atlantic disposal arrived on site to remove their Roll-off
• Approximately 1500 gallons of solution was applied to sand.
• The operator took 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 else to investigate.
2nd shift - Fuel up generators

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: NA

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: NA

7. LIST VERBAL INSTRUCTIONS RECEIVED FROM GOVERNMENT PERSONNEL ON ANY DEFICIENCIES OR RETESTING REQUIRED: USACE & Solutions, "weld 1"
- Comments: on smelling heavy ammonia vapor on site
Starting taken air monitoring samples
deg. of tube will be used for the test of the action limits
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 (2nd shift)
PH in pool - 8.0 PH in #4 - 8.1
PH in Pit #1 - 8.2 PH in Pit #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
	<u>N/A</u>	

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

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 leveler was staged under the generator.
no MSD Sheets on site.
Corrective Action: MSD Sheets are hanging on the wall.
gasoline smell on site. Immediate stop work and correct the problem by 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.

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.

Louise Bernack
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: FT 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):

Reverse Solutions Environmental operations at the
Area: Area Soil Treatment.

2. WORK PERFORMED BY SUBCONTRACTORS ON-SITE AND/OR OFF-SITE (INCLUDE A COMPLETE DESCRIPTION): AG & Environmental Services continue work in the LARC Area.

and Shiff 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 removal completed an approx. 1000 gal. of
grease, oil and also foam, silt and debris was removed. Operator
took longer than anticipated due to significant quantities of floating
debris which required continue removal from the surface base growing
and at each pit hose discharge from pool into Pit #1 continue to eat
away at the embankment attempting to secure end with gradient to
to prevent end from slipping and causing further erosion
treat approx 200 yds of sand.

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 crewing activities when working in the exclusion zones

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

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 Belmont
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. A55 DATE 6/15/88
WEATHER Sunny RAINFALL 0 INCHES TEMP: MIN. 67 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):

Continue treating the soil to an action level of less than 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):

AEG Environmental Services working a new shift 24 hours around the clock
Pool level is almost four feet
Both of the wells pumps are directed toward filling the pool
Water continue pumping into Pit 3 to increase depth
All other pits appear to be a substantial skin on pit #1
After repeated attempts to "bucket" this skin into Pit #2 a decision was made to open the connecting trench back up to enhance the skinning operation
A small quadrant (20' x 30') 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

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: Age 6 Enviro. Service is using cadion when handling the heavy equipment.

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. _____

Tested Pb in Pit # 1 = 7.4 Pb in Pit # 5 = 7.6
PH in Pit # 2 = 7.7 Pb in peak = 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
_____	<u>None</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: None

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

QUANTITY	I.D. NO.	MATERIAL	MANIFEST NO.	DISPOSAL LOCATION
_____	_____	<u>NONE</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

8. ADDITIONAL COMMENTS/REMARKS:

MA

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



y _____ Date 6/15/93 Subject FT. Story Sheet No. _____ of _____
Chkd. By _____ Date _____ Subcontractors Solutions & AG & G Proj. No. 3130221
Environmental Services

- Subcontractors
Solutions & AG & G Environmental Services
- AG & G Environmental started a new shift 24 hours around the clock.
- Pool level is almost four feet
- Both of the wells pumps are directed toward being to the pool water continue pumping into Pit # 3 for water treatment. Other pits appear odgrate & substantial skin is on pit # 1 & 2 (repeating attempt to locate) this skimming into Pit # 3. Decision was made to open the connecting break back and exchange the skimming operation.
- A small yardment (20' x 30') in the southeast corner adjacent to pit # 3 was excavated down to what appears to be a layer of sand.
- Approx 200 yds 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 # 7
- 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.P.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 + MICRO-MEMIT PROVIDE COST TRACKING

OPERATIONS SUPERVISOR SIMPSON ON SITE 2 HAS

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 WWT GRUNT SYSTEM. BEGIN TO EXCHANGE METAL BOXES OF THE WWT SCREEN PROCESS.

