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REMEDIAL ACTION COMPLETION REPORT FOR SITE 2 FORRESTAL LANDFILL NSTC  
GREAT LAKES IL  
10/1/2009  
TETRA TECH

**Remedial Action Completion  
Report  
for  
Site 2 – Forrestal Landfill**

**Naval Station Great Lakes  
Great Lakes, Illinois**



**Naval Facilities Engineering Command  
Midwest**

**Contract Number N62467-04-D-0055**

**Contract Task Order 512**

**October 2009**

**REMEDIAL ACTION COMPLETION REPORT**  
**SITE 2 – FORRESTAL LANDFILL**  
**NAVAL STATION GREAT LAKES**  
**GREAT LAKES, ILLINOIS**  
**COMPREHENSIVE LONG-TERM**  
**ENVIRONMENTAL ACTION NAVY (CLEAN) CONTRACT**

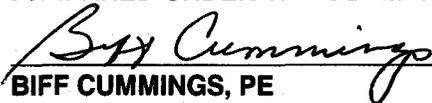
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**CONTRACT TASK ORDER 512**

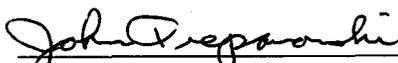
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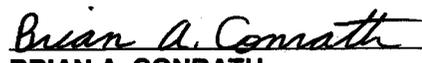
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## LIST OF ACRONYMS AND ABBREVIATIONS

ARAR	Applicable or Relevant and Appropriate Requirement
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFR	Code of Federal Regulations
Clayton	Clayton Group Services, Inc.
CLEAN	Comprehensive Long-Term Environmental Action Navy
CTO	Contract Task Order
EE/CA	Engineering Evaluation/Cost Analysis
FOIA	Freedom of Information Act
GASA	Graef, Anhalt, Schloemer & Associates, Inc.
HDPE	high-density polyethylene
IAC	Illinois Administrative Code
Illinois EPA	Illinois Environmental Protection Agency
LUC	land use control
MOA	Memorandum of Agreement
MSWLF	municipal solid waste landfill
NAVFAC	Naval Facilities Engineering Command
NCP	National Oil and Hazardous Substances Pollution Contingency Plan
NTCRA	Non-Time-Critical Removal Action
O&M	operation and maintenance
QA/QC	quality assurance/quality control
RACR	Remedial Action Completion Report
RAO	Remedial Action Objective
SAP	Sampling and Analysis Plan
TtNUS	Tetra Tech NUS, Inc.
U.S. EPA	United States Environmental Protection Agency
VOC	volatile organic compound
WP	Work Plan

## **1.0 OVERVIEW**

This Remedial Action Completion Report (RACR) for Site 2 – Forrestal Landfill at Naval Station Great Lakes was prepared by Tetra Tech NUS, Inc. (TtNUS) under the Comprehensive Long-Term Environmental Action Navy (CLEAN) Contract N62467-04-D-0055, Contract Task Order (CTO) 512. This RACR was prepared in accordance with the CLEAN Contract, National Oil and Hazardous Substances Pollution Contingency Plan (NCP), 40 Code of Federal Regulations (CFR) Part 300, and United States Environmental Protection Agency (U.S. EPA) guidance on presumptive remedy implementation for Comprehensive Environmental Response Compensation and Liability Act (CERCLA) municipal landfill sites (U.S. EPA,1993) and on the application of the CERCLA municipal landfill presumptive remedy to military landfills (U.S. EPA,1996).

The Navy prepared this RACR with a team including representatives from the Illinois Environmental Protection Agency (Illinois EPA), Naval Facilities Engineering Command (NAVFAC) Midwest, and the Navy's consultant, TtNUS. The main purpose of this RACR is to document implementation of the Cover Work Plan (WP) (ToITest, 2004) for the Forrestal Landfill Cap.

### **1.1 SITE DESCRIPTION**

Naval Station Great Lakes is located in Lake County, Illinois, approximately 30 miles north of Chicago, covers 1,632 acres, and has 1.5 miles of shoreline along Lake Michigan (Figure 1-1). Naval Station Great Lakes began Naval training operations in 1911 and is currently used to support training. The facility consists of the Administrative Command, Recruit Training Command (including the Navy's only boot camp), and Service School Command.

The Forrestal Landfill (Site 2) is located between Superior Street and Skokie Ditch, south of Virginia Avenue (Figure 1-2). The landfill was the first controlled disposal area used by Naval Station Great Lakes. Operations at the landfill began in 1967 and ceased in 1969, at which time the landfill did not fall under any state or local permitting programs or regulatory closure requirements. A nearby Naval Station Great Lakes landfill, Supply Side Landfill, was operated under permitted conditions subsequent to Forrestal Landfill operations (Clayton, 2004a).

The landfill was operated as a trench-type landfill, and no intentional burning of refuse was done at the site. It is estimated that approximately 276,000 cubic yards of refuse were disposed at Site 2 during its operation. The total volume of material disposed at the landfill was limited by the size of the parcel (approximately 4 acres), and by the fact that disposed refuse was not burned. In addition, during the time

the site operated, housing waste collection was transferred from the Navy to a private contractor, with disposal on Navy property.

The waste disposed in the Forrestal Landfill was primarily mixed office waste from the Administrative Command and the various training schools. Shop waste was also disposed at the Forrestal Landfill (Rogers, Golden, & Halpern, 1986). In addition to typical sanitary landfill wastes, concrete and other demolition debris have been found during various construction activities in the area of the landfill (ToITest, 2004). There is no record of hazardous waste disposal at Site 2. A map of the landfill configuration prior to the remedial action described herein is provided as Drawing C-2 in Appendix A.

## **1.2 PRIOR REGULATORY ACTIVITIES**

To determine the permit status of the landfill (as stated below), a review of files regarding Site 2, obtained through the Freedom of Information Act (FOIA), was previously performed by Clayton Group Services, Inc. (Clayton). No correspondence was obtained referring to the landfill, presumably because the period of time in which Site 2 operated and closed pre-dated the Illinois EPA permit program (Clayton, 2004b).

On April 11, 2003, a meeting was held between representatives of NAVFAC and Illinois EPA to discuss the regulatory status of Site 2 and to assess options for reducing the long-term environmental impact of the landfill. It was determined that remedial actions should be performed at Site 2 as part of a Non-Time-Critical Removal Action (NTCRA) using the presumptive remedy of containment as listed in the U.S. EPA municipal landfill presumptive remedy guidance (U.S. EPA, 1993).

## **1.3 SITE INVESTIGATION AND EVALUATION ACTIVITIES**

Site investigations were performed at Site 2 in 2000 and 2001 to determine the areal extent of buried waste and to investigate the presence of methane and volatile organic compounds (VOCs) in landfill gas. In late 2002 and early 2003, an investigation was conducted to determine the thickness and properties of the existing soil cap and to collect samples of groundwater from the waste mass (ToITest, 2004). A Final Cover Study was prepared for Site 2 (Clayton, 2004b), which presented a summary of the site investigations and design improvements for the landfill cover system. This report was followed by an Engineering Evaluation/Cost Analysis (EE/CA) (Clayton, 2004a), which evaluated potential remedial action alternatives for the cover system, and the WP (ToITest, 2004), which outlined the construction methods and procedures to be followed for installation of the final cover system.

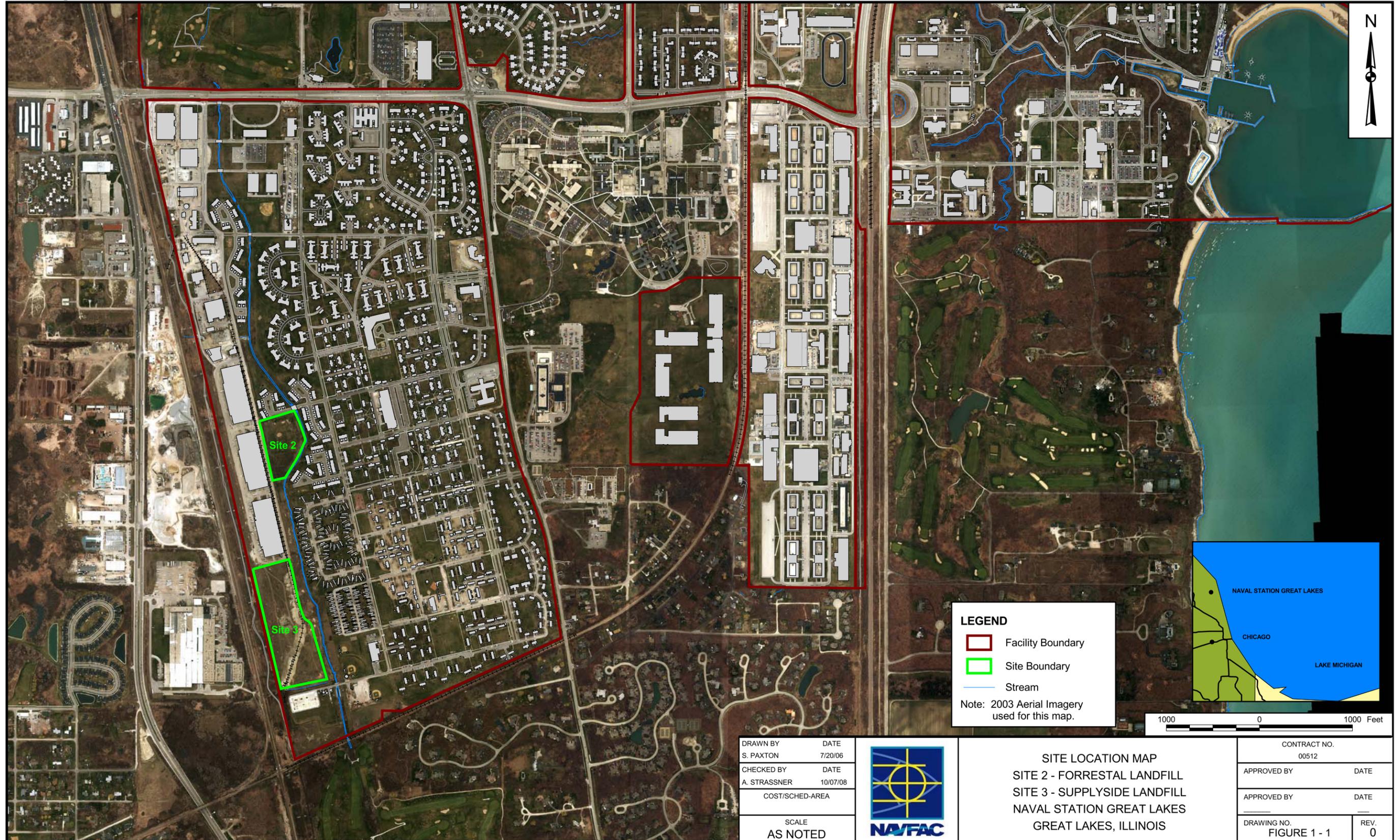
A streamlined risk assessment based on the results of the 2002 through 2003 investigations was conducted in 2004 and presented in the EE/CA. The streamlined risk assessment identified the risks to

human health and the environment associated with Site 2 to be low. This estimation of risk was supported by a number of conditions including the following:

- There was an existing low-permeability soil cap over the landfill that prevents direct contact with buried waste material.
- There was no consumptive use of groundwater in the vicinity of the site.
- There were no apparent leachate seeps.
- Although minor gas emissions were occasionally reported, there were no signs of related vegetative stress or odors.
- There was no damage to the soil cap from erosion that could expose waste material, nor was any damage likely since site slopes are gentle and have adequate vegetative cover.

However, because the existing cap had many surface irregularities and was placed without documentation of its quality and thickness, it was determined that the potential for exposure to waste and leachate generation from infiltration was unknown (Clayton, 2004a).

The EE/CA recommended that a new protective cover and gas management system be constructed. The new protective cover alternative was chosen because it would provide a high level of protection for human health and the environment while costing considerably less than comparable alternatives. As a result, the WP, discussed in Section 3.0, was prepared by ToITest. It details construction and management activities to address the Remedial Action Objectives (RAOs) identified in the EE/CA.



**LEGEND**

- Facility Boundary
- Site Boundary
- Stream

Note: 2003 Aerial Imagery used for this map.

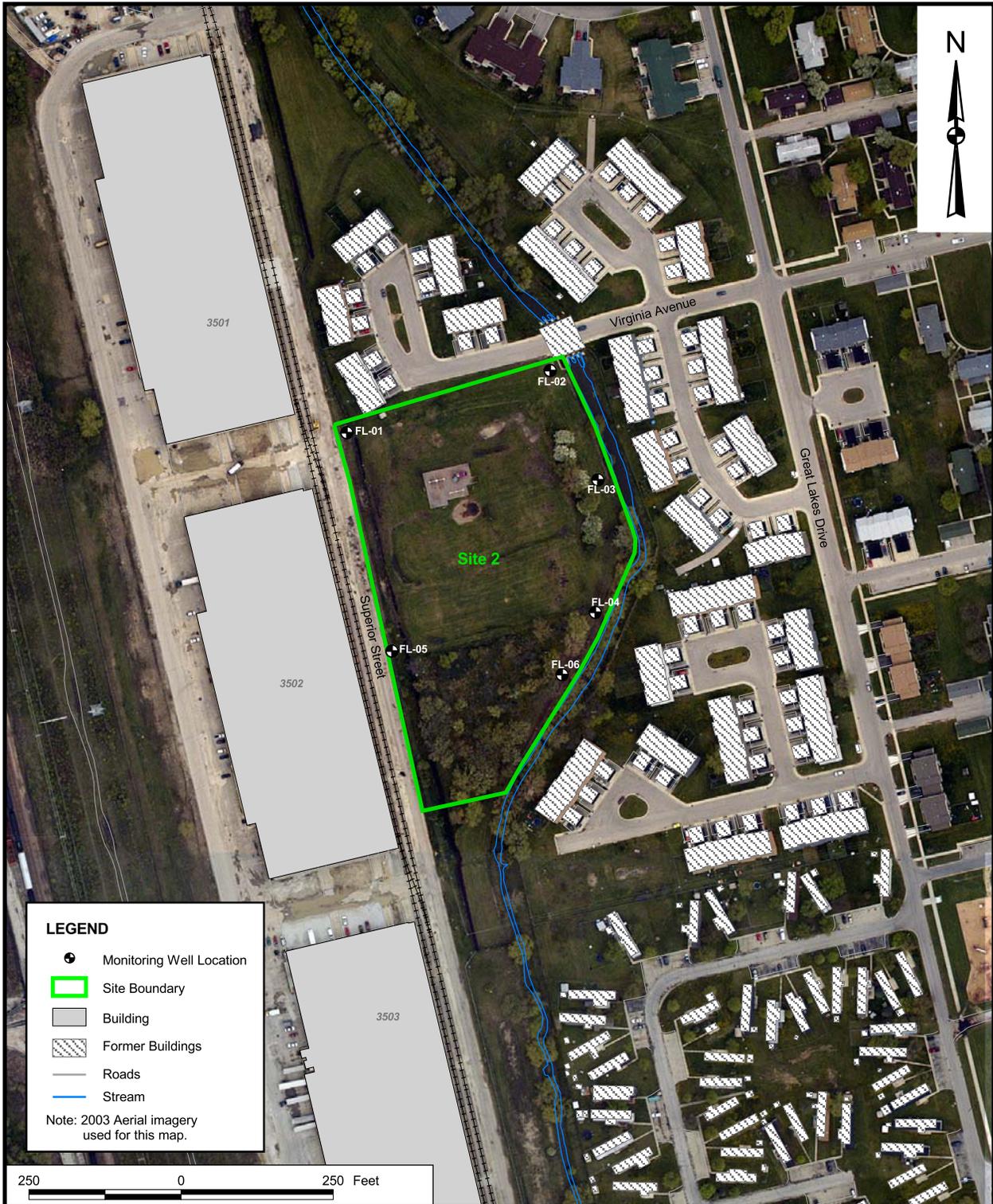


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COST/SCHED-AREA	
SCALE AS NOTED	



**SITE LOCATION MAP**  
 SITE 2 - FORRESTAL LANDFILL  
 SITE 3 - SUPPLYSIDE LANDFILL  
 NAVAL STATION GREAT LAKES  
 GREAT LAKES, ILLINOIS

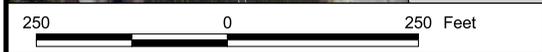
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**LEGEND**

- Monitoring Well Location
- Site Boundary
- Building
- Former Buildings
- Roads
- Stream

Note: 2003 Aerial imagery used for this map.



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COST/SCHEDULE-AREA	
SCALE AS NOTED	



**SITE 2 FORRESTAL LANDFILL**  
**NAVAL STATION GREAT LAKES**  
**GREAT LAKES, ILLINOIS**

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## 2.0 REMEDIAL ACTION OBJECTIVES

The EE/CA performed for Site 2 established the RAOs and recommended the construction of a new protective cover as part of a voluntary NTCRA in accordance with the NCP. Based on the results of the EE/CA, it was determined that the new protective cover would achieve the following RAOs (Clayton, 2004a):

- Improve the environmental integrity of the cap by reducing infiltration and managing landfill gas safely to prevent migration and odor problems.
- Provide and document a low-permeability clay cap that will improve surface drainage and provide an additional barrier to potential contact with buried wastes.
- Provide a regraded and contoured landfill final cover surface conducive to an end use of light recreational activities serving the needs of the surrounding base community.

Chemical-specific, location-specific, and action-specific Applicable or Relevant and Appropriate Requirements (ARARs) were established in Section 3 of the EE/CA. Although the Site 2 landfill had not received waste since the 1960s and was therefore not subject to standards for new solid waste landfills, the following Illinois Administrative Code (IAC) standards were deemed appropriate action-specific ARARs:

- Title 35, Part 807.305 (c) Final Cover.
- Title 35, Part 807.502 Closure Performance Standard.
- Title 35, Part 811.110, Closure and Written Closure Plan
  - Section (a) thru (c) - final slopes, contours, and configuration
  - Section (g) - deed notation.
- Title 35, Part 811.111, Post-Closure Maintenance
  - Section (c) - maintenance and inspection
  - Section (d) - planned uses.
- Title 35, Part 811.311, Landfill Gas Management Systems.
- Title 35, Part 811.314, Final Cover System.
- Title 35, Part 811.318, Design, Construction, and Operation of
  - Groundwater Monitoring Systems.
- Title 35, Part 811.319, Groundwater Monitoring Programs.
- Title 35, Part 811.320, Groundwater Quality Standards.

- Title 35, Part 811.322 Final Slope and Stabilization
  - Section (a) through (c) – grade, drainage, and vegetation.
- Title 35, Part 811.324, Corrective Action Measures for Municipal Solid Waste Landfill (MSWLF) Units.

### 3.0 REMEDIAL ACTIONS

In May 2004, the WP for Site 2 was prepared by TolTest detailing the remedial actions required to implement and construct the Forrestal Landfill cap. The Project Plans and Report – Final Cover Study (Clayton, 2004b) and the EE/CA (Clayton, 2004a) were used as comprehensive reference documents for all aspects of the Site 2 WP, including the EE/CA recommendations to achieve the RAOs. Seven key elements of the remedial actions identified in the WP included the following:

- Permitting.
- Installation of erosion control measures and site fencing.
- Installation of a passive landfill gas collection system.
- Placing/compacting cover material.
- Placing of topsoil and seeding.
- Long-term maintenance.
- Implementation of land use controls (LUCs) that allow for future use of the open land on the landfill surface while preventing potentially adverse/damaging activities and allowing unrestricted use of the adjacent areas.

The specifications and design drawings (Appendix A, Drawings C-1 through C-9) for the remedial action were provided in the WP, along with operation and maintenance (O&M) and construction quality assurance and quality control (QA/QC) requirements, and an Erosion Control and Vegetation Plan. The following sections present the major elements of the construction activities proposed in the WP, and follow-on remedial actions.

#### 3.1 COVER SYSTEM

As discussed in the EE/CA and as presented in the WP, the final cover was designed to meet the landfill closure requirements as identified in the IAC. The cover system consists of low-permeability clay with 6 inches of vegetated topsoil to protect against erosion, to improve surface drainage, and provide an additional barrier to potential contact with buried wastes. Design drawings from the WP pertaining to placement of the landfill cover system are provided in Appendix A and include the following:

- Landfill Cap Design – Finish Grading and Surface Drainage Plan      Drawing C-4
- Landfill Cross Sections – East to West      Drawing C-5
- Landfill Cross Sections – North to South      Drawing C-6
- Cap Cross Section and Construction Details      Drawing C-9

Cover system construction was to include the following elements:

- Clearing, grubbing, and scarification of existing soil.
- Placement and compaction of low-permeability fill.
- Placement of topsoil and seeding.

To prepare the landfill areas for cover placement, a number of preparatory tasks, as outlined in the WP, were considered necessary. Existing soils within the Forrestal Landfill footprint were to be graded to promote positive surface water drainage prior to cover system construction. In addition, the areas surrounding the landfill were to be graded, where necessary, to improve runoff.

Following grading, the soil was to be scarified prior to placement of the impermeable layer. Low-permeability soil was to be placed in 9-inch maximum lifts up to the grades shown on Drawing C-4. Borrow soils were to be utilized to provide the low permeability cover and topsoil necessary to complete the landfill cover. Clay borrow sources were to be tested by a geotechnical laboratory to determine if the soil was appropriate to use as landfill cover material. The lifts were to be compacted by mechanical means. Soil cover thicknesses and in-place density measurements were to be performed in accordance with the WP. A 6-inch layer of topsoil was to be placed atop the low-permeability soil layer. Fertilizer was to be applied to the topsoil, and then the seedbed was to be prepared by working the soil with a disc tiller to a depth of 3 inches, as necessary. Seed was to be applied in accordance with the WP.

### **3.2 GAS COLLECTION SYSTEM**

Prior investigations concluded that minor amounts of gas with low methane concentrations were present at sample locations within the landfill. Because landfill gas under little or no pressure was present, passive venting was chosen as the appropriate management method. This approach is to provide a path of low resistance for gas below the cap to be collected and vented to the atmosphere. Because the piezometric surface is close to ground level at the landfill perimeters, the venting system is intended to be at a higher elevation within the unsaturated zone of the landfill.

The collection system is to consist of three parallel trenches excavated in the waste material, with horizontal collector pipes in granular bedding. The gas extraction laterals are to consist of 6-inch-diameter perforated high-density polyethylene (HDPE) pipes in trenches with pea gravel backfill. The perforated pipes are to be connected to a single header pipe that is to be vented via a single stack-type vent with a turbine ventilator top designed to create a vacuum on the system when the wind blows. The elevations of the trenches and vent piping laterals are to be determined in the field by TolTest and Clayton personnel. The vent piping lateral design elevations are to be based upon the elevations of the landfill waste and the leachate elevations in the former landfill. The gas extraction trenches are to be

oriented from east to west, with the header running north to south and connected to the vent located in the southwestern corner of the landfill. The layout of the gas management system and system details are provided on Drawings C-7 (Gas Management System Plan) and C-9 (Cap Cross Section and Construction Details) presented in Appendix A.

### 3.3 INSTITUTIONAL CONTROLS

The remedial action includes institutional control components to prevent exposure to impacted soil and groundwater. Site 2 is included in the LUC Memorandum of Agreement (MOA) between the Navy and Illinois EPA, and the Site 2 LUCs are as follows:

- **Property Use Restriction** - Site 2 does not pose a threat to human health or the environment under a light recreational use. Under no circumstances is Site 2 to be utilized for residential purposes.
- **Groundwater Use Restriction** - The installation of groundwater wells (other than environmental evaluation or monitoring wells) is prohibited to prevent exposure to contaminated groundwater at Site 2. In addition, the installation of groundwater wells (other than environmental evaluation or monitoring wells) is prohibited in all geographic areas of Naval Station Great Lakes by Naval Station Great Lakes Instruction 11130.1 (Ground Water Use Restrictions).
- **Soil Disturbance Restriction** - The excavation and uncontrolled removal of soil from Site 2 without prior review of work plans by the Navy and Illinois EPA is prohibited. These reviews are necessary to ensure adequate worker health and safety precautions and to confirm proper management of contaminated materials.
- **Maintenance of Landfill Cover** - A landfill cover at the site prevents exposure to contaminated soil and infiltration of groundwater. This cover will be inspected on an annual basis and maintained, as necessary.

LUC compliance inspections are to be conducted annually to certify that all controls are being properly enforced. A copy of the annual compliance certification form is provided in Appendix B, and a copy of the LUC Implementation Plan is provided in Appendix C.

### **3.4 MONITORING AND INSPECTIONS**

#### **3.4.1 Groundwater Monitoring**

Groundwater monitoring is to be conducted as part of post-closure activities at the Forrestal Landfill. The groundwater monitoring program is designed to determine the effectiveness of the landfill cover in preventing leaching of constituents to groundwater. The ultimate goal of the groundwater monitoring program is to attain groundwater protection requirements by identifying any potential migration of contaminants from the site.

Groundwater samples are to be collected quarterly and analyzed for Illinois EPA L1 and L2 parameters as listed in Appendix D. The samples are to be collected from six monitoring wells located upgradient and downgradient of the landfill. After the first eight quarters of monitoring, the monitoring data will be evaluated and a request may be submitted to Illinois EPA for consideration of reductions in the frequency of monitoring to semi-annual and in the parameters monitored.

#### **3.4.2 Inspections**

As described above, the Site 2 LUCs will be inspected on an annual basis to ensure that the controls are properly enforced. The inspections will include observations of the erosion control measures, passive landfill gas collection system, and the landfill cover for signs of damage. The site fence will also be inspected for damage and for signs of unauthorized access to the site. A copy of the annual LUC compliance certification form is provided in Appendix B.

## 4.0 DEMONSTRATION OF COMPLETION

Construction activities associated with the Site 2 remedial action were performed May through October 2004. Compass Construction Company Inc. of Waukegan, Illinois, was the earthwork contractor selected to perform on-site construction of the landfill cap and gas collection system under the direction of TolTest. Blackledge Land Surveying, Inc. performed surveying activities and Graef, Anhalt, Schloemer & Associates, Inc. (GASA) performed construction QC activities for gas collection trench surveys and in-place soil density testing.

The completion of these remedial actions at Site 2 has been documented and demonstrated through daily construction reports and drawings. The remainder of this section discusses the major elements of the construction along with the documentation of their completion.

### COVER SYSTEM

The WP established, through drawings and specifications, the requirements for the cover system. The most current site contour map was developed in 2008. This map is provided in Appendix E. A review of this mapping indicates the cover system meets the requirement of having reconstructed grades similar to that presented on Drawing C-4 of the WP and having surface slopes that provide for positive drainage. Comparisons of as-built construction surveys were also performed. These evaluations indicate that the cover system was constructed as planned: the compacted clay layer is 18 inches or thicker, and the top soil layer is 6 inches or thicker. The construction surveys and the results of these evaluations are provided in Appendix F.

A comparison of the pre-construction mapping, as provided on Drawing C-2 in Appendix A, and the current site mapping, provided in Appendix E, was also performed to estimate the total thickness of the cover system. The results of this assessment are presented as an isopach map provided as Figure 4-1. This evaluation does not account for soil that was removed as part of the initial grading activities.

The excavation, backfill, installation, and restoration activities performed during installation of the cover are detailed in the daily construction reports. These reports include the results of laboratory testing of borrow soils, along with the results of in-place measurements and density testing of cover materials. Daily construction reports are provided in Appendix F.

## **GAS COLLECTION SYSTEM**

The WP established, through drawings and specifications, the requirements for the gas collection system. Surveyed locations of the gas collection system at the time of construction indicate that the collection trenches, header, and vent were installed at locations in accordance with the plans. The location of the vent is shown on the as-built drawing in Appendix E. Subsurface construction including trenching and pipe installation was confirmed and documented through construction inspection reports. These reports indicate that the system components were installed in accordance with the WP and using the specified materials. An inspection of the exposed portions of the system, such as the vent pipe, indicates that they were built in accordance with the proposed construction details.

## **MONITORING WELLS**

Groundwater monitoring has been conducted since August 2006 as part of ongoing post-closure activities at the Forrestal Landfill via six monitoring wells as outlined in the WP. Monitoring well locations are identified on the as-built drawing in Appendix E. Well construction details are provided in Appendix G. Groundwater monitoring is conducted in accordance with the Sampling and Analysis Plan (SAP) (TtNUS, 2007). Monitoring has been conducted on a quarterly basis since August/September 2006, and associated monitoring reports have been prepared and submitted to Illinois EPA. Following eight quarters of sampling, a recommendation was made by TtNUS to Illinois EPA in January 2009 to reduce the groundwater parameters analyzed as part of the groundwater monitoring program. The recommendation also requested a reduction in sampling frequency from quarterly to semi-annually. Both recommendations were accepted by Illinois EPA in a letter dated February 5, 2009. All monitoring reports are on file and available for review through Illinois EPA and the Navy.

## **INSTITUTIONAL CONTROLS**

Access to Site 2 is limited by fencing. Institutional controls in the form of LUCs for Site 2 will be implemented through the LUC MOA via a LUC Implementation Plan (Appendix C) to restrict any groundwater use and soil disturbance.

## **INSPECTION AND MAINTENANCE**

The cover system was vegetated in accordance with the WP. Since it was installed, the cover system has been inspected and maintained on a regular basis. Erosion will be repaired as required.

## **COVER SYSTEM MODIFICATIONS**

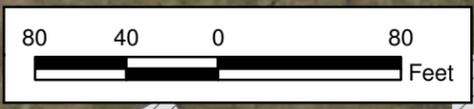
Following the placement of the cover system on the landfill, the Navy discovered that the topsoil used contained transite asbestos material. In response, the Navy informed the Illinois EPA in a letter dated March 7, 2005 that the material was present and developed a plan to address the condition. The plan was to cover the transite-impacted soil with a non-woven geotextile fabric and place a 6-inch layer of new topsoil over the fabric. The Navy also indicated that the clean topsoil would be seeded to establish vegetative cover. The geotextile used was Gundle/SLT Environmental Inc. (GSE) GEO 0808002, an 8 ounce/square yard, polypropylene, nonwoven needle-punched geotextile. This modification was performed as documented in the Delivery Order No. 0117 Closure Report (ToITest, 2007). This Closure Report was written primarily to address activities at the Supply Side Landfill (Site 3) but also provided information specific to the noted Forrestal Landfill cover modifications.

Trees were to be planted on top of the landfill near the playground as shown on Drawing C-8 in Appendix A. These trees have not been planted.



**Legend**

- Stream
- Site Boundary
- Road
- Former Building
- Building



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CHECKED BY B. CUMMINGS	DATE 5/1/09
COST/SCHEDULE AREA	
SCALE AS NOTED	



**SITE 2 FORRESTAL LANDFILL**  
**NAVAL STATION GREAT LAKES**  
**GREAT LAKES, ILLINOIS**

CONTRACT NUMBER 01314	
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## **5.0 ONGOING ACTIVITIES**

In accordance with the institutional control and monitoring components of the remedy, the following ongoing activities are/will be performed:

- Annual inspection of the site, including fencing and signs, cap conditions, storm water control features, and monitoring wells.
- Enforcement of LUCs per the LUC Implementation Plan that will be part of the LUC MOA.
- Maintenance of the cap and wells, as needed, based on LUC inspection results.
- Semi-annual groundwater monitoring and reporting.

## 6.0 CERTIFICATION

The remedial actions described in the EE/CA and WP for the Forrestal Landfill have been completed, and the RAOs have been achieved. Long-term management of the site, including cap inspection and maintenance, institutional controls, inspections and groundwater monitoring, is ongoing to make sure that the RAOs will continue to be fulfilled.



Mark R. Schultz  
Environmental BLC/Director  
NAVFAC Midwest/CNR N40

9 NOV 09

Date

## **REFERENCES**

Clayton (Clayton Group Services, Inc.), 2004a. Engineering Evaluation/Cost Analysis (EE/CA), Forrestal Landfill, Great Lakes, Illinois. Downers Grove, Illinois. May.

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**APPENDIX A**

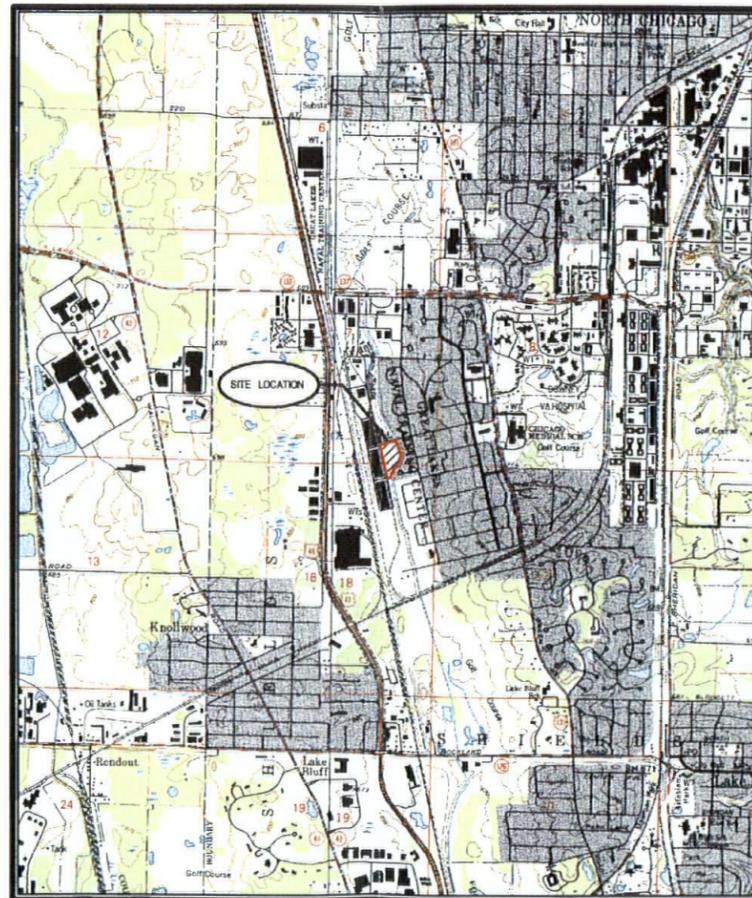
**DESIGN PLANS**

# DESIGN PLAN FOR FINAL LANDFILL CAP IMPROVEMENTS

## UNITED STATES NAVAL TRAINING CENTER GREAT LAKES, ILLINOIS



SITE LOCATION MAP



SCHEDULE OF DRAWINGS:

1. COVER SHEET
2. EXISTING TOPOGRAPHY AND EROSION CONTROL PLAN
3. SOIL INVESTIGATION
4. LANDFILL CAP DESIGN - FINISH GRADING AND SURFACE DRAINAGE PLAN
5. LANDFILL CROSS SECTIONS - EAST TO WEST
6. LANDFILL CROSS SECTIONS - NORTH TO SOUTH
7. GAS MANAGEMENT SYSTEM PLAN
8. END USE AND VEGETATION PLAN
9. CAP CROSS SECTION AND CONSTRUCTION DETAILS

Order No. N68950-02-M-5172



United States Department of the Navy  
Naval Facilities Engineering Command  
Naval Training Center  
Great Lakes, Illinois

ENGINEERS' SEAL

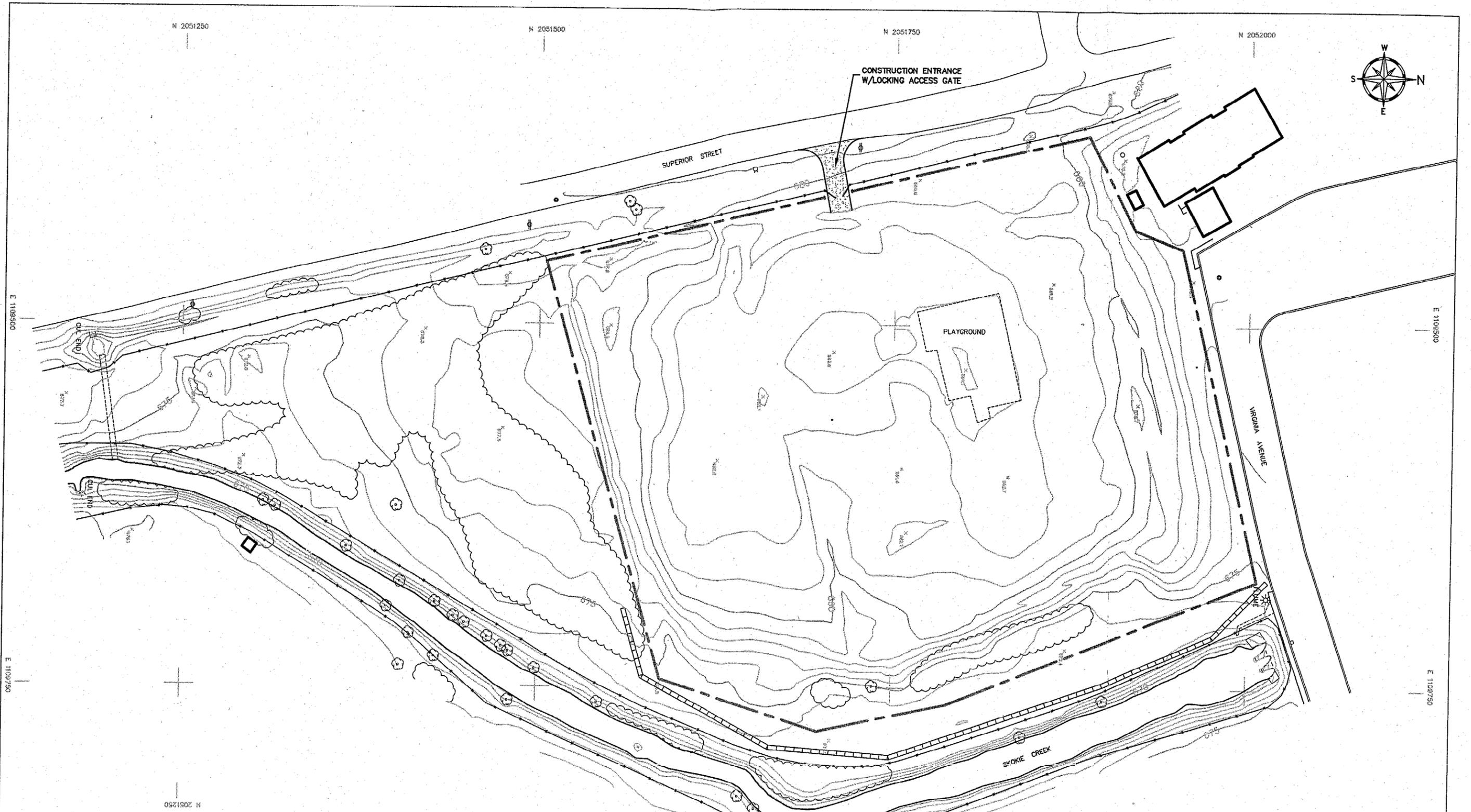
COVER SHEET  
FORRESTAL LANDFILL CAP IMPROVEMENTS  
LAKE COUNTY  
GREAT LAKES, ILLINOIS 000169F01Y

PLATE

C-1

SHEET

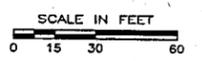
1 of 9



**LEGEND**

- MANHOLE
- ⊕ POWER POLE
- SIGN
- ⊙ LIGHT POLE
- ⊙ SPOT ELEVATIONS
- FENCE
- CULVERT
- INTERMEDIATE CONTOUR
- INDEX CONTOUR
- 941.2 SPOT ELEVATION
- TREE LINE
- ⊙ INDIVIDUAL TREE
- PERIMETER SILT FENCE (LOCATION APPROXIMATE)
- STRAW BALE BARRIER
- W.E. 935.4 WATER/STREAM

NOTES:  
 1. EXISTING TOPOGRAPHY BY MARTINEZ CORP. FROM AERIAL PHOTOGRAPH DATED DECEMBER, 2002.