SOLUTIONS IS MAINTAINING THE MICRO-ORGANISMS 24 HRS A DAY

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

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.

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. Simpson
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

Et 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

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: _____

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 extended 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 CONTRACTOR'S 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: 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

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: N/A 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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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.
AT 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.

18. ADDITIONAL COMMENTS/REMARKS: SOLUTIONS = DREAD ADOREY
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. Simpson
CONTRACTORS DESIGNATED /
QUALITY CONTROL REPRESENTATIVE

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 & FACILITY 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.

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. _____

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

11. LIST THE TOTAL NUMBER OF DRUMS OVERPACKED:

QUANTITY	LOCATION	HAZ-CAT
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:
LIQUID: N/A 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: Solutions
is correcting the safety violations noted by
USACE from MEICR

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: OPERATIONS SUPERVISOR SIMPSON
WAS AT FT LOR AND FT EUSTIS.

LEFT 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. Simpson
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: F.T. CORP

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

REPORT NO. 08 DELIVERY ORDER NO. 55 DATE 5/20/93
WEATHER CLOUDY/RA 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 MAINT MGMT. PROVIDE COST ADMIN

OPERATIONS SUPERVISOR SIMPSON ON SITE EARS

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 INOXULANT.

SOLUTIONS IN WORKING TWO 12HR SHIFTS TO MAINTAIN THE MICRO-ORGANISMS

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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

AMPLIFYING INFO: N/A

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-RUN
MAJOR CONDUCTED A SAFETY INSPECTION - TWO GENERATORS NEED
TO BE GROUNDED, EXPOSED WIRE INTO SCH. 80P.V.C. USE STEEL
POSTS INSTEAD OF WOOD. MORE SIGNS ON FENCE AND GATES
OUTSIDE OUTLETS NEED TO BE GFCT - SOLUTIONS WILL CORRECT
THE VIOLATIONS BY SAT. PORTABLE GFCT 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.

18. ADDITIONAL COMMENTS/REMARKS: Jeff Hubbard on site

USACE Tied. Ron Moiras directed operations supervisor
Bill Simpson to work 8hrs instead of the 10hrs
shifts 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. Simpson
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

LIQUID: N/A 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: 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: STARTED TO RAIN AT APPROX.
1330 HRS. SOLUTIONS CONTINUED TO WORK IN THE RAIN
SOLUTIONS STARTED 6 HRS OPERATION OF CONTROLLING THE
INOCULANT IN THE 40 X 100 X 4 MODULE TANK.
SHARON LEHN 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. Simasi
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

FT STODOLAR 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 - TRANSFER 4 TANKER TRUCKS OF INOCULANT, APPROX 24,000 GAL TO THE 40'x100'x4' MODULAR TANK. HOOK UP AIR COMPRESSOR TO THE BLOWER FOR THE MODULAR TANK. BREAK TO EXCAVATE A AREA IN THE SAND BOX FOR THE FIRE PIT SOIL.

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: N/A 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

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

USACE'S SHARON LEHN 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

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: N/A 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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

AMPLIFYING INFO: N/A

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.

18. ADDITIONAL COMMENTS/REMARKS: OPERATIONS SUPERVISOR
SIMPSON WAS AT FT LEO AND FT EUSTIS AND FT STOR.

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

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
<u>3</u>	<u>N/A</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

LIQUID: _____ BBL/GAL

SOLIDS: _____ YDS/TONS

AMPLIFYING INFO: N/A

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

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

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

15. 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: OPERATIONS SUPERVISOR
SIMPSON ON SITE 7 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

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: I.T. CORP

19 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 HOOKS UP.