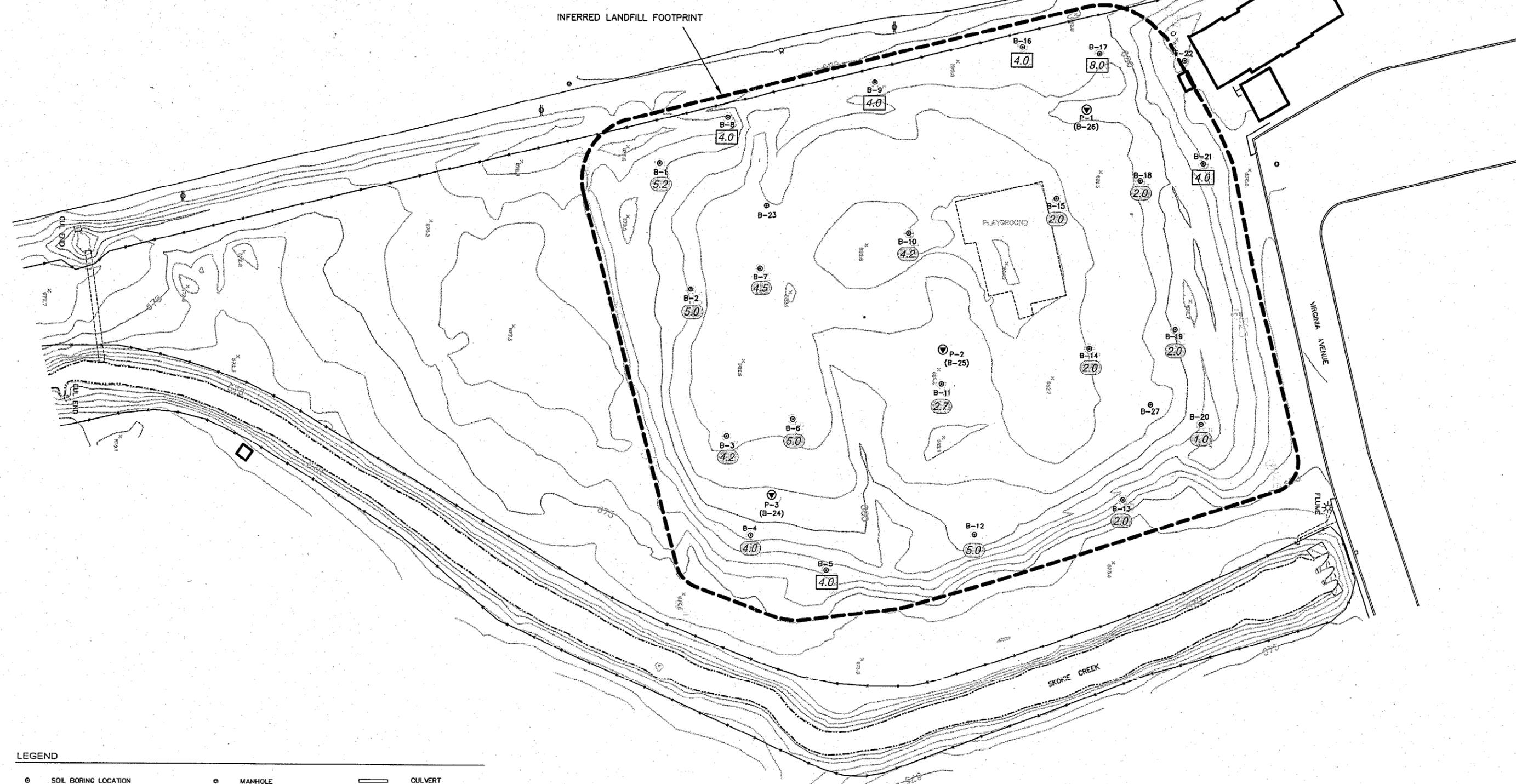
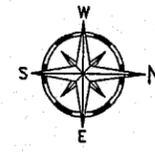
NO.	DATE	BY	REVISIONS
1	1-15-03	JR	PRELIMINARY DESIGN
2	2-25-03	JR	FINAL DESIGN

DESIGN BY: JJR  
 CHECKED BY: JJR  
 DRAWN BY: BCP  
 DATE: 1-15-03  
 SCALE: AS SHOWN  
 CAD NO.: 03042002B-rev2  
 PROJECT NO.: 15-03042



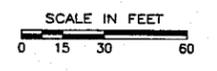
EXISTING TOPOGRAPHY AND EROSION PLAN  
 U.S. NAVAL TRAINING CENTER  
 GREAT LAKES, ILLINOIS  
 FORRESTAL LANDFILL CAP IMPROVEMENTS

PLATE  
**C-2**  
 SHEET  
**2 of 9**



**LEGEND**

- SOIL BORING LOCATION
- PIEZOMETER LOCATION
- ②.0 DEPTH OF EXISTING COVER SOIL (WASTE FOUND AT THIS LOCATION)
- .0 DEPTH OF EXISTING COVER SOIL
- MANHOLE
- ⊕ POWER POLE
- SIGN
- ⊙ LIGHT POLE
- SPOT ELEVATIONS
- FENCE
- CULVERT
- INTERMEDIATE CONTOUR
- 940 INDEX CONTOUR
- 941.2 SPOT ELEVATION
- W.E. 935.4 WATER/STREAM



NO.	DATE	BY	REVISIONS
1	1-15-03	JJR	PRELIMINARY DESIGN
2	2-28-03	JJR	FINAL DESIGN

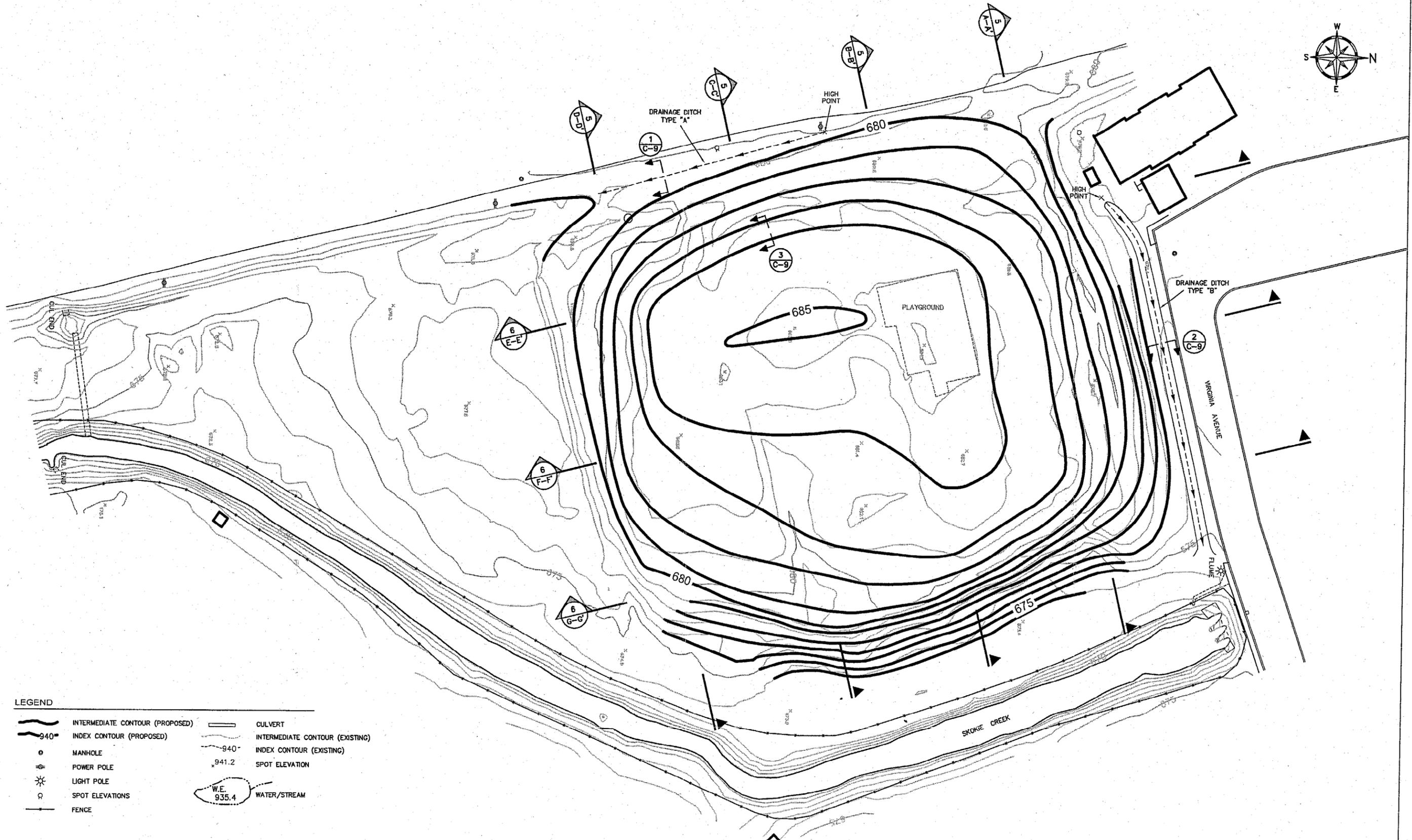
DESIGN BY: JJR
CHECKED BY: JJR
DRAWN BY: BCP
DATE: 1-15-03
SCALE: AS SHOWN
CAD NO.: 03042002C-rev2
PROJECT NO.: 15-03042



SOIL INVESTIGATION MAP  
 U.S. NAVAL TRAINING CENTER  
 GREAT LAKES, ILLINOIS  
 FORRESTAL LANDFILL CAP IMPROVEMENTS

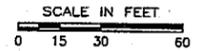
PLATE  
**C-3**  
 SHEET  
**3 of 9**

ENGINEERS' SEAL



**LEGEND**

- |  |                                 |  |                                 |
|--|---------------------------------|--|---------------------------------|
|  | INTERMEDIATE CONTOUR (PROPOSED) |  | CULVERT                         |
|  | INDEX CONTOUR (PROPOSED)        |  | INTERMEDIATE CONTOUR (EXISTING) |
|  | MANHOLE                         |  | INDEX CONTOUR (EXISTING)        |
|  | POWER POLE                      |  | SPOT ELEVATION                  |
|  | LIGHT POLE                      |  | WATER/STREAM                    |
|  | SPOT ELEVATIONS                 |  |                                 |
|  | FENCE                           |  |                                 |



- NOTES:**
- EXISTING PLAYGROUND TO BE DISMANTLED AND REMOVED.
  - RECREATION FACILITIES AND FOOTPATH BY OTHERS.

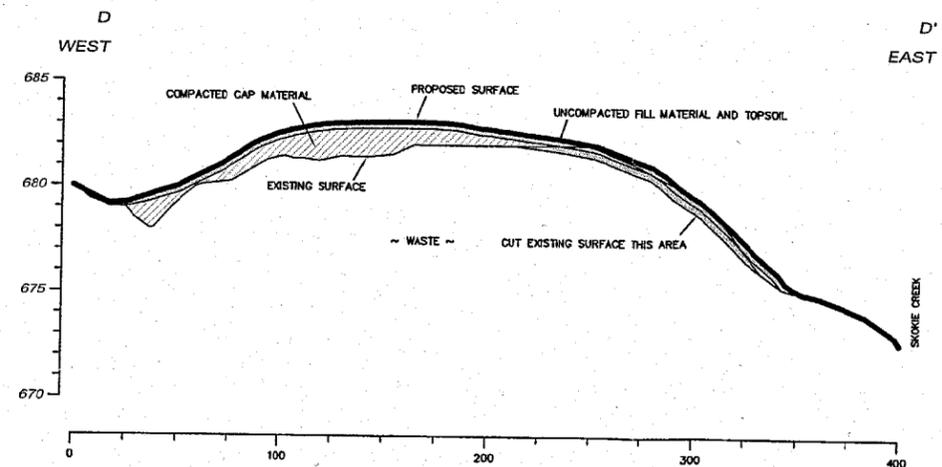
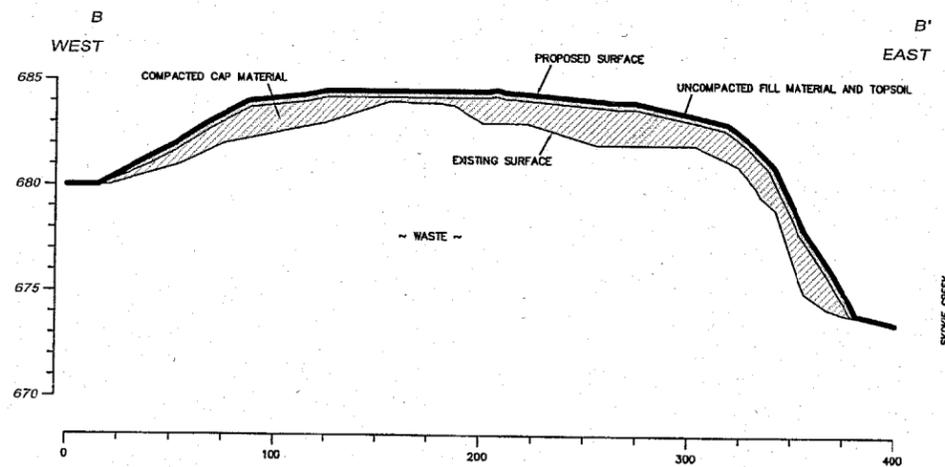
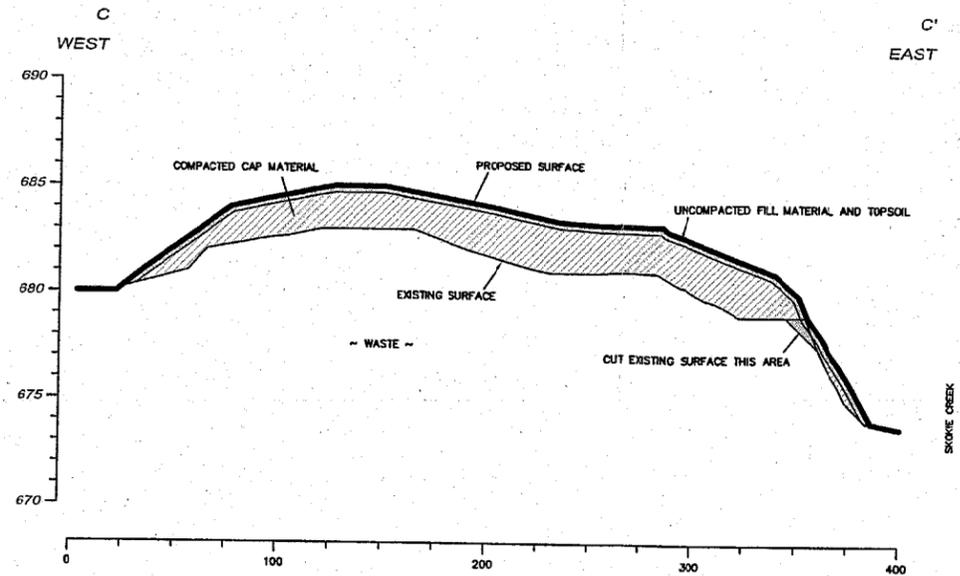
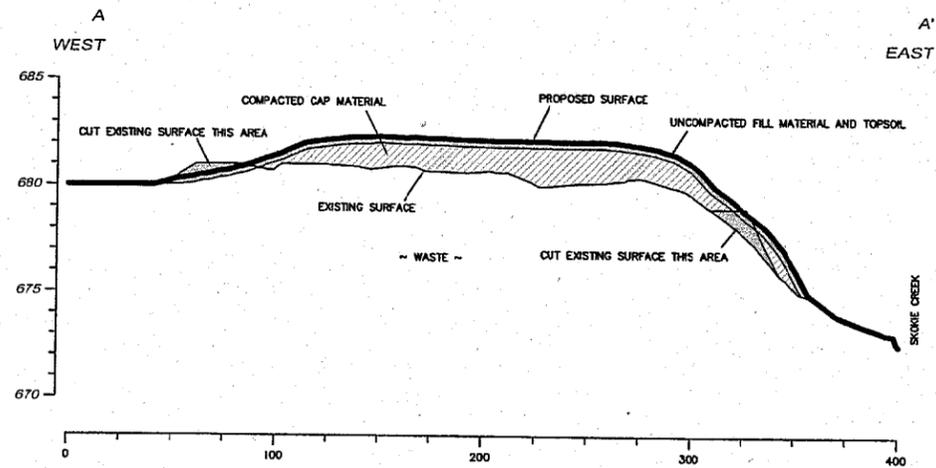
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				DRAWN BY: BCP
				DATE: 1-15-03
				SCALE: AS SHOWN
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1	1-15-03	JJR	PRELIMINARY DESIGN	PROJECT NO.: 15-03042



LANDFILL CAP DESIGN  
 FINISH GRADING  
 AND SURFACE DRAINAGE PLAN  
 U.S. NAVAL TRAINING CENTER  
 GREAT LAKES, ILLINOIS  
 FORRESTAL LANDFILL CAP IMPROVEMENTS

PLATE  
**C-4**  
 SHEET  
**4 of 9**

ENGINEERS' SEAL



SCALE IN FEET  
 0 20 40 80  
 VERTICAL EXAGGERATION: 10x

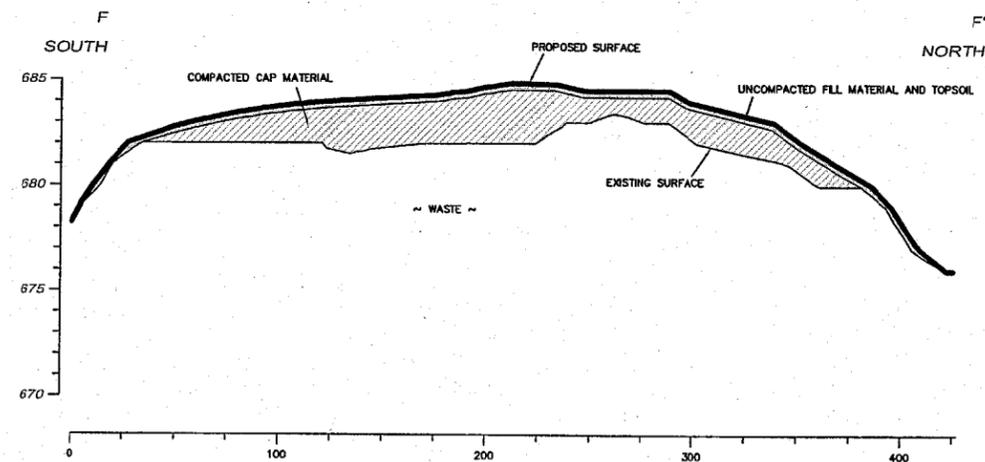
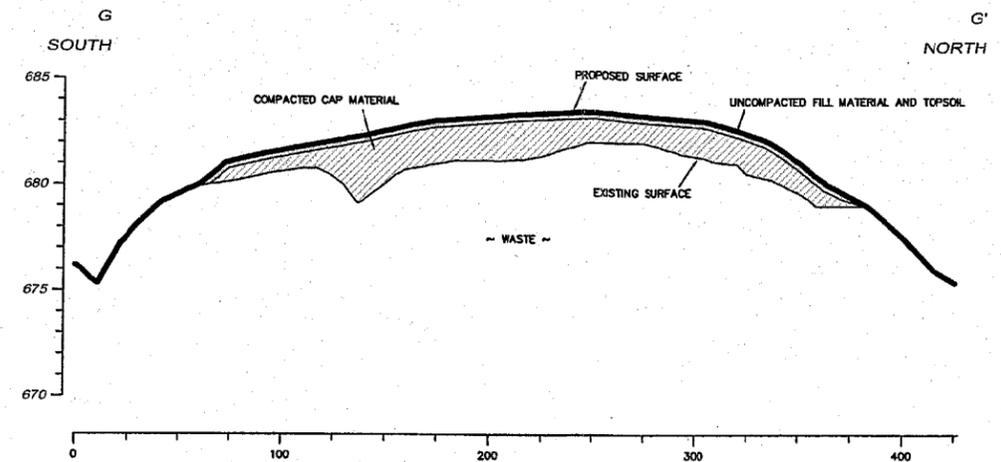
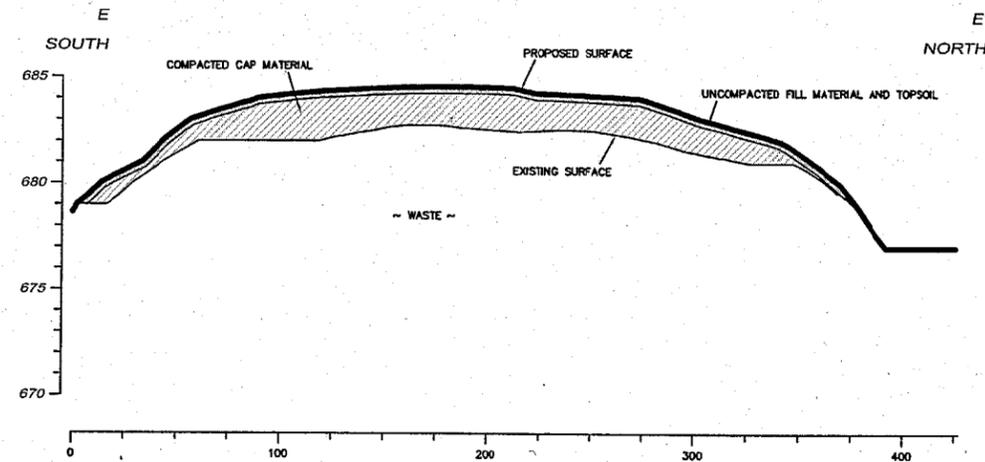
NOTE: "EXISTING SURFACE" IS NOT TOP OF WASTE. APPROXIMATE DEPTHS OF EXISTING COVER SOIL ARE SHOWN ON SHEET C-3.

NO.	DATE	BY	REVISIONS	DESIGN BY: JUR
				CHECKED BY: JUR
				DRAWN BY: BCP
				DATE: 2-28-03
				SCALE: AS SHOWN
2	2-28-03	JJR	FINAL DESIGN	CAD NO.: 03042002H-rev2
1	1-15-03	JJR	PRELIMINARY DESIGN	PROJECT NO.: 15-03042



LANDFILL CROSS SECTIONS  
 EAST TO WEST  
 U.S. NAVAL TRAINING CENTER  
 GREAT LAKES, ILLINOIS  
 FORRESTAL LANDFILL CAP IMPROVEMENTS

PLATE  
**C-5**  
 SHEET  
**5 of 9**



NOTE: "EXISTING SURFACE" IS NOT TOP OF WASTE. APPROXIMATE DEPTHS OF EXISTING COVER SOIL ARE SHOWN ON SHEET C-3.

SCALE IN FEET  
0 20 40 80  
VERTICAL EXAGGERATION: 10x

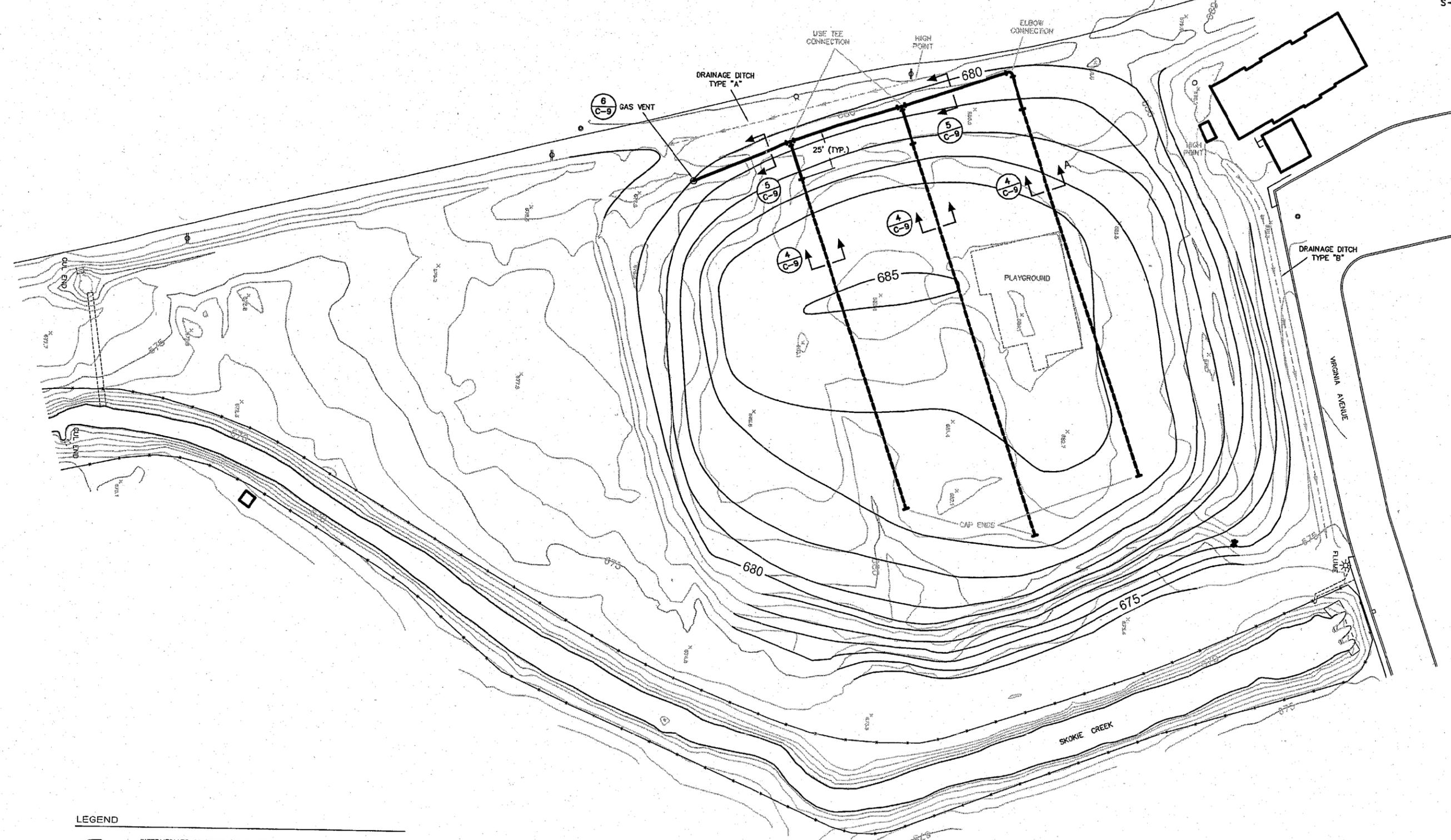
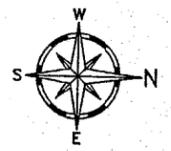
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2	2-28-03	JJR	FINAL DESIGN	CAD NO.: 03042002H-rev2
1	1-15-03	JJR	PRELIMINARY DESIGN	PROJECT NO.: 15-03042



LANDFILL CROSS SECTIONS  
NORTH TO SOUTH  
U.S. NAVAL TRAINING CENTER  
GREAT LAKES, ILLINOIS  
FORRESTAL LANDFILL CAP IMPROVEMENTS

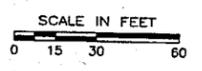
PLATE  
**C-6**  
SHEET  
6 of 9

ENGINEERS' SEAL



**LEGEND**

- |  |                                 |  |                                 |
|--|---------------------------------|--|---------------------------------|
|  | INTERMEDIATE CONTOUR (PROPOSED) |  | CULVERT                         |
|  | INDEX CONTOUR (PROPOSED)        |  | INTERMEDIATE CONTOUR (EXISTING) |
|  | MANHOLE                         |  | INDEX CONTOUR (EXISTING)        |
|  | POWER POLE                      |  | SPOT ELEVATION                  |
|  | LIGHT POLE                      |  | TREE LINE                       |
|  | SPOT ELEVATIONS                 |  | WATER/STREAM                    |
|  | FENCE                           |  |                                 |
|  | SOLID WALL GAS VENT HEADER (6") |  |                                 |
|  | GAS CONTROL TRENCH              |  |                                 |



NO.	DATE	BY	REVISIONS
2	2-28-03	JR	FINAL DESIGN
1	1-15-03	JR	PRELIMINARY DESIGN

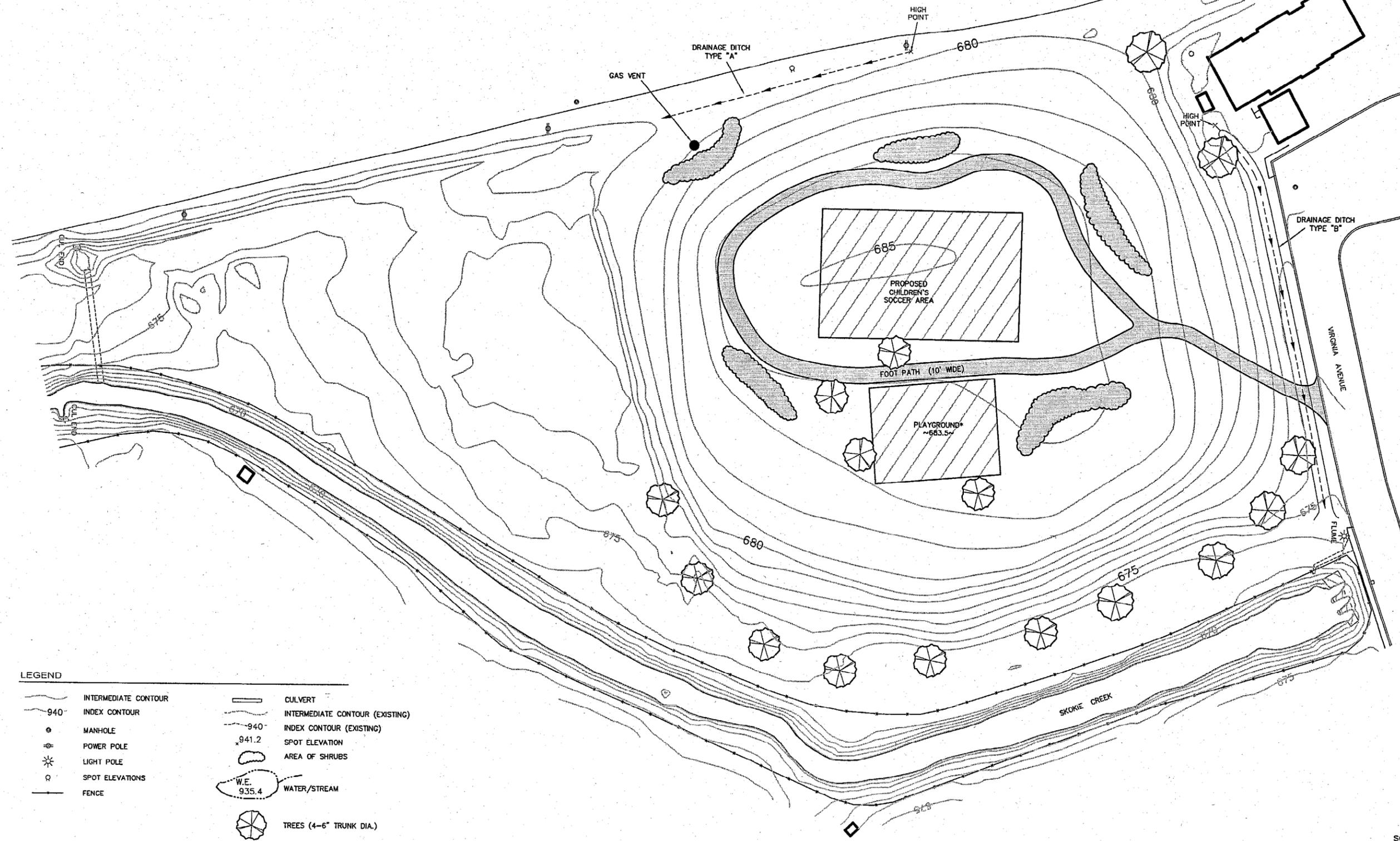
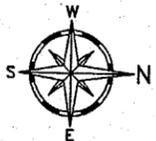
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 CHECKED BY: JJR  
 DRAWN BY: BCP  
 DATE: 1-15-03  
 SCALE: AS SHOWN  
 CAD NO.: 03042002E-REV2  
 PROJECT NO.: 15-03042



GAS MANAGEMENT SYSTEM PLAN  
 U.S. NAVAL TRAINING CENTER  
 GREAT LAKES, ILLINOIS  
 FORRESTAL LANDFILL CAP IMPROVEMENTS

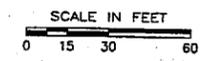
PLATE  
**C-7**  
 SHEET  
 7 of 9

ENGINEERS' SEAL



**LEGEND**

INTERMEDIATE CONTOUR	CULVERT
INDEX CONTOUR	INTERMEDIATE CONTOUR (EXISTING)
MANHOLE	INDEX CONTOUR (EXISTING)
POWER POLE	SPOT ELEVATION
LIGHT POLE	AREA OF SHRUBS
SPOT ELEVATIONS	WATER/STREAM
FENCE	TREES (4-6" TRUNK DIA.)

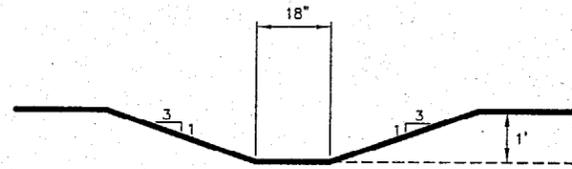


- NOTES:**
- EXISTING PLAYGROUND TO BE DISMANTLED AND REMOVED.
  - RECREATION FACILITIES AND FOOTPATH BY OTHERS.

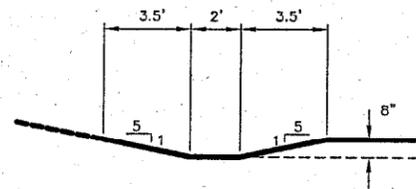
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				DRAWN BY: BCP
				DATE: 2-28-03
				SCALE: AS SHOWN
				CAJ NO.: 03042002F-rbv2
				PROJECT NO.: 15-03042
1	1-13-03	JJR	PRELIMINARY DESIGN	



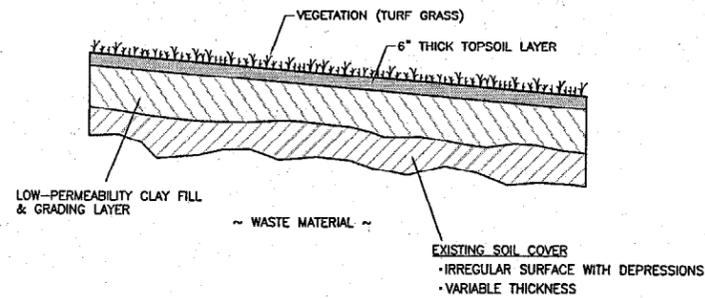
END USE AND VEGETATION PLAN  
 U.S. NAVAL TRAINING CENTER  
 GREAT LAKES, ILLINOIS  
 FORRESTAL LANDFILL CAP IMPROVEMENTS



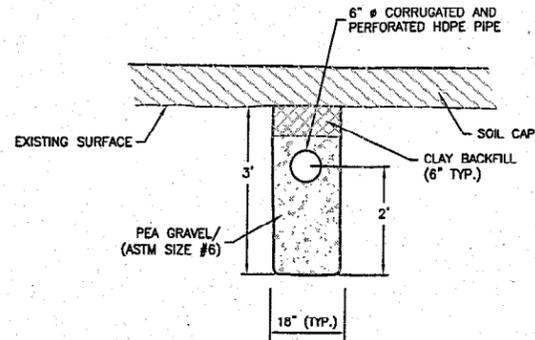
1  
C-4  
DETAIL - DRAINAGE DITCH TYPE "A"



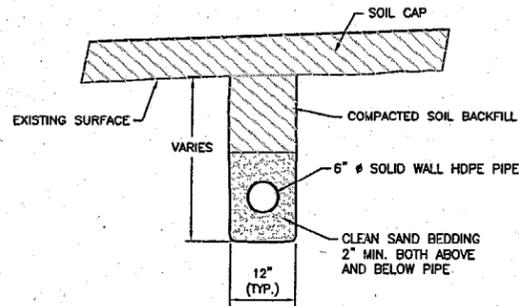
2  
C-4  
DETAIL - DRAINAGE DITCH TYPE "B"



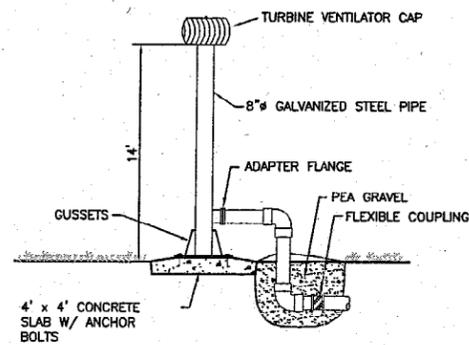
3  
C-4  
CROSS SECTION - TYPICAL CAP IMPROVEMENT



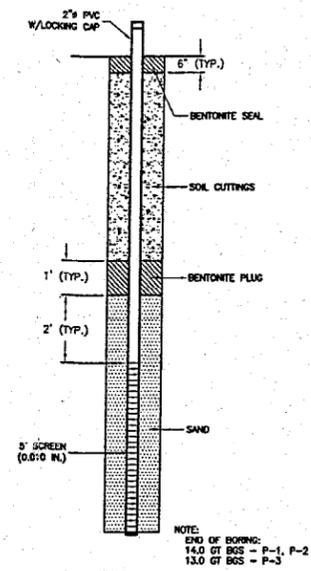
4  
C-4  
CROSS SECTION - GAS COLLECTION TRENCH



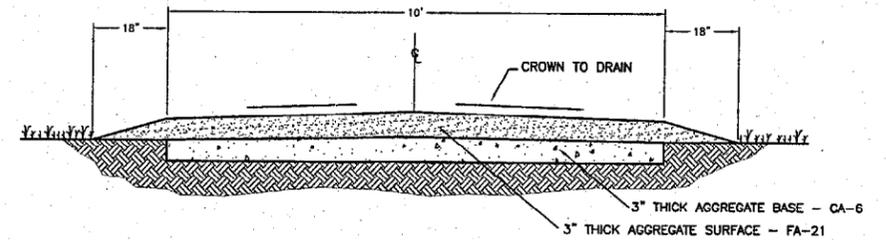
5  
C-4  
CROSS SECTION - GAS HEADER TRENCH



6  
C-7  
DETAIL - PASSIVE GAS TRENCH  
(LOCATION WHERE SHOWN ON PLAN SHEET C-7)



8  
C-3  
DETAIL - TYPICAL PIEZOMETER  
(P-1, P-2, P-3)



7  
C-8  
CROSS SECTION - FOOT PATH

NOTE: FA-21 GRAVEL SCREENINGS SHALL BE 100% CRUSHED AGGREGATE MATERIAL. NO LIMESTONE SCREENINGS. MATERIAL SHALL BE OBTAINED FROM: MEYER MATERIAL DRYER LAKE, WISCONSIN QUARRY  
OR: THELAN SAND & GRAVEL ROUTE 173, NORTH PIT ANTOCH, ILLINOIS (PRIME BIKE PATH MIX)

NO.	DATE	BY	REVISIONS	DESIGN BY: JJR
				CHECKED BY: JJR
				DRAWN BY: BCP
				DATE: 2-28-03
				SCALE: AS SHOWN
				CAD NO.: 03042002C-rev2
				PROJECT NO.: 15-03042
ENGINEERS' SEAL	2	2-28-03	JJR	FINAL DESIGN



CAP CROSS SECTION AND CONSTRUCTION DETAILS  
U.S. NAVAL TRAINING CENTER  
GREAT LAKES, ILLINOIS  
FORRESTAL LANDFILL CAP IMPROVEMENTS

PLATE  
C-9  
SHEET  
9 of 9

**APPENDIX B**

**ANNUAL COMPLIANCE CERTIFICATION**

**Site 2 Annual LUC Compliance Certificate**

Forrestal Landfill

EPA I.D. No. IL7170024577

Illinois EPA No. 0971255004

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Is evaluation for all or a portion of the Site 2 property?\* \_\_\_\_\_

\*If evaluating only a portion of the site, attach a figure identifying the portion being evaluated.

This evaluation covers the period from **1 January** \_\_\_\_\_ **through 31 December** \_\_\_\_\_.

Form shall be submitted by **1 March** of the year following the reporting period.

**Certification Checklist**

	<b>In Compliance</b>	<b>Non-Compliance</b>	<b>See Comment</b>
1) Parcel not being used for residential use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) No excavation or uncontrolled removal of Site soil (unless previously approved by Illinois EPA and the Navy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) No groundwater being used for human consumption or other purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Landfill cover in good condition; no gullies, rills, or other erosion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) No tampering with or damage to any Navy wells or remediation systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Landfill properly vegetated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Presence of invasive, deep rooted species.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Gas vent rotary ventilator in working order and spinning freely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) No damage to site fence or unauthorized access to the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, the undersigned, hereby certify that I am an authorized representative of the above-named property owner and that the above-described Land Use Controls have been complied with for the period noted. Alternately, any known deficiencies and owner's completed or planned actions to address such deficiencies are described in the attached Explanation of Deficiency(ies).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed form(s) to Illinois EPA.

**APPENDIX C**

**LUC IMPLEMENTATION PLAN**

LAND USE CONTROL  
IMPLEMENTATION PLAN  
FORRESTAL LANDFILL – SITE 2  
LUC #13

1. Site Description: The Forrestal Landfill (Site 2) began operation in 1967 and was closed in 1969. The landfill was operated as a trench-type landfill, and covers an area of approximately 4 acres. There was no intentional burning of refuse at this Site
2. Site Location: Site 2 is located in the southwestern corner of Naval Station Great Lakes, between Superior Street and Skokie Ditch, south of the former Virginia Court.
3. LUC Objective(s): Restrict reuse and prevent exposure to contaminated soil and groundwater.
4. LUC(s) Implemented to Achieve Objective(s): A landfill cover that complies with the landfill closure requirements of the Illinois Environmental Protection Agency (Illinois EPA) serves as a barrier against direct exposure to landfill waste, and reduces the infiltration of storm water within the landfill boundary.

**4a. *Property Use Restriction***

Site 2 does not pose a threat to human health or the environment under a light recreational use scenario. A landfill cap/barrier exists at Site 2, preventing exposure to impacted soil.

**4b. *Groundwater Use Restriction***

The installation of groundwater wells (other than environmental evaluation or monitoring wells) is prohibited to prevent exposure to contaminated groundwater at Site 2. In addition, the installation of groundwater wells (other than environmental evaluation or monitoring wells) is prohibited in all geographic areas of Naval Station Great Lakes by Naval Station Great Lakes Instruction 11130.1 (Ground Water Use Restrictions).

**4c. *Soil Disturbance Restriction***

The excavation and uncontrolled disturbance or removal of soil from Site 2 without prior review of work plans by the Navy and the Illinois EPA is prohibited. These reviews are necessary to ensure adequate worker health and safety precautions and to confirm proper management of contaminated materials and maintain the final remedy/landfill cap.

**4d. *Maintenance of Landfill Cover***

A landfill cover at the site prevents exposure to contaminated soil and reduces infiltration of groundwater. This cover will be inspected and maintained.

5. Decision Document: Remedial Action Completion Report for Forrestal Landfill (Site 2), Tetra Tech NUS, Inc., Naval Station Great Lakes, Great Lakes Illinois, October 2009.