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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. LIST THE TOTAL AMOUNT OF WASTE(S) REMOVED FROM THE SITE:
LIQUID: N/A 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: 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: 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

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
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

LIQUID: N/A 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
<i>N/A</i>				

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: OPERATIONS SUPERVISOR SIMPSON WAS AT FT EUSTIS IN THE A.M FOR A MEETING WITH WALLEY SHAHEEN AND JOE L LUBBARD AND THE SUBCONTRACTORS BIDDING ON THE NEW FILTER STANDS AND PIPING AT FELMER FIELD JP4 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. Lamm
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. 2 DELIVERY ORDER NO. 55 DATE 10/20/03
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 hauled to a local industrial landfill
disposal from stockpile that was staged at the north of
the concrete pad adjacent to the LARC Area. These 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

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): Follow up crew used
caution when the trucks were being loaded

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
_____	<u>NONE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

LIQUID: _____ BBL/GAL

SOLIDS: 35000 YDS/TONS

AMPLIFYING INFO: _____

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.

Lois Banner
CONTRACTORS DESIGNATED
QUALITY CONTROL REPRESENTATIVE

RAPID RESPONSE QUALITY CONTROL DAILY REPORT

CONTRACTOR NAME: IT Corp

Ft. Story Lane 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 Lane Area. The stack piles that are staged by the north of the concrete pad adjacent to the lane area. IT loaded out 2 trailer loads of material that is F-listed waste that why the material was disposed off site.

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

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

APPENDIX F
SAMPLE LOGS, WEEKLY REPORTS

SAMPLE COLLECTION LOGS

Date: 3/28/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES 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 rocks
^{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: Jane B...

Date: 3/28/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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
<small>This Sample was Analyzed</small> 567C → 604E	567C-32894	1:30 / (3) 60 ml	8015 / SAND WAS a
567C → 604E	567C-32894	1:30 / 250 ml	418.1 / brown color
611F	611F-32894	1:45 / (3) 60 ml	8015 / SAND WAS a
611F	611F-32894	1:45 / 250 ml	418.1 / light color
609E	609E-32894	2:00 / (3) 60 ml	8015 /
609E	609E-32894	2:00 / 250 ml	418.1 /
525A	525A-32894	2:10 / (3) 60 ml	8015 /
525A	525A-32894	2:10 / 250 ml	418.1 /
542B	542B-32894	2:15 / (3) 60 ml	8015 /
542B	542B-32894	2:15 / 250 ml	418.1 /
584D	584D-32894	2:20 / (3) 60 ml	8015 /
584D	584D-32894	2:20 / 250 ml	418.1 /

Prepared By: Josie Bennett

Date: 3/28/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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
606 F	606F-32894	12:20 / (3) 60ml	8015 /
606 F	606F-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	12:50 / 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 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 <small>was moved</small>	537B-32894	10:30 / 250ml	418.1 /
601E <small>was moved</small>	601E-32894	10:40 / (3) 60ml	8015 /
601E <small>was moved</small>	601E-32894	10:40 / 250ml	418.1 /

Prepared By: Jonié Bann

Date: 3/28/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES NO

Depth of Sample 48" below SURFACE

Weather 72° Sunny

Containers Used Glass Jars

Amount Collected 29 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 ²	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	588D 32894 ^{Dup}	8:25 / (3) 60ml	8015 /
^{was moved to Dup} 588D-582D	588D 32894 ^{Dup}	8:25 / 250ml	418.1 /
546 B	546B-32894	8:30 / (3) 60ml	8015 /
546 B	546B 32894	8:30 / 250ml	418.1 /
^{was moved to} 541E-502E	541E 32894	8:40 / (3) 60ml	8015 /
^{was moved to} 541E-502E	541E 32894	8:40 / 250ml	418.1 /
^{was moved to} 549C-552C	549C 32894	9:00 / (3) 60ml	8015 /
^{was moved to} 549C-552C	549C 32894	9:00 / 250ml	418.1 /

Prepared By: Jane Bennett

Date: 3/24/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES 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) 20ml	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 GROWN
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: Donnie Bernander