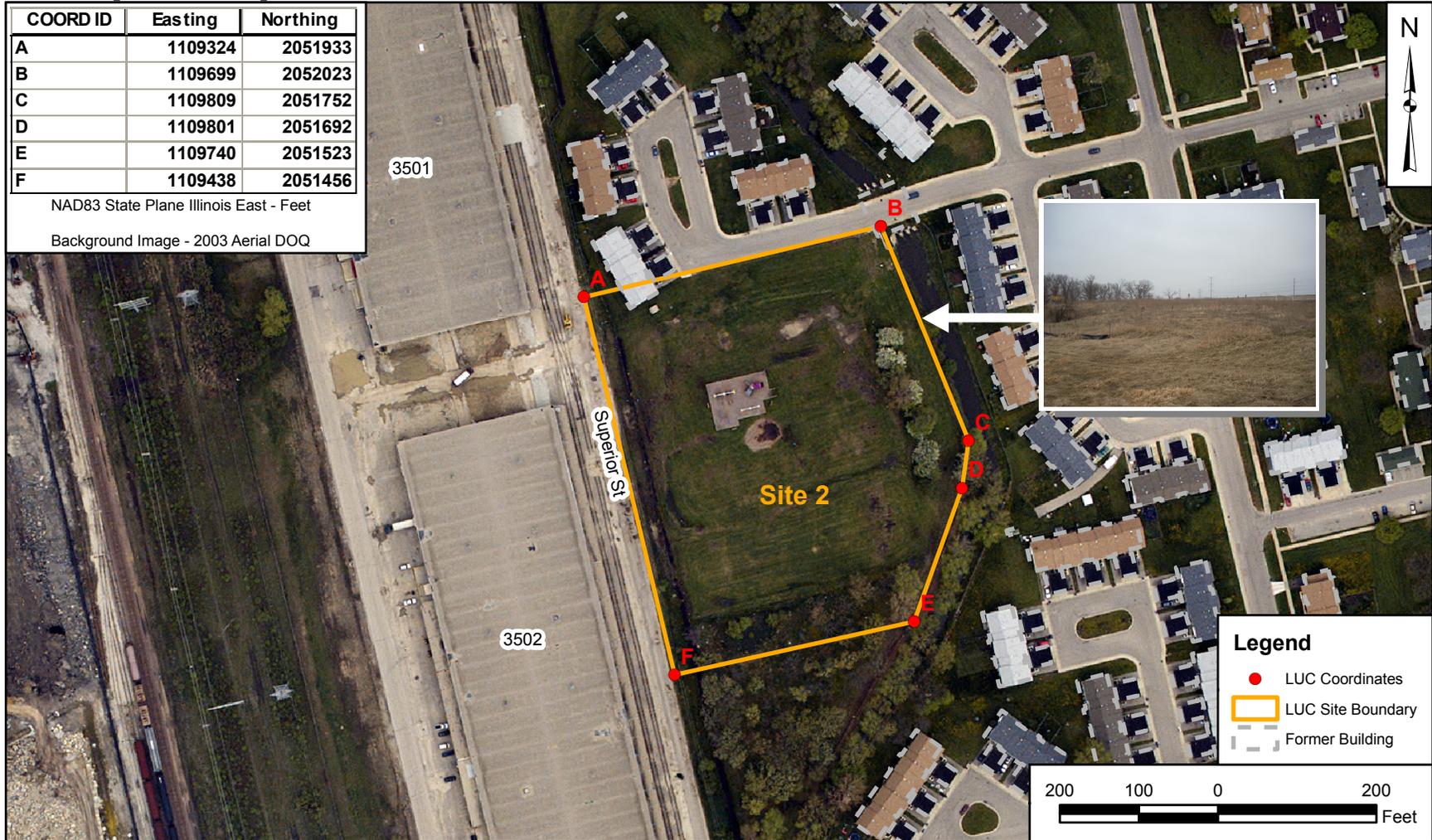
6. Other Pertinent Information: Additional closure activities were conducted at Forrestal Landfill in 2004 to comply with Illinois EPA landfill closure requirements. These activities included re-grading of the landfill, placement of additional fill for the landfill cover, installation of groundwater monitoring wells, and collection of groundwater samples.

7. LUCIP: As with all federal facilities, a Base Master Plan was developed to manage all construction activities based on current and future development of Naval Station Great Lakes. The Base Master Plan is included as part of the Regional Shore Information Program and is updated as changes are made. Site 2 will be included as part of this system, identifying it as an environmental area of concern. Prior to any construction activities or intrusive work at Site 2, design plans will be forwarded to the Naval Facilities Engineering Command (NAVFAC) Environmental Business Line Core for review, certification, and approval. Approval of construction activities will ensure that worker safety requirements of 29 CFR 1910 are met, that any encountered contaminated material is properly managed per Title 35 Ill. Administrative Code, Subtitle G: Waste Disposal, and re-establishment of institutional controls.

COORD ID	Easting	Northing
A	1109324	2051933
B	1109699	2052023
C	1109809	2051752
D	1109801	2051692
E	1109740	2051523
F	1109438	2051456

NAD83 State Plane Illinois East - Feet

Background Image - 2003 Aerial DOQ



DRAWN BY	DATE
K. MOORE	4/11/08
CHECKED BY	DATE
J. WRIGHT	4/16/08
COST/SCHEDULE AREA	
SCALE	
AS NOTED	



SITE 2 - FORRESTAL LANDFILL  
 NAVAL STATION GREAT LAKES  
 GREAT LAKES, MICHIGAN

CONTRACT NUMBER	
CTO 0474	
APPROVED BY	DATE
G. POPE	---
APPROVED BY	DATE
B. DAVIS	---
FIGURE NO.	REV
SITE 2	0

**APPENDIX D**

**GROUNDWATER ANALYTICAL PARAMETERS**

**APPENDIX D**

**ANALYTICAL PROGRAM  
LONG-TERM GROUNDWATER MONITORING  
SITE 2 – FORRESTAL LANDFILL  
NAVAL STATION GREAT LAKES, GREAT LAKES, ILLINOIS  
PAGE 1 OF 2**

<b>Parameter</b>
<i>Groundwater L1</i>
RCRA Metals (As, Ba, Cd, Cr, Cu, Fe, Mn, Ni, Ag, An)
Lead
Cyanide
Oils
Total Dissolved Solids (TDS)
Ammonia (NH <sub>3</sub> )
Biological Oxygen Demand (BOD)
Phosphorus
Chromium +6
Fluoride
Phenols
Total Suspended Solids (TSS)
Fecal Coliform
Mercury
Chemical Oxygen Demand (COD)
<i>Groundwater L2</i>
Volatile Organic Compound (VOC)
Semi-volatile Organic Compound (SVOC) with Polynuclear Aromatic (PNA) Selected Ion Monitoring (SIM)
Herbicides
Chlorinated Pesticides
Polychlorinated Biphenyls (PCBs)
Pesticides, Nitrogen and Phosphorus
Carbamate Pesticides
Target Analyte List (TAL) Metals (23 analytes / Tiered Approach to Corrective Action Objectives [TACO] Limits)
Ammonia (NH <sub>3</sub> )
Fecal Coliform
Chemical Oxygen Demand (COD)
Chloride
Cyanide
Fluoride
Nitrate
Oil, Hexane Soluble

**APPENDIX D**

**ANALYTICAL PROGRAM  
LONG-TERM GROUNDWATER MONITORING  
SITE 2 – FORRESTAL LANDFILL  
NAVAL STATION GREAT LAKES, GREAT LAKES, ILLINOIS  
PAGE 2 OF 2**

<b>Parameter</b>
Phenols
Phosphorus
Sulfate
Total Dissolved Solids (TDS)
Total Organic Content (TOC)
Total Suspended Solids (TSS)

**APPENDIX E**

**CURRENT MAPPING**



# GRAEF ANHALT SCHLOEMER and Associates Inc.

8501 W. Higgins Road, Suite 280  
Chicago, Illinois 60631  
(773) 399-0112  
Illinois Professional Design  
Corporation 184-000938  
Web Site: www.gasai.com

Other Offices Located In:  
Milwaukee, Wisconsin  
Madison, Wisconsin  
Green Bay, Wisconsin  
Phoenix, Arizona  
Fort Meyers, Florida  
Orlando, Florida

PROJECT NAME:

Site 2  
Forrestal Landfill  
Naval Station Great Lakes  
Great Lakes, IL

SHEET TITLE:

Topographic Survey

Tetra Tech NUS, Inc.

600 River Avenue, Suite 203  
Pittsburg, PA 15212

NO.	DATE	REVISIONS	E
-----	------	-----------	---

PROJECT NUMBER:	20083025.00
-----------------	-------------

DATE:	8/8/2008
-------	----------

DRAWN BY:	LAG
-----------	-----

CHECKED BY:	WJF
-------------	-----

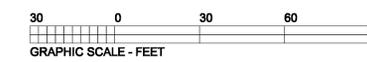
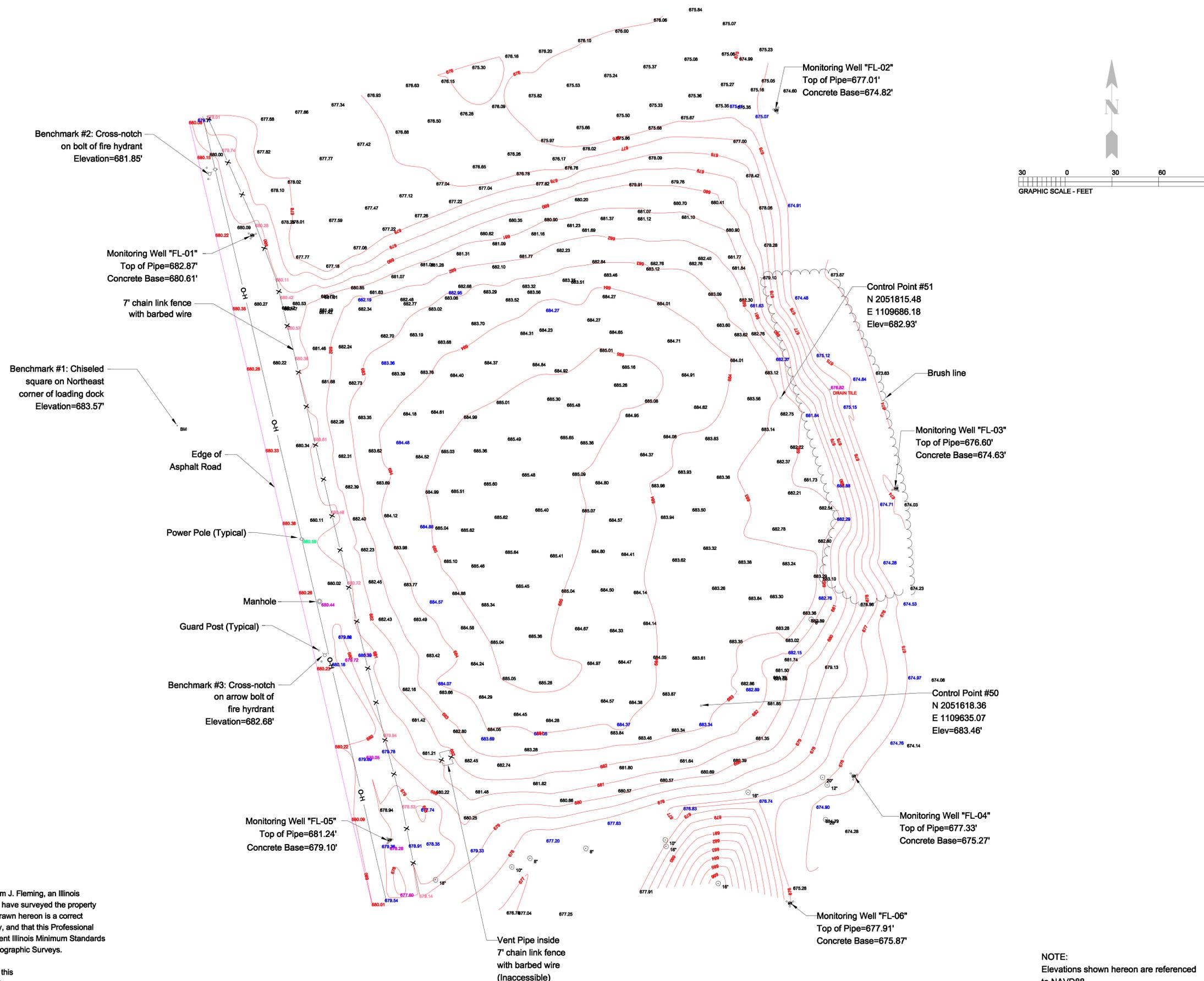
PROJECT MANAGER:	WJF
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SCALE:	1" = 30'
--------	----------

FILE:

SHEET NUMBER

# 1/1



NOTE:  
Elevations shown hereon are referenced to NAVD88.  
All coordinates are Illinois State Plane Coordinates NAD 83, East Zone.

Origin of Elevation

State of Illinois)  
SS)  
County of Cook)

This is to certify that I, William J. Fleming, an Illinois Professional Land Surveyor, have surveyed the property shown above, that the plat drawn hereon is a correct representation of said survey, and that this Professional Service conforms to the current Illinois Minimum Standards of Practice applicable to Topographic Surveys.

Dated at Chicago, Illinois on this  
8th day of August, A.D. 2008.

Illinois Professional  
Land Surveyor 35-3226  
Expires 11/30/2008

Vent Pipe inside  
7' chain link fence  
with barbed wire  
(Inaccessible)

**APPENDIX F**

**DAILY CONSTRUCTION REPORTS AND SURVEYS**

**FORRESTAL LANDFILL DAILY REPORTS**

**DELIVERY ORDER NO. 0069**

**PROJECT NO. 73706.01**

7370601

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/20/04

CONTRACT NO  
N68950-00-D-0200

TITLE AND LOCATION  
Forrestall Landfill

REPORT NO  
01

CONTRACTOR  
Toi Test

SUPERINTENDENT  
Tim Boos

AM WEATHER  
CLOUDY, RAINY, BREEZY

PM WEATHER  
CLOUDY, RAINY BREEZY

MAX TEMP (F)  
58

MIN TEMP (F)  
46

### WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Surveyor</u>	<u>Blackledge</u>	<u>1</u>	<u>Surveyor</u>	<u>4</u>
	<u>Oversight</u>	<u>Toi Test</u>	<u>1</u>	<u>Supervisor</u>	<u>2</u>

**JOB SAFETY**

- WAS A JOB SAFETY MEETING HELD THIS DATE?  
(If YES attach copy of the meeting minutes)       YES       NO
- WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?  
(If YES attach copy of completed OSHA report)       YES       NO
- WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE?  
(If YES attach statement or checklist showing inspection performed.)       YES       NO
- WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?  
(If YES attach description of incident and proposed action.)       YES       NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS      6

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT      0

TOTAL WORK HOURS FROM START OF CONSTRUCTION      6

Schedule Activity No.      LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED       SAFETY REQUIREMENTS HAVE BEEN MET.

**EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)**

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

**CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.**

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)	Hours Used
	<u>Blackledge</u>	<u>Survey Equipment</u>	

Schedule Activity No.      REMARKS

Tim Boos      5/20/04  
CONTRACTOR/SUPERINTENDENT      DATE

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/20/04  
REPORT NO 01

PHASE	CONTRACT NO <u>N68450-00-D-0200</u>	CONTRACT TITLE <u>Forrestall Landfill</u>
-------	-------------------------------------	---

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
		<u>Tottest's Surveyor confirmed that the existing control points on the landfill were correct. After the control points were identified, the surveyor staked out the location of the silt fence. After the silt fence was staked out, the survey shot 2 new control points outside the perimeter of the landfill.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

5/20/04  
 AUTHORIZED QC MANAGER AT SITE DATE

<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
Schedule Activity No.	Description	

GOVERNMENT QUALITY ASSURANCE MANAGER DATE





Project Name Forrester LandfillProject No. 73706.01By T. Boos

Checked by/Date \_\_\_\_\_

Subject Joint Utility locate

8:30

- ComEd ~ phone call 5/4 in ComEd right of way west of site.
- Water & Sewer - marked out / has to trace waterline on NW corner of landfill
- Cable / ~~Phone~~ - Clear
- Northshore Gas - All Clear
- Base High Volt. - overhead / checking prints for underground along west fence
- Phone - No show
- Northshore sanitary - in ComEd (ROW) (815) 693-6987 Clear phone message



5/5/04 2 of 2

Request Number 

A	1	2	4	0	0	5	4			
---	---	---	---	---	---	---	---	--	--	--

# NOTIFICATION OF CONTRACTOR MEETING

Chicago District  
1743 Quincy Avenue, Unit 143  
Naperville, IL 60540

Phone: (630) 416-0003  
Fax: (630) 416-1122

These instructions supersede those of the above stated locate request. SM&P will locate per the instructions agreed upon by the contractor given below. By law, if the contractor needs to work outside the directives stated below, they need to re-notify SM&P and allow twenty-four hours to mark the additional facilities.

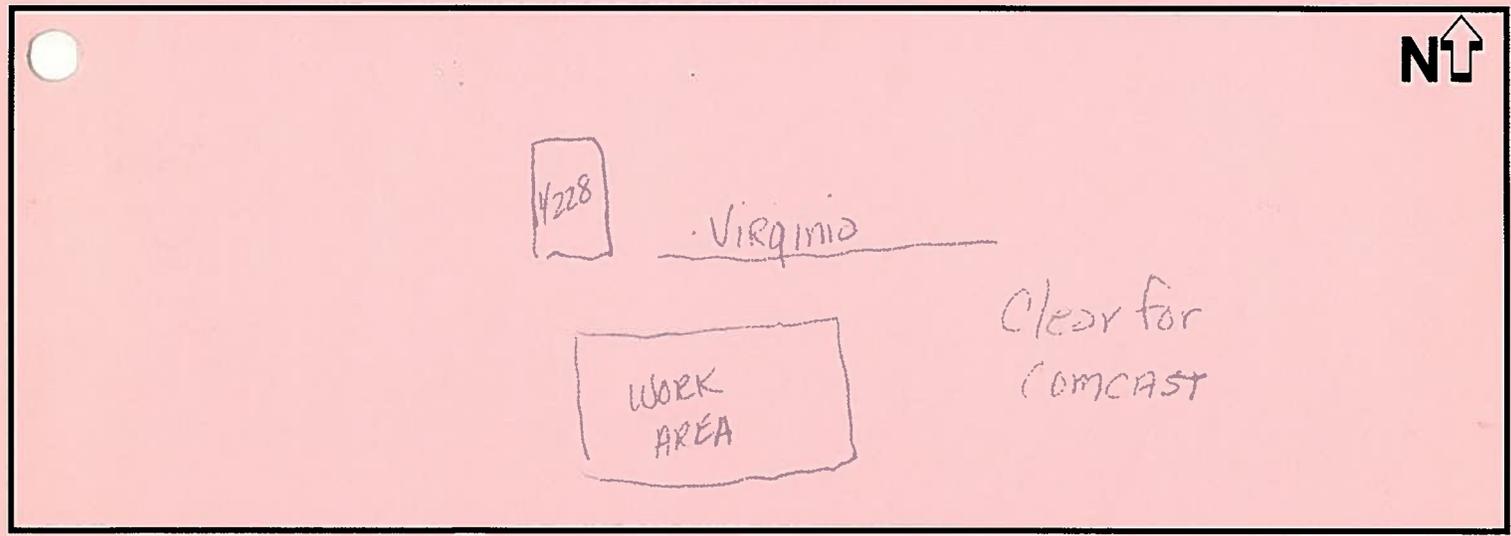
Date: 5-5-4  
Place: 4228 Virginia Great Lakes  
Locator: KARL BARTELT  
Contact #: 630 461 5515  
Start Date/Time: 5-7-4 0900

Time: 0900  
Contractor: Great Lakes  
Met With: \_\_\_\_\_  
Attachments: YES / NO Explain: \_\_\_\_\_  
Marked With: Paint    Flags    Stakes    Off Set  
Customer: \_\_\_\_\_ District: \_\_\_\_\_

### WRITTEN DESCRIPTION OF SPECIFIC INSTRUCTIONS

Excavate landfill cap

### MAPPED DESCRIPTION OF SPECIFIC INSTRUCTIONS



Utilities represented by SM&P: Comcast

High Profile Conflict: _____	Conflict Location: _____
WD Start and Stop: _____	WD Locator: _____
Contact Notified: _____	Phone Number: _____
Utility Representative: _____	Phone Number: _____
Prepared By: _____	Date and Time: _____

Karl Bartelt  
SM&P Locator Signature

[Signature]  
Contractor Signature

73706.81

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/24/04

CONTRACT NO  
N68950-00-D-0200

TITLE AND LOCATION  
Forrestal Landfill

REPORT NO  
02

CONTRACTOR  
Toi Test

SUPERINTENDENT  
Tim Boos

AM WEATHER  
CLOUDY, RAINY, BREEZY

PM WEATHER  
CLOUDY, RAINY BREEZY

MAX TEMP (F)  
58

MIN TEMP (F)  
46

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Mike Vails</u>	<u>Compass</u>	<u>1</u>	<u>Superintendent</u>	<u>8</u>
	<u>Ramon Garcia</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Marco Flores</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Abel Troje</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Filimon Gueivero</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Tim Boos</u>	<u>Toi Test</u>	<u>1</u>	<u>Oversight</u>	<u>8</u>

**JOB SAFETY**

- WAS A JOB SAFETY MEETING HELD THIS DATE? (if YES attach copy of the meeting minutes)  YES  NO
- WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (if YES attach copy of completed OSHA report)  YES  NO
- WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (if YES attach statement or checklist showing inspection performed.)  YES  NO
- WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (if YES attach description of incident and proposed action.)  YES  NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS 418

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT 6

TOTAL WORK HOURS FROM START OF CONSTRUCTION 54

Schedule Activity No. LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

**EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)**

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

**CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.**

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
	<u>Compass</u>	<u>2 40 CY Dumps</u>	
	<u>Compass</u>	<u>1 excavator</u>	
	<u>Compass</u>	<u>1 backhoe</u>	
	<u>Compass</u>	<u>1 Dozer</u>	
	<u>Compass</u>	<u>1 Water Truck</u>	

Schedule Activity No. REMARKS

Tim Boos  
CONTRACTOR/SUPERINTENDENT

5/24/04  
DATE





73706.01

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/25/04

CONTRACT NO  
N68950-00-D-0200

TITLE AND LOCATION  
Forrestal Landfill

REPORT NO  
03

CONTRACTOR  
Toi Test

SUPERINTENDENT  
Tim Boos

AM WEATHER  
Clear

PM WEATHER  
Clear

MAX TEMP (F)  
65

MIN TEMP (F)  
50

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Continue to Strip topsoil</u>				
	<u>Mike Vails</u>	<u>Compass</u>	<u>1</u>	<u>Superintendent</u>	<u>8</u>
	<u>Ramon Garcia</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Marko Flores</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Abel Troje</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Filimon Guevero</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Oversight</u>				
	<u>Tim Boos</u>	<u>Toi Test</u>	<u>1</u>	<u>Supervisor</u>	<u>8</u>

**JOB SAFETY**

WAS A JOB SAFETY MEETING HELD THIS DATE?  
(if YES attach copy of the meeting minutes)  YES  NO

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?  
(if YES attach copy of completed OSHA report)  YES  NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS 48

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT 54

WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE?  
(if YES attach statement or checklist showing inspection performed.)  YES  NO

WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?  
(if YES attach description of incident and proposed action.)  YES  NO

TOTAL WORK HOURS FROM START OF CONSTRUCTION 102

Schedule Activity No. LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

Discuss daily safety meeting

**EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)**

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

**CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.**

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
	<u>Compass</u>	<u>2 40 CY Dumps</u>	
	<u>"</u>	<u>1 Excavator</u>	
	<u>"</u>	<u>1 Backhoe</u>	
	<u>"</u>	<u>1 Dozer</u>	
	<u>"</u>	<u>1 Water Truck</u>	

Schedule Activity No.	REMARKS

[Signature] 5/25/04  
CONTRACTOR/SUPERINTENDENT DATE

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/25/04  
REPORT NO 03

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO

WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

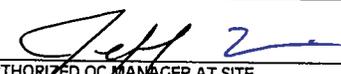
Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>See Continuation Sheet</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE DATE 5/25/04

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 5/25/04 Time: \_\_\_\_\_  
Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

## Safety Topics Presented

1. Heavy Equipment
2. Traffic
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

### Attendees

Name (Print)	Signature
<u>RAMON GARCIA</u>	<u>[Signature]</u>
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>Abel TROSO R.</u>	<u>Abel TROSO R.</u>
<u>Filimon Olvera Guerrero</u>	<u>[Signature]</u>
<u>Mike Vans</u>	<u>[Signature]</u>

Meeting Conducted By: Tim Boos [Signature]

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.

73706.01

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)		DATE
CONTRACT NO N60950-00-D-0200	TITLE AND LOCATION Forrestal Landfill	5/26/04
CONTRACTOR ToiTest	SUPERINTENDENT Tim Boos	REPORT NO 04
AM WEATHER Clear	PM WEATHER Clear	MAX TEMP (F) 70
		MIN TEMP (F) 50

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	Strip landfill				
	Mike Vails	Compass	1	Superintendent	8
		Compass	1	Operator	8
		Compass	1	"	8
		Compass	1	"	8
		Compass	1	"	8
	Tim Boos	ToiTest	1	Supervisor	8

<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS  CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT  TOTAL WORK HOURS FROM START OF CONSTRUCTION	48
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		102
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		150

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
	Discuss daily safety meeting topics	

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)		
Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.			
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
	Compass	2 40 14 dumps	
	Compass	1 Excavator	
	Compass	1 Backhoe	
	Compass	1 Water Truck	
	Compass	1 Dozer	

Schedule Activity No.	REMARKS

5/26/04  
 CONTRACTOR/SUPERINTENDENT DATE

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/26/04

REPORT NO 04

PHASE CONTRACT NO N68950-00-D-0200

CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO   
 IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO   
 IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO   
 WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
<u>0800</u>	<u>Compass on site and begins to remove topsoil from the landfill. The dozer is removing the top 6-inches of topsoil and the excavator is loading the topsoil in the dumps. The dumps are transporting the topsoil to the supply side landfill. Surveyor on site to stake grid.</u>
<u>0930</u>	<u>Steve N. informed ToITest that Lt. Rozema (ROICL) has claimed that a manhole was crushed near the landfill. Steve requested Lt. Rozema to coordinate a site meeting to discuss the issue. Lt. Rozema showed ToITest and their subcontractor the manhole in question. The manhole is not crushed, but the manhole ring was shifted from driving one of the dumps close to the ring. ToITest's subcontractor agreed to reset the ring.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)

Schedule Activity No.	Description

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE

5/26/04  
DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 5/26/04 Time: 8:00  
Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

## Safety Topics Presented

- Hazards from weather
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

## Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)

Signature

Mike Vails from compass performed safety meeting and documented with signatures on a compass safety meeting sheet.

Meeting Conducted By: To/ Test, Iac QC

Tim Boas

Tim Boas

To/ Test is not liable for the information presented to non-To/ Test associates. Non-To/ Test associates are required to conduct their own Tailgate safety Meeting.

73706.01

# CONTRACTOR QUALITY CONTROL REPORT

DATE 5/27/04  
REPORT NO 05

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO

WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
0700	Compass begins to remove the top 6-inches of topsoil in the southwest corner of the landfill. This is the only area left to strip. The Dozer is removing the top 6-inches and the excavator is loading it in the dumps.
1000	Compass has finished removing the top 6-inches of topsoil from the landfill. Approximately 3400 CY of topsoil was removed from the landfill.
1030	Compass is beginning to excavate the gas trench (Northern most trench). Debris from the landfill was encountered during the excavation activities. It has been stockpiled adjacent to the trench. To/Test tried to contact Steven i Blayne re. to determine where the debris can be placed.

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE 5/27/04 DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/27/04

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
**05**

CONTRACTOR

**ToiTest**

SUPERINTENDENT

**Tim Boos**

AM WEATHER

Clear

PM WEATHER

Clear

MAX TEMP (F)  
**70**

MIN TEMP (F)  
**55**

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Remove stripped topsoil &amp; begin excavating gas trench.</u>				
	<b>Mike Valls</b>	Compass	1	Superintendent	8
	<b>Ramon Garcia</b>	Compass	1	Operator	8
	<b>Marco Flores</b>	Compass	1	Operator	8
	<b>Abol Trojo</b>	Compass	1	Operator	8
	<b>Fillmor Guerero</b>	Compass	1	Operator	8
	<b>Tim Boos</b>	ToiTest	1	Supervisor	8

### JOB SAFETY

WAS A JOB SAFETY MEETING HELD THIS DATE?  
(IF YES attach copy of the meeting minutes)

YES     NO

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?  
(IF YES attach copy of completed OSHA report)

YES     NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS

48

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT

150

WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE?  
(IF YES attach statement or checklist showing inspection performed.)

YES     NO

WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?  
(IF YES attach description of incident and proposed action.)

YES     NO

TOTAL WORK HOURS FROM START OF CONSTRUCTION

198

SAFETY REQUIREMENTS HAVE BEEN MET.

Schedule Activity No.

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

Discuss daily safety meeting

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.

Submittal #

Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.

Schedule Activity No.

owner

Description of Construction Equipment Used Today (incl Make and Model)

Hours Used

Compass    2 40 CY Dumps  
Compass    1 excavator  
Compass    1 Backhoe  
Compass    1 Dozer  
Compass    1 Water Truck

Schedule Activity No.

REMARKS

  
CONTRACTOR/SUPERINTENDENT

5/27/04  
DATE

# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 5/27/04 Time: 7:00  
Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

## Safety Topics Presented

- Slips trips and falls
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)	Signature
<u>Mike Vails of Compass Environmental, Inc Documented a tailgate safety meeting with his crew.</u>	<u>[Signature]</u>
_____	_____
_____	_____

Meeting Conducted By:

Tom Boos [Signature]

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.

73706.2

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 5/28/04  
REPORT NO 06

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on site and continue to excavate the gas trench. Waste is being encountered and stockpiled adjacent to the trench.</u>
	<u>0730</u>	<u>Steve N. contacted ToITest and authorized ToITest to transport the Forrestal landfill waste to the supply side landfill. ToITest and Compass reviewed the supply side landfill drawings to determine where the Forrestal landfill waste can be placed.</u>
	<u>0800</u>	<u>The Forrestal landfill waste is being loaded in the dumps with the excavator. The first load of waste was transported to the supply side landfill.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc.	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE DATE 5/28/04

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE **5/28/04**

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
**06**

CONTRACTOR  
**ToiTest**

SUPERINTENDENT  
**Tim Boos**

AM WEATHER  
**Clear**

PM WEATHER  
**Clear**

MAX TEMP (F)  
**65**

MIN TEMP (F)  
**50**

### WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<b>Excavate gas trench and transport landfill waste to supply side.</b>				
	<b>Mike Vails</b>	<b>Compass</b>	<b>1</b>	<b>Superintendent</b>	<b>8</b>
	<b>Ramon Garcia</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Marco Flores</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Abol Trojo</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Filimor Cuerer</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Tim Boos</b>	<b>ToiTest</b>	<b>1</b>	<b>Supervisor</b>	<b>8</b>

<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (if YES attach copy of the meeting minutes) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS <b>48</b>	
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (if YES attach copy of completed OSHA report) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT <b>198</b>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (if YES attach statement or checklist showing inspection performed.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (if YES attach description of incident and proposed action.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOTAL WORK HOURS FROM START OF CONSTRUCTION <b>246</b>	

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
	<b>Discuss daily safety meeting. Steve N. contacted ToiTest to discuss trenching safety. Steve stated that no workers will enter the gas trench unless the trenches are sloped. ToiTest agreed w/ Steve and will discuss this on June 1, 2004.</b>	

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)		
Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.			
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
	<b>Compass</b>	<b>Two 40 CY Dump Trucks</b>	
	<b>Compass</b>	<b>One Excavator</b>	
	<b>Compass</b>	<b>One Dozer</b>	
	<b>Compass</b>	<b>One Backhoe</b>	
	<b>Compass</b>	<b>One Water Truck</b>	

Schedule Activity No.	REMARKS

*Tim Boos*  
CONTRACTOR/SUPERINTENDENT

**5/28/04**  
DATE

# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 5/28/04 Time: 7:00am  
Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

## Safety Topics Presented

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: Landfill Cap PPE: Level D

Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)

Signature

Mike Vails of Compass Environmental performed a tailgate safety meeting

Meeting Conducted By:

Tim Zoss [Signature]

To/NotTest is not liable for the information presented to non-To/NotTest associates. Non-To/NotTest associates are required to conduct their own Tailgate safety Meeting.

# ToiTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	May 28, 2004 1:30 pm	No rain events during this week of construction activity. Silt fence is in good condition	N/A
hay bales	Jeff Tinney	May 28, 2004 1:30 pm	All hay bails installed in accordance w/ design. The hay bails are in good condition	N/A
SW inlet protection	Jeff Tinney	May 28, 2004 1:30 pm	2 storm sewer inlets on Virginia Ave are covered w/ silt fence material.	N/A

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: May 28, 2004

Title: Project Manager

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration

Signature: \_\_\_\_\_

*Jeff Tinney*

Company: \_\_\_\_\_

ToiTest

**CERTIFICATION FORM E1**

"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 gathered and evaluated 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."

Jeff Tinney  
Print Name of Authorized Representative

Project Manager  
Title

Jeff Tinney  
Signature of Authorized Representative

May 28, 2004  
Date

**CONTRACTORS / SUBCONTRACTORS**

**CERTIFICATION FORM E2**

"I certify under penalty of law that I understand the terms and conditions of the general National Pollutant Discharge Elimination System (NPDES) permit (ILR1000000) that authorizes the storm water discharges associated with industrial activity from the construction site identified as part of this certification."

Compass Environmental  
Name of Contracting Firm

312-492-6590  
Telephone Number

954 W. Washington Blvd. Chicago, Ill 60607  
Address of Contracting Firm

Forrestal Landfill  
Address of Site

Michael A. Va'ls  
Print Name of Representative

Superintendent  
Title

  
Signature of Representative

5/28/04  
Date

# SCHLEEDE HAMPTON ASSOCIATES

INC  
CONSULTING ENGINEERS

June 7, 2004

Mr. Brain Schneider  
Graff Anhalt Schloemer and Associates  
One Honey Creek Corporate Center  
125 South 84<sup>th</sup> Street  
Suite 401  
Milwaukee, Wisconsin 53214-1470

Re: Laboratory Testing Services  
Forrestal Landfill  
North Chicago, Illinois  
SHA File No. 74275

Dear Mr. Schneider:

Schleede-Hampton Associates, Inc. has completed the laboratory testing on the material submitted for the above referenced project. The samples were obtained from the field on May 24, 2004.

### Laboratory Test Methods

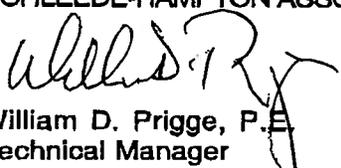
The samples were tested in accordance with the following standard methods of test:

Moisture Content Determination	ASTM D 2216 ✓
Grain Size Analysis w/Hydrometer	ASTM D 422 ✓
Atterberg Limit Determination	ASTM D 4318 ✓
Laboratory Compaction Characteristics of Soil Using Standard Effort	ASTM D 698 ✓
Permeability Using Triaxial Chamber and Back Pressure Saturation	ASTM D 5084 ✓

Permeability testing and classification test data is attached.

Thank you for the opportunity to be of continuing service. If you have any questions regarding the test data, please contact us at your convenience.

Very truly yours,  
SCHLEEDE-HAMPTON ASSOCIATES, INC.

  
William D. Prigge, P.E.  
Technical Manager

WDP/dsc  
Attachments

#### CORPORATE OFFICE

FROM / 3966 WEST DAYTON STREET, SUITE D  
REPLY  McHENRY, ILLINOIS 60050-8376  
TO: 815-578-8900 • FAX: 815-578-8862

#### LABORATORY

1612 LANDMEIER ROAD, UNIT C  
ELK GROVE VILLAGE, ILLINOIS 60007-2463  
847-228-1079 • FAX: 847-228-0633

#### LABORATORY

3966 WEST DAYTON STREET, SUITE A  
McHENRY, ILLINOIS 60050-8376  
815-385-8351 • FAX: 815-385-8456

**SCHLEEDE - HAMPTON ASSOCIATES, INC.****CONSULTING ENGINEERS**

1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, ILLINOIS 60007 (847) 228-1079

**HYDROMETER/COMBINED ANALYSIS**

TestUniqueID: 3328      Project Name: Forrestal Landfill      ProjectID: 74275  
 Date: 6/4/2004      Boring No. Stockpile      Sample No. 1      Depth: 0      Test No. 1

Total Sample Wt.: 285.2

	Sieve Size	Cum Wt. Ret	% Retaining	% Passing	Total Passing %	Dia (mm)
<b>+ #10</b>	1	0.0	0.0	100.0	100.0	25.0000
<b>Sieve Portion.</b>	3/4	0.0	0.0	100.0	100.0	19.0000
	1/2	0.0	0.0	100.0	100.0	12.5000
	3/8	1.7	0.6	99.4	99.4	9.5000
	No.4	4.9	1.7	98.3	98.3	4.7500
	No.10	13.6	4.8	95.2	95.2	2.0000
<b>- #10</b>	No.20	1.3	2.5	97.5	92.8	0.8500
<b>Sieve Portion.</b>	No.40	2.5	4.9	95.1	90.5	0.4200
	No.100	6.0	11.8	88.2	84.0	0.1500
	No.200	7.8	15.3	84.7	80.6	0.0750

Wt of Sample at Start of Hydrometer : 51.1

Temperature (C): 25.4

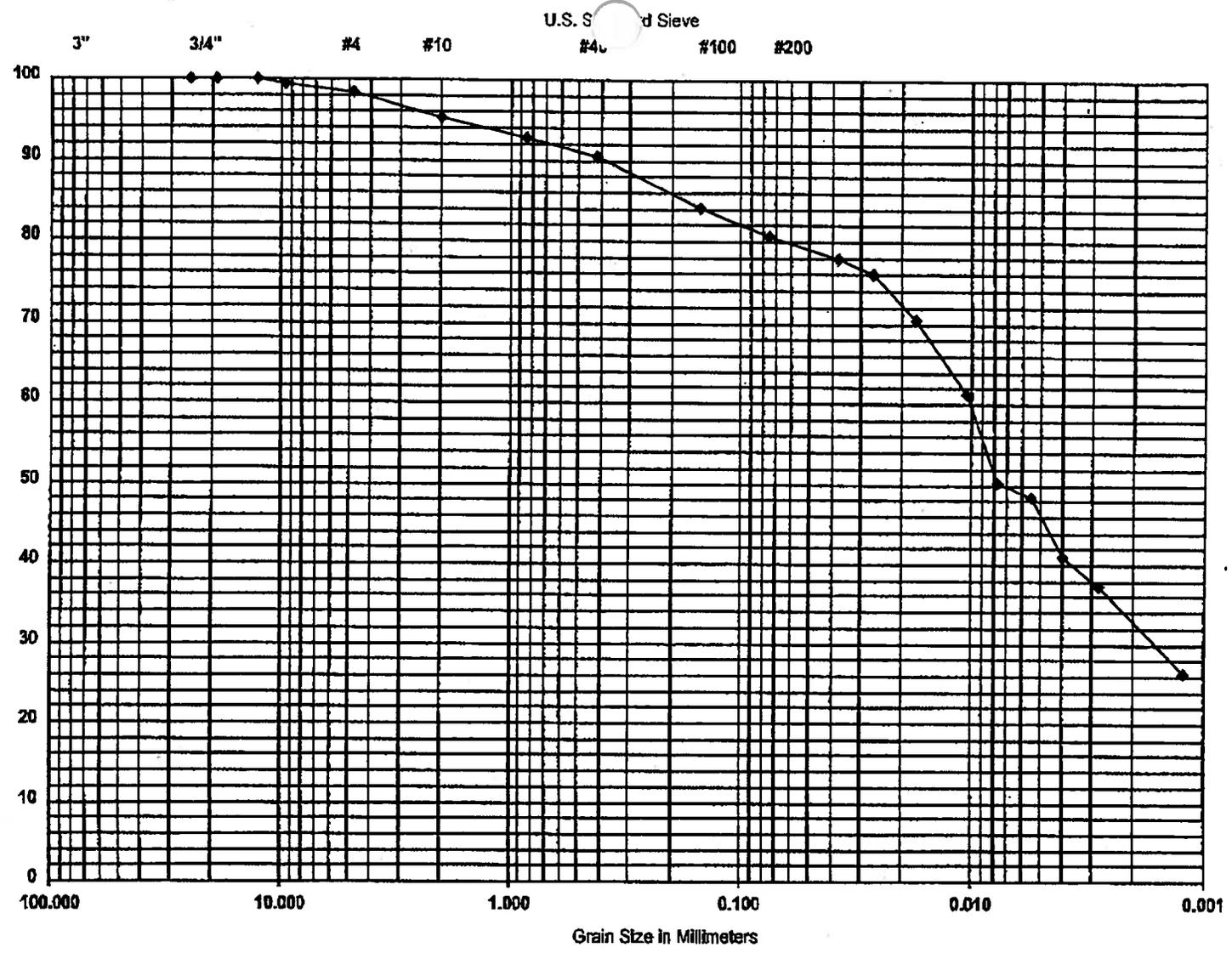
Temp Bath Bulb Reading: 5.0

Specific Gravity: 2.70

	Elaps. Time (min)	Uncorrected	Corrected	% Passing	Total Passing %	Dia (mm)
<b>Hydrometer Portion.</b>	1	46.0	42.3	81.8	77.9	0.0375
	2	45.0	41.3	79.9	76.1	0.0268
	5	42.0	38.3	74.1	70.5	0.0174
	15	37.0	33.3	64.4	61.3	0.0105
	30	31.0	27.3	52.8	50.3	0.0078
	60	30.0	26.3	50.9	48.4	0.0055
	120	26.0	22.3	43.1	41.1	0.0040
	250	24.0	20.3	39.3	37.4	0.0028
	1440	18.0	14.3	27.7	26.3	0.0012