Date: 3/24/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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
<small>WAS MOVED TO</small> 460D-427C	460D-032494	8:45 / (3) 60ml	8015
<small>WAS MOVED TO</small> 460D-427C	460D-032494	8:45 / 250ml	418.1
<small>WAS MOVED TO</small> 502F-469E	502F-032494	8:56 / (3) 60ml	8015
<small>WAS MOVED TO</small> 502F-469E	502F-032494	8:56 / 250ml	418.1

Prepared By: Dana Demaree

Date: 3/24/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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	10:00 / ⁽³⁾ 60ml	8015
477E	477E-032494	10:00 / 250ml	418.1

Prepared By: David Benner

Date: 3/24/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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
455-D	455D-032494	9:21 / (3) 60ml	8015
455-D	455D-032494	9:21 / 250ml	418.1
455-D Dup	455-D 032494	9:21 / (3) 60ml	8015
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
430-C	430C-032494	9:35 / (3) 60ml	8015
430-C	430C-032494	9:35 / 250ml	418.1
			black.

Prepared By: Joan Bernard

Date: 3/24/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES 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	10:10 / (3) 60ml	8015 / sand looked
450-D	450D-32494	10:10 / 250ml	418.1 / light brown
492F-469E	492F-32494	10:13 / (3) 60ml	8015 /
492F-469E	492F-32494	10:21 / 250ml	418.1 /
393A	393A-32494	10:21 / (3) 60ml	8015 /
393A	393A-32494	10:21 / 250ml	418.1 /
435C	435C-32494	10:28 / (3) 60ml	8015 /
435C	435C-32494	10:28 / 250ml	418.1 /
440C-447D	440C-32494	10:30 / (3) 60ml	8015 /
440C-447D	440C-32494	10:30 / 250ml	418.1 /
477E	477E-32494	10:50 / (3) 60ml	8015 / sand had
477E	477E-32494	10:50 / 250ml	418.1 / a brown color

Prepared By: Joelle Bernhardt

Date: 3/22/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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
322-D	322D-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 /
260A	260A-032394	9:00 / 250ml	418.1 /
302C	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 when
285B	285B-032394	9:20 / 250ml	418.1 / a small color

Prepared By: David Bennis

Date: 3/23/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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	364032394	10:30 / (3) 60ml	8015
364F	364F032394	10:30 / 250ml	418.1

Prepared By: David Penner

Date: 3/24/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES _____ 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
<small>was moved to</small> 400B-437C	400B 32494	11:15 / (3) 60ml	8015 / sand look
<small>was moved to</small> 400B-437C	400B 32494	11:15 / 250ml	418.1 / light brown
<small>was moved to</small> 442D-479E	442D-32494	11:20 / (3) 60ml	8015
<small>was moved to</small> 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: Donna Brown

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: John Penner

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 sur FACE

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 CL
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: Donna Bernard

Date: 3/23/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite YES 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-B-032394	7:15	(3) 60ml 8015
294-B	294B-032394	7:15	250ml 418.1
336D	336D-032394	7:15	(3) 60ml 8015
336D	336D-032394	7:15	250ml 418.1
378F	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: David Bonard

Date: 3/22/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES 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	8:00 / ³ 60ML	8015 / SAND WAS A
01-A	01A-032294	8:00 / 250ML	418.1 / black color
43C	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 / 250ML	418.1 /
40B	40B-032294	8:30 / ⁽³⁾ 60ML	8015 /
40B	40B-032294	8:30 / 250ML	418.1 /
124F	124F-032294	8:40 / ⁽³⁾ 60ML	8015 /
124F	124F-032294	8:40 / 250ML	418.1 /
82D	82D-032294	8:50 / ⁽³⁾ 60ML	8015 /
82D	82D-032294	8:50 / 250ML	418.1 /
82D Dup.	82DDup-032294	9:10 / ⁽³⁾ 60ML	8015 /
82D Dup	82DDup 032294	9:10 / 250ML	418.1 /