LL : 27 ✓      PL : 15      PI : 12 ✓      Organic : No  
 Gravel : 2      Sand : 18      Silt : 49      Clay : 32  
 Cu : 10.1      Cc : 0.3      D10 : 0.001      D30 : 0.002      D60 : 0.010

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL



P e r c e n t F i n e r

GRAVEL		SAND			SILT OR CLAY
coarse	fine	coarse	medium	fine	

Boring No.: Stockpile    Sample No.: 1    Depth: 0    LL%: 27    PL %: 15    P1 %: 12  
 Gravel: 2    Sand: 18    Silt: 49    Clay: 32    Cu: 10.1    Cc: 0.3    Dia10: 0.001    Dia30: 0.002    Dia60: 0.010

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL

Project Name: Forrestral Landfill

Client: Graef Anhalt Schloemer

ProjectID: 74275

**SCHLEEDE - HAMPTON ASSOCIATES, INC.****CONSULTING ENGINEERS**

1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, ILLINOIS 60007 (847) 228-1079

**HYDROMETER/COMBINED ANALYSIS**

TestUniqueID: 3329 Project Name: Forrestal Landfill ProjectID: 74275

Date: 6/4/2004 Boring No. Stockpile Sample No. 2 Depth: 0 Test No. 2

Total Sample Wt.: 362.6

	Sieve Size	Cum Wt. Ret	% Retaining	% Passing	Total Passing %	Dia (mm)
	+ #10	1	0.0	0.0	100.0	25.0000
Sieve Portion.	3/4	8.6	2.4	97.6	97.6	19.0000
	1/2	19.2	5.3	94.7	94.7	12.5000
	3/8	26.0	7.2	92.8	92.8	9.5000
	No.4	35.4	9.8	90.2	90.2	4.7500
	No.10	56.7	15.6	84.4	84.4	2.0000
	- #10	No.20	1.2	2.3	97.7	0.8500
Sieve Portion.	No.40	2.7	5.2	94.8	80.0	0.4200
	No.100	6.8	13.3	86.7	73.2	0.1500
	No.200	8.4	16.5	83.5	70.5	0.0750

Wt of Sample at Start of Hydrometer : 51.1

Temperature (C): 25.4

Temp Bath Bulb Reading: 5.0

Specific Gravity: 2.70

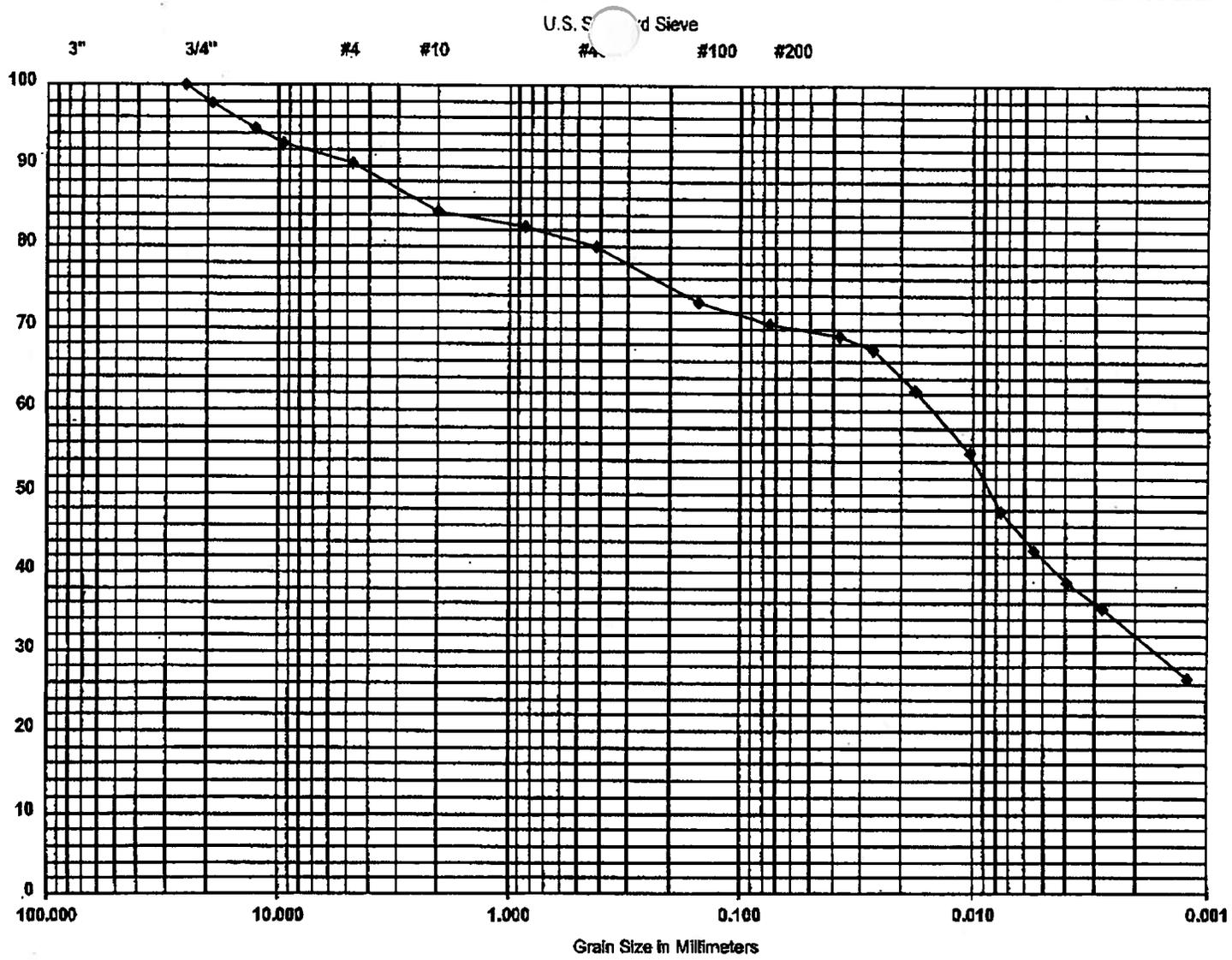
	Elaps. Time (min)	Uncorrected	Corrected	% Passing	Total Passing %	Dia (mm)
Hydrometer Portion.	1	46.0	42.3	81.8	69.0	0.0375
	2	45.0	41.3	79.9	67.4	0.0268
	5	42.0	38.3	74.1	62.5	0.0174
	15	37.5	33.8	65.4	55.1	0.0104
	30	33.0	29.3	58.7	47.8	0.0076
	60	30.0	26.3	50.9	42.9	0.0055
	120	27.5	23.8	46.0	38.8	0.0040
	250	25.5	21.8	42.2	35.6	0.0028
	1440	20.0	16.3	31.5	26.6	0.0012

LL : 34 ✓ PL: 18 PI: 16 ✓ Organic: No

Gravel: 10 Sand: 20 Silt: 39 Clay: 31

Cu: 15.0 Cc: 0.2 D10: 0.001 D30: 0.002 D60: 0.015

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL



GRAVEL		SAND			SILT OR CLAY
coarse	fine	coarse	medium	fine	

Boring No.: Stockpile    Sample No.: 2    Depth: 0    LL%: 34    PL %: 18    PI %: 16  
 Gravel: 10    Sand: 20    Silt: 39    Clay: 31    Cu: 15.0    Cc: 0.2    Dia10: 0.001    Dia30: 0.002    Dia60: 0.015

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL

Project Name: Forestal Landfill    Client: Graef Anhalt Schloerner    ProjectID: 74275

**SCHLEEDE - HAMPTON ASSOCIATES, INC.****CONSULTING ENGINEERS**

1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, ILLINOIS 60007 (847) 228-1079

**HYDROMETER/COMBINED ANALYSIS**

TestUniqueID: 3330      Project Name: Forrestal Landfill      ProjectID: 74275  
 Date: 6/4/2004      Boring No. Stockpile      Sample No. 3      Depth: 0      Test No. 3

Total Sample Wt.: 276.9

	Sieve Size	Cum Wt. Ret	% Retaining	% Passing	Total Passing %	Dia (mm)
	+ #10	1	0.0	0.0	100.0	25.0000
Sieve Portion.	3/4	0.0	0.0	100.0	100.0	19.0000
	1/2	0.0	0.0	100.0	100.0	12.5000
	3/8	9.3	3.4	96.6	96.6	9.5000
	No.4	12.9	4.7	95.3	95.3	4.7500
	No.10	19.8	7.1	92.9	92.9	2.0000
- #10 Sieve Portion.	No.20	1.7	3.3	96.7	89.9	0.8500
	No.40	3.0	5.9	94.1	87.5	0.4200
	No.100	6.6	12.9	87.1	81.0	0.1500
	No.200	8.5	16.6	83.4	77.5	0.0750

Wt of Sample at Start of Hydrometer : 51.2

Temperature (C): 25.4

Temp Bath Bulb Reading: 5.0

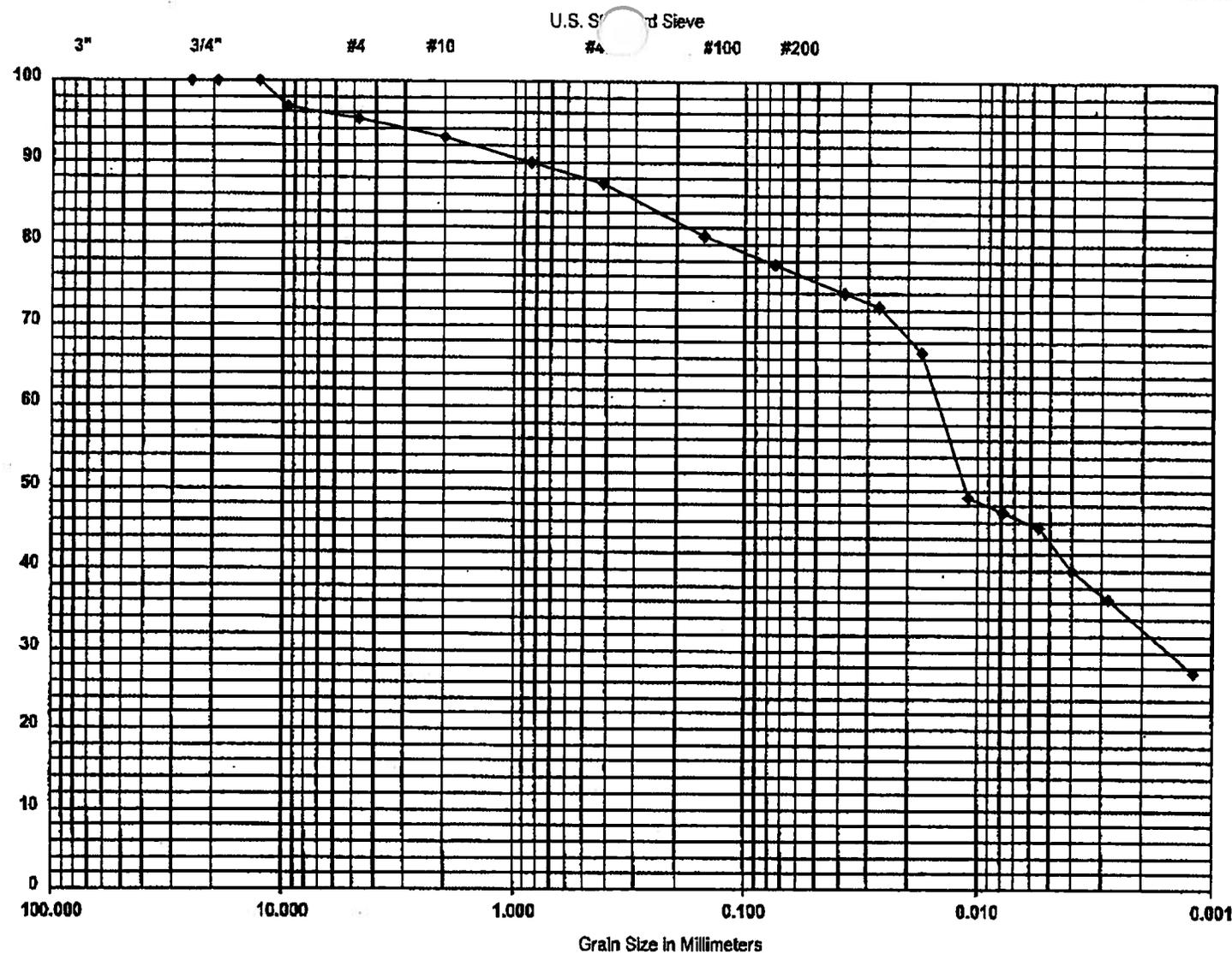
Specific Gravity: 2.70

	Elaps. Time (min)	Uncorrected	Corrected	% Passing	Total Passing %	Dia (mm)
Hydrometer Portion.	1	45.0	41.3	79.7	74.1	0.0379
	2	44.0	40.3	77.8	72.3	0.0270
	5	41.0	37.3	72.0	66.9	0.0175
	15	31.0	27.3	52.7	49.0	0.0110
	30	30.0	26.3	50.8	47.2	0.0078
	60	29.0	25.3	48.8	45.4	0.0056
	120	26.0	22.3	43.0	40.0	0.0040
	250	24.0	20.3	39.2	36.4	0.0028
	1440	19.0	15.3	29.5	27.4	0.0012

LL : 30 ✓      PL: 16      PI : 14 ✓      Organic : No  
 Gravel : 5      Sand : 18      Silt : 46      Clay : 32  
 Cu: 15.0      Cc: 0.2      D10: 0.001      D30: 0.002      D60: 0.015

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL

P E R C E N T F I N E R



GRAVEL		SAND			SILT OR CLAY
coarse	fine	coarse	medium	fine	

Boring No.: Stockpile      Sample No.: 3      Depth: 0      LL%: 30      PL %: 16      PI %: 14  
 Gravel: 5      Sand: 18      Silt: 46      Clay: 32      Cu: 15.0      Cc: 0.2      Dia10:0.001      Dia30:0.002      Dia60: 0.015

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL

Project Name: Forestal Landfill      Client: Graef Anhalt Schloemer      ProjectID: 74275

**SCHLEEDE - HAMPTON ASSOCIATES, INC.****CONSULTING ENGINEERS**

1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, ILLINOIS 60007 (847) 228-1079

**HYDROMETER/COMBINED ANALYSIS**

TestUniqueID: 3332 Project Name: Forrestal Landfill ProjectID: 74275  
 Date: 6/4/2004 Boring No. Stockpile Sample No. 4 Depth: 1 Test No. 5

Total Sample Wt.: 245.8

	Sieve Size	Cum Wt. Ret	% Retaining	% Passing	Total Passing %	Dia (mm)
+ #10 Sieve Portion.	1	0.0	0.0	100.0	100.0	25.0000
	3/4	0.0	0.0	100.0	100.0	19.0000
	1/2	0.0	0.0	100.0	100.0	12.5000
	3/8	4.2	1.7	98.3	98.3	9.5000
	No.4	8.4	3.4	96.6	96.6	4.7500
- #10 Sieve Portion.	No.10	15.0	6.1	93.9	93.9	2.0000
	No.20	0.9	1.7	98.3	92.3	0.8500
	No.40	1.9	3.7	96.3	90.5	0.4200
	No.100	5.1	9.9	90.1	84.6	0.1500
	No.200	6.8	13.3	86.7	81.4	0.0750

Wt of Sample at Start of Hydrometer : 51.2

Temperature (C): 25.4

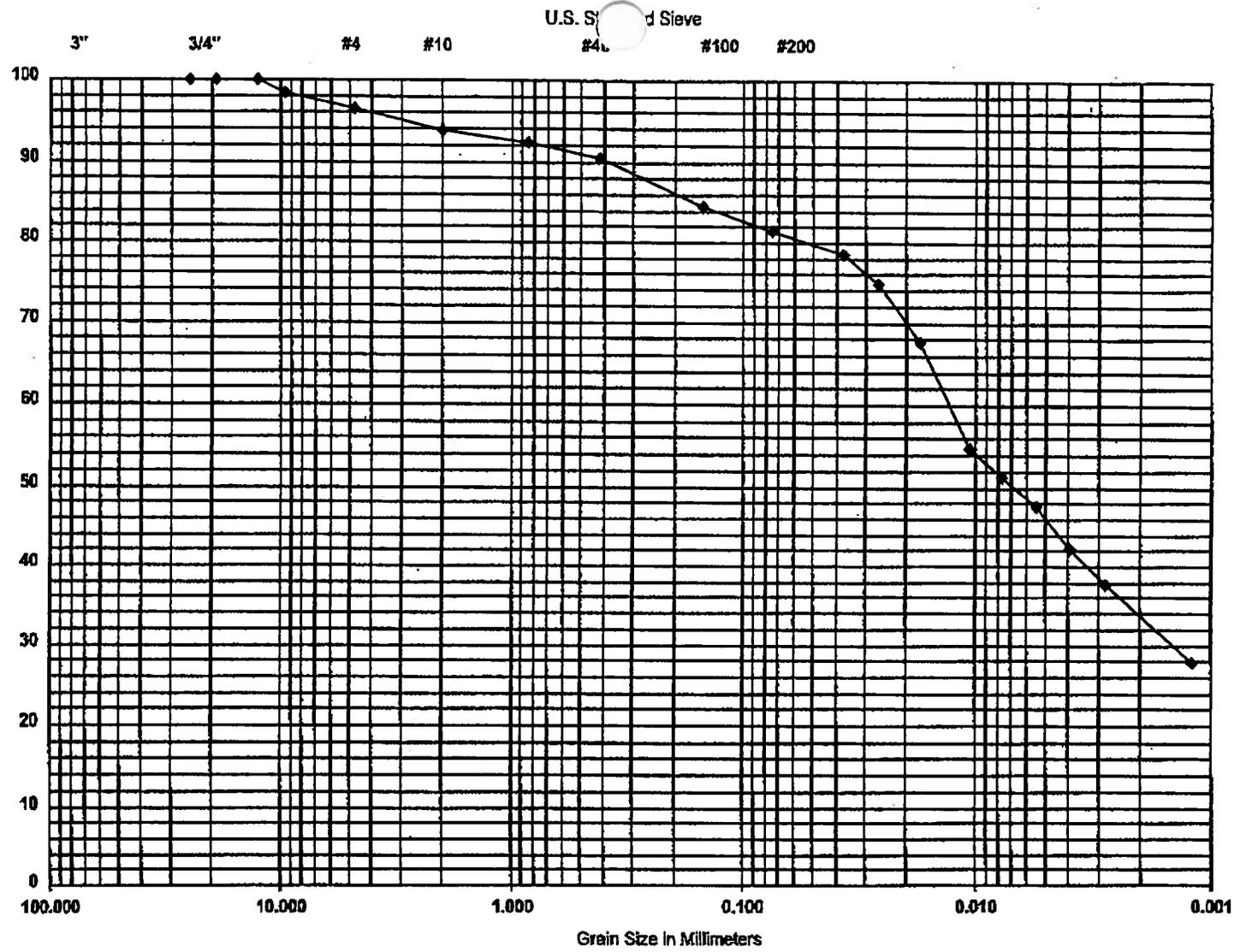
Temp Bath Bulb Reading: 5.0

Specific Gravity: 2.70

	Elaps. Time (min)	Uncorrected	Corrected	% Passing	Total Passing %	Dia (mm)
Hydrometer Portion.	1	47.0	43.3	83.6	78.5	0.0371
	2	45.0	41.3	79.7	74.9	0.0268
	5	41.0	37.3	72.0	67.6	0.0175
	15	34.0	30.3	58.5	54.9	0.0107
	30	32.0	28.3	54.6	51.3	0.0077
	60	30.0	26.3	50.8	47.7	0.0055
	120	27.0	23.3	45.0	42.2	0.0040
	250	24.5	20.8	40.2	37.7	0.0028
	1440	19.0	15.3	29.5	27.7	0.0012

LL: 29 ✓ PL: 15 PI: 14 ✓ Organic: No  
 Gravel: 3 Sand: 15 Silt: 49 Clay: 33  
 Cu: 13.4 Cc: 0.2 D10: 0.001 D30: 0.002 D60: 0.013

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL



P E R C E N T F I N E R

GRAVEL		SAND			SILT OR CLAY
coarse	fine	coarse	medium	fine	

Boring No.: Stockpile    Sample No.: 4    Depth: 1    LL%: 29    PL %: 15    PI %: 14  
 Gravel: 3    Sand: 15    Silt: 49    Clay: 33    Cu: 13.4    Cc: 0.2    Dia10: 0.001    Dia30: 0.002    Dia60: 0.013

Unified Classification: Silty CLAY, Little Sand, Trace Gravel, CL

Project Name: Forrestral Landfill    Client: Graef Anhalt Schloemer    ProjectID: 74275