Prepared By: Dennis Bernal

Date: 3/22/94
Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES 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: Donie Bernard

Date: 3/22/94
 Project No. 519029

SAMPLE COLLECTION LOG

Project Name Fort Story LARC Area

Sample Type Soil

Composite _____ YES 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⁾ 60 mL	8015 / SAND WAS A
15A	15A-032294	11:25 / 250 mL	418.1 / light color
57C	57C-032294	11:35 / ⁽³⁾ 60 mL	8015 /
57C	57C-032294	11:35 / 250 mL	418.1 /
77D	77D-032294	10:10 / ⁽³⁾ 60 mL	8015 /
77D	77D-032294	10:10 / 250 mL	418.1 /
62C	62C-032294	12:10 / ⁽³⁾ 60 mL	8015 /
62C	62C-032294	12:10 / 250 mL	418.1 /
30B	30B Dup 032294	10:55 / ⁽³⁾ 60 mL	8015 /
30B	30B Dup 032294	10:55 / 250 mL	418.1 /
114F	114F 032294	11:15 / ⁽³⁾ 60 mL	8015 /
114F	114F 032294	11:15 / 250 mL	418.1 /
94E	94E 032294	10:45 / ⁽³⁾ 60 mL	8015 /
94E	94E 032294	10:45 / 250 mL	418.1 /

Prepared By: Donnie Bernard

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
BUSTED AND REMOVED APPROX 250 TONS OF CONCRETE FROM THE F.T.P.
THE RUBBLE, STONE AND CONCRETE WAS LOADED INTO 11 ROLLERS 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 PPM
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 STORV / F.T.P #4 Ft STORV VA.
For Week Ending 04/18/93 Page 2 of 3

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 were 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

Page 3 of 3

Work Anticipated to be Performed the Following Week: TAKE CONFIRMATION
SAMPLES AND P.C.B SAMPLES, FINISH BACK FILLING 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 - 7101 Telefax No. (412) 373 - 7135

Reporting Period: 04 1 18 1 93 to 04 1 25 1 93

Percent Field Work Completed 95 % Percent Project Completed %

Summary of Work Completed On-Site: TRAVELED to Ft Story from Ft Eustis. Moved approx. 240 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 were 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-construction 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 Page 2 of 3

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.A #4 Ft Story VA
For Week Ending 4/25/93 Page 3 of 3

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. testing results were received on 4-21-93. The three samples levels were <0.5

Jeff Hubbard was on site 4-24-93

Signature:

William T. Simpson



RAPID RESPONSE WEEKLY REPORT

Project Name FT STORY L.A.P.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. MONROUVILLE, VA 15146

Telephone No. (412) 372-7701 Telefax No. (412) 373-7135

Reporting Period: 04/25/93 to 5/12/93

Percent Field Work Completed 5 % Percent Project Completed %

Summary of Work Completed On-Site: USACE CONSTRUCTION PROJECT
ENGINEER WALLY SHAHEEN held the PRECONSTRUCTION meeting
with SOLUTIONS INC., I.T. CORP AND the DETI FROM FT STORY
AND FT EUSTIS. I.T.'s site SUPERVISOR BILL SIMPSON held site
specific TRAINING for SOLUTIONS AND their subcontractors. SOLUTIONS
DUG cross section 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 STORV LAR C AREA FT STORV VA
For Week Ending 05/2/93 Page 2 of 3

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 STORJ L.A.R.C. AREA Ft STORJ VA
For Week Ending 1/1 Page 3 of 3

Work Anticipated to be Performed the Following Week: Solutions
will study the data collected and make final
adjustments to the R WORK PLAN

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks: _____

Signature: William T. Simpson



RAPID RESPONSE WEEKLY REPORT

Project Name FT STORY LAB. 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 ITT CORP. MONROEVILLE, PA. 15146

Telephone No. (412) 378-7701 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 GEP work to prep the site is treated with the INOCULANT. TRANSFERRED APPROX 40,000 GALS OF THE MICRO-ORGANISMS FROM SOLUTIONS LAB TO THE 40' X 100' YAC IN STORAGE TANK ON SITE. SOLUTIONS met with the STATE WATER BOARD ON FRI 5/19/93 to receive FINAL APPROVAL OF SOLUTIONS WORK PLAN. SOLUTIONS TO RUN TWO 12HR SHIFTS TO MAINTAIN THE MICRO-ORGANISMS

Summary of Work Completed Off-Site: _____

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location FT STODD L.A.R.C. AREA

For Week Ending 5/23/93

Page 2 of 3

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

Page 3 of 3

Work Anticipated to be Performed the Following Week: FINISH THE
DRIP AND BEGIN TREATMENT WITH THE INOCULANT
TO THE SAND BOX AREA. THE TELEPHONE LINE THAT
RUNS IN THE EASTERN PART OF THE SAND BOX
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 PROVIDE A FINAL REPORT WHEN THE PROJECT
IS COMPLETED.

Signature:

William T. [Signature]



RAPID RESPONSE WEEKLY REPORT

Project Name Ft Story LARC 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 IT 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 Story's utilities 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. ITS 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
G-1 diluted AMMONIA HYDROXIDE. Started the wet screening of
the fire pit soil. Stockpiled sand from the eastern section, area
removed, - approx. 100' x 150' x 2'. DUG A DIVERSION ditch along
the concrete pad to control RAN 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

Page 2 of 3

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.P.C. AREA
 For Week Ending 5/30/93 Page 3 of 3

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
BEGINNING 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: OPERATION'S SUPERVISOR BILL SIMPSON DEPARTED
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

Project Name Fort. Story For Week Ending 6/19/93
Project Location LARC Area VA. Report No. _____

Name houie Bernardo Title Supervisor
Company Name & Address ITcorp 2790 mosside Blvd. Monroeville
Telephone No. (800) 444-9596 Telefax No. () _____

Reporting Period: 6/19/93 to 1/1/
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
a 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 6000 gals. of grease, foamsilk 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 filtered

Summary of Work Completed Off-Site: _____

N/A

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location _____

For Week Ending __/__/__

Page 2 of 3

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

Page 3 of 3

Work Anticipated to be Performed the Following Week: Solutions continue
treating the contaminated soil approximately 700 yds will be
treat under the 50 ppm limits (a day)
continue using the Vne truck.
taking sample of soil, water

Unit Price Quantities Reached to Date:

Unit Priced Item	Unit	Quantity To Date	Quantity Anticipated

Other Remarks: _____

Signature: _____

Tom Penner



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 Masside 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
Several trenches were made to process the soil the heavy
grease soil was finished approximately 3000 cu yd and
then stockpiled for the second wash.
pH sampling was taken every day in all of trenches and
in the pool
approximately 300 gal of heavy grease was vacuum off of
all the trench and the pool area. (Petro chem vac truck)
equipment

Summary of Work Completed Off-Site: _____

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Fort Story
 For Week Ending 7/2/93

Page 3 of 3

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 south end of site, working toward middle.
taken down the 50x100 ft. pool 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: _____

John Brown

RAPID RESPONSE WEEKLY REPORT CONT'D

Project Name & Location Fort Story Larc Area
For Week Ending 6/28/93

Page 2 of 3

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 hole's and also to apply water to the pile.

Approximately 1500 gal's 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 at 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 sent to ARD laboratory.
All the sampling equipment was cleaned after each grid
location. The equipment was washed with soap then spray
Summary of Work Completed Off-Site: with Isopropyl Alcohol then
rinse with deionized water. All sample bottles were
properly identified and wiped clean and then placed into
a sealable 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

Page 2 of 3

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, 449C was moved at location D-447, 479-B was moved at location C-437. The location of this samples were in the tree area and was moved.

620F - 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 / /

Page 3 of 3

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: Loard Beinner