# SCHLEEDE-HAMPTON ASSOCIATES, INC.

• CONSULTING ENGINEERS

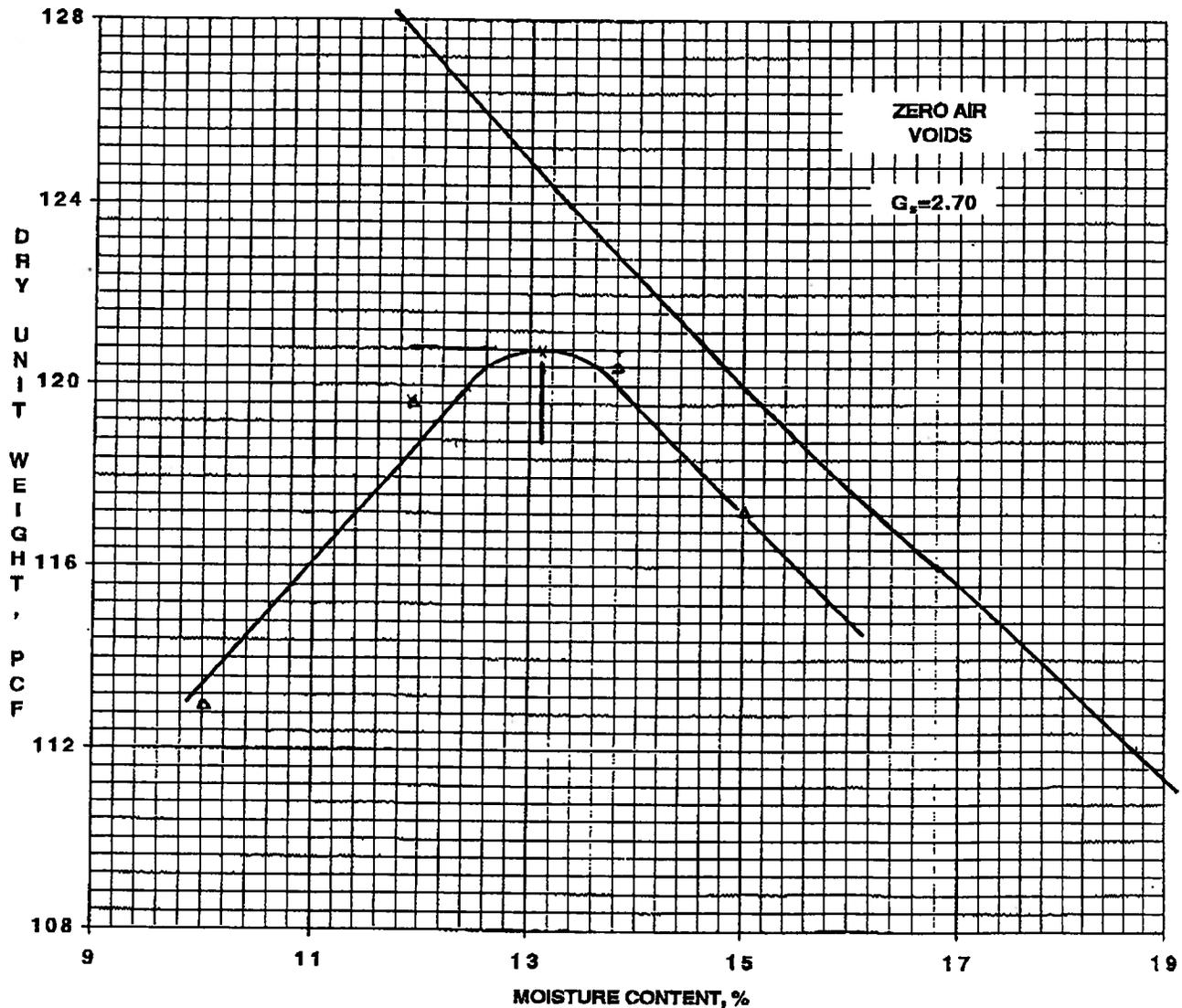
1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, IL 60007 (847) 228-1079

## SOIL COMPACTION TEST GRAPH

PROJECT: Forrestal Landfill  
 LOCATION: North Chicago, Illinois  
 CLIENT: Graef Anhalt Schloemer and Associates, Inc.

REPORT NO. 1 MDR  
 DATE: 6/4/04  
 OUR JOB NO. 74275

DESCRIPTION OF SOIL: Brown and grey Silty CLAY, Little Sand, Trace Gravel, CL RAMMER TYPE: MECHANICAL  
 TEST PROCEDURE: ASTM D 698 PREPARATION METHOD: DRY  
 MATERIAL SOURCE: Stockpile #1 MOISTURE CONTENT AS RECEIVED: 13.9%  
 TEST RESULTS: MAXIMUM DRY DENSITY 120.8 PCF OPTIMUM MOISTURE 13.1%



REMARKS:  $G_s$  determined by ASTM D 854. Oversize correction data, if used, is attached.

Date Received : 5/24/04

Date Tested: 5/26/04 By: JF

Submitted: [Signature]

# SCHLEEDE-HAMPTON ASSOCIATES, INC.

• CONSULTING ENGINEERS

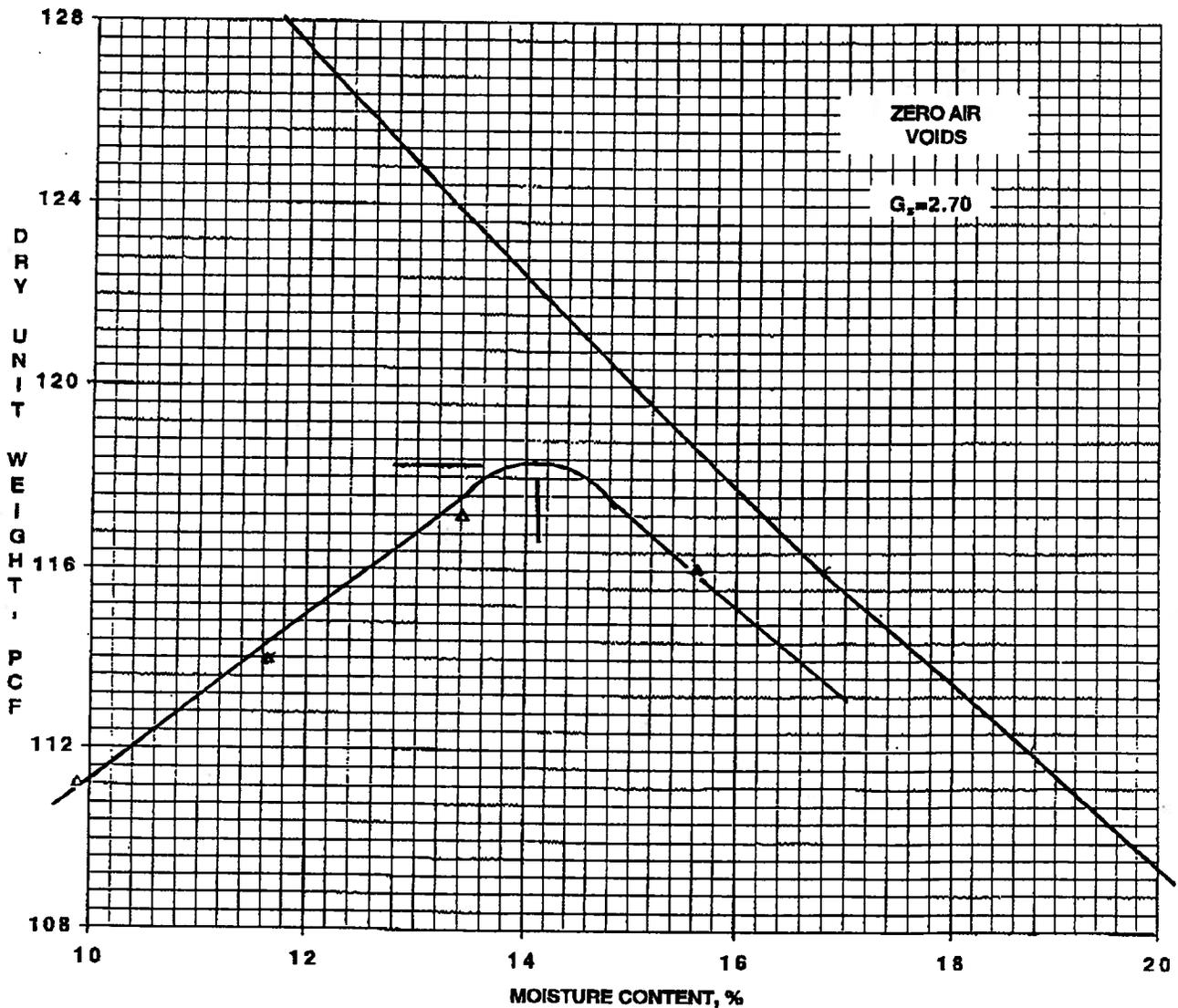
1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, IL 60007 (847) 228-1079

## SOIL COMPACTION TEST GRAPH

PROJECT: Forrestal Landfill  
 LOCATION: North Chicago, Illinois  
 CLIENT: Graef Anhalt Schloemer and Associates, Inc.

REPORT NO. 2MDR  
 DATE: 6/4/04  
 OUR JOB NO. 74275

DESCRIPTION OF SOIL: Brown and grey Silty CLAY, Little Sand, Trace Gravel, CL RAMMER TYPE: MECHANICAL  
 TEST PROCEDURE: ASTM D 698 PREPARATION METHOD: DRY  
 MATERIAL SOURCE: Stockpile #2 MOISTURE CONTENT AS RECEIVED: 15.3%  
 TEST RESULTS: MAXIMUM DRY DENSITY 118.2 PCF OPTIMUM MOISTURE 14.1%



REMARKS:  $G_s$  determined by ASTM D 854. Oversize correction data, if used, is attached.

Date Received : 5/24/04

Date Tested: 5/26/04 By: JF

Submitted: Wm Prigger

# SCHLEEDE-HAMPTON ASSOCIATES, INC.

• CONSULTING ENGINEERS

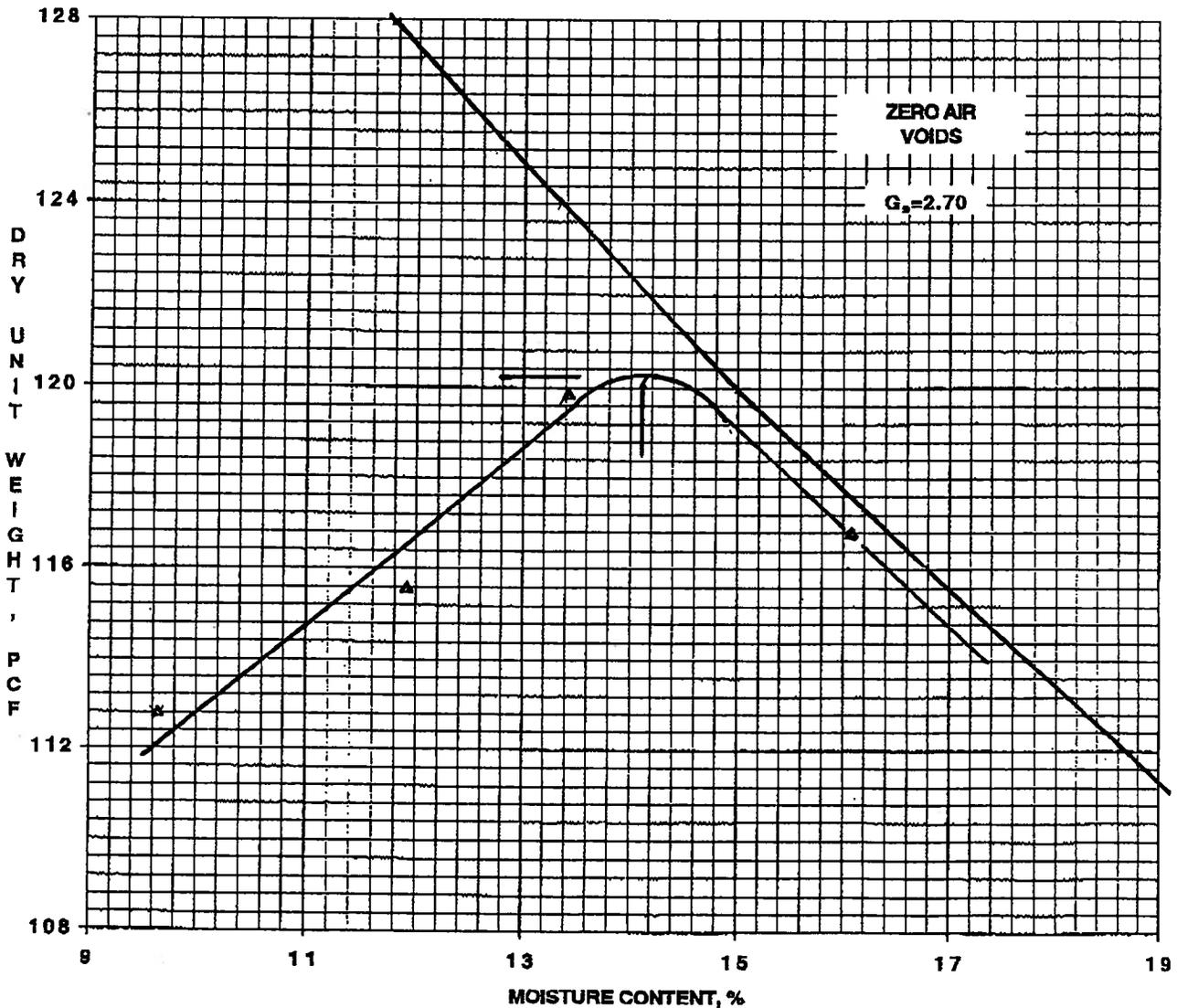
1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, IL 60007 (847) 228-1078

## SOIL COMPACTION TEST GRAPH

PROJECT: Forrestal Landfill  
 LOCATION: North Chicago, Illinois  
 CLIENT: Graef Anhalt Schloemer and Associates, Inc.

REPORT NO. 3 MDR  
 DATE: 6/4/04  
 OUR JOB NO. 74275

DESCRIPTION OF SOIL: Brown and grey Silty CLAY, Little Sand, Trace Gravel, CL RAMMER TYPE: MECHANICAL  
 TEST PROCEDURE: ASTM D 698 PREPARATION METHOD: DRY  
 MATERIAL SOURCE: Stockpile #3 MOISTURE CONTENT AS RECEIVED: 15.7%  
 TEST RESULTS: MAXIMUM DRY DENSITY 120.2 PCF OPTIMUM MOISTURE 14.1%



REMARKS:  $G_s$  determined by ASTM D 854. Oversize correction data, if used, is attached.

Date Received : 5/24/04

Date Tested: 5/26/04 By: JF

Submitted: W. Pralle

# SCHLEEDE-HAMPTON ASSOCIATES, INC.

• CONSULTING ENGINEERS

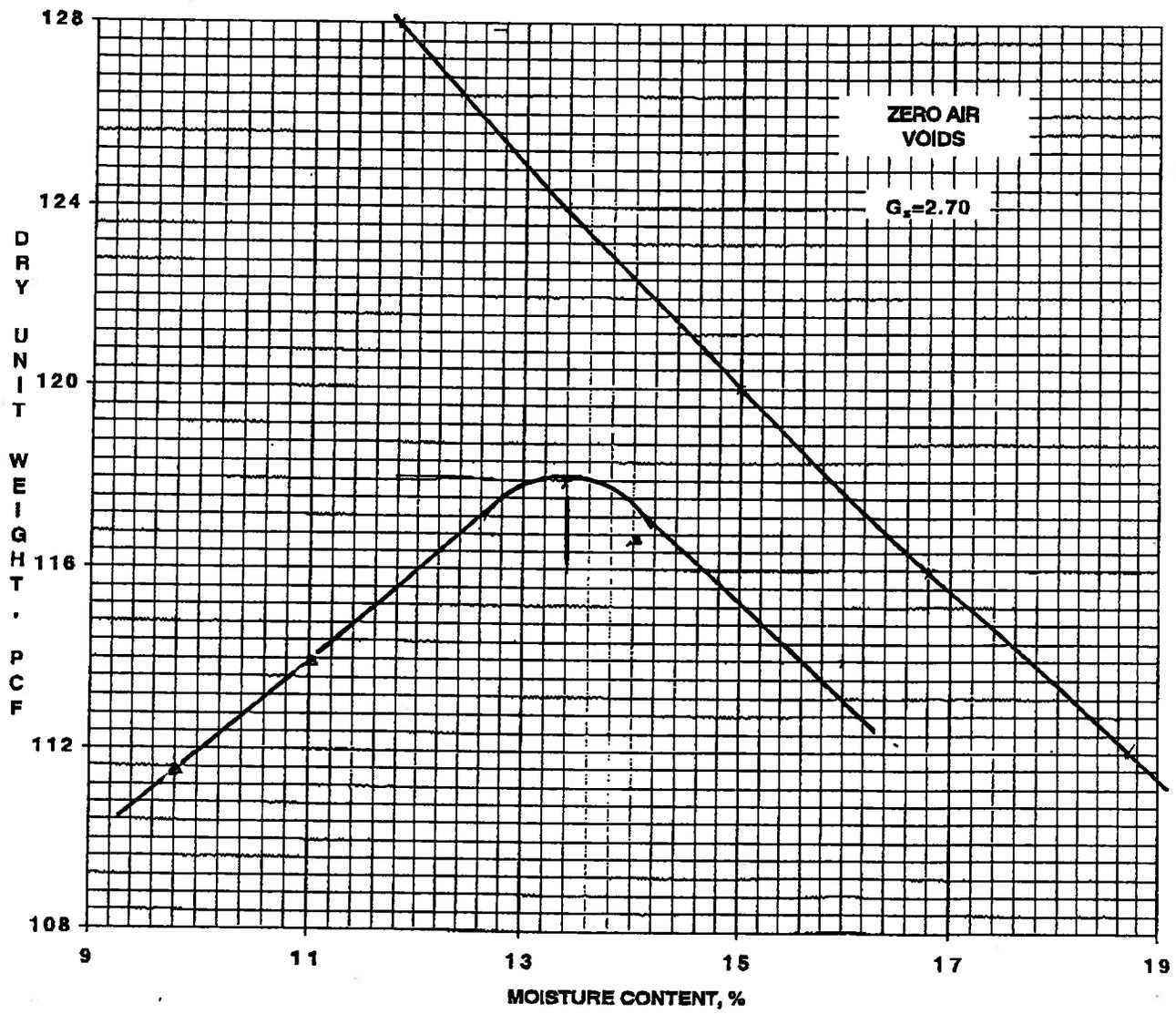
1612 LANDMEIER ROAD, SUITE C, ELK GROVE VILLAGE, IL 60007 (847) 228-1079

## SOIL COMPACTION TEST GRAPH

PROJECT: Forrestal Landfill  
 LOCATION: North Chicago, Illinois  
 CLIENT: Graef Anhalt Schloemer and Associates, Inc.

REPORT NO. 4 MDR  
 DATE: 6/4/04  
 OUR JOB NO. 74275

DESCRIPTION OF SOIL: Brown and grey Silty CLAY, Little Sand, Trace Gravel, CL RAMMER TYPE: MECHANICAL  
 TEST PROCEDURE: ASTM D 698 PREPARATION METHOD: DRY  
 MATERIAL SOURCE: Stockpile #4 MOISTURE CONTENT AS RECEIVED: 14.0%  
 TEST RESULTS: MAXIMUM DRY DENSITY 118.0 PCF OPTIMUM MOISTURE 13.4%



REMARKS:  $G_s$  determined by ASTM D 854. Oversize correction data, if used, is attached.

Date Received : 5/24/04

Date Tested: 5/26/04 By: JF

Submitted: W. FRIGGS

# SCHLEEDE-HAMPTON ASSOCIATES, INC. • CONSULTING ENGINEERS

## REPORT OF PERMEABILITY TESTING

**PROJECT NAME** Forrestal Landfill  
**SAMPLE NO.** Stockpile #1 **REPORT NO:** 1 perm  
**CLASSIFICATION** Brown and grey Silty CLAY, CL **DATE:** Jun-04  
**SAMPLE TYPE** Remolded **PROJECT NO:** 74275  
**METHOD OF TEST** ASTM D-5084-90  
Measurement of Hydraulic Conductivity of Saturated Porous Materials Using a Flexible Wall Permeameter

**PERMEANT LIQUID** Tap Water **TOTAL BACK PRESSURE** 30 psi  
**TEMPERATURE, °C** 20 **EFF. CONSOLIDATION STRESS, max** 0.72 tsf  
**CELL PRESSURE, psi** 40 **EFF. CONSOLIDATION STRESS, min** 0.5 tsf  
**HYDRAULIC GRADIENT, i** 18.4

		PERMEABILITY, k (cm/sec)
TEST INTERVAL	1	8.92E-09
TEST INTERVAL	2	9.96E-09
TEST INTERVAL	3	1.82E-08
TEST INTERVAL	4	1.65E-08
<b>AVERAGE k</b>		1.34E-08
<b>k 20</b>		1.34E-08

### SAMPLE DATA:

	INITIAL	FINAL
DIAMETER, in	2.94	2.91
LENGTH, in	4.55	4.52
VOLUME, cu in	30.77	30.15
WEIGHT, gm	1101.1	1099.2
UNIT WEIGHT, pcf	136.2	138.8
MOIST. CONTENT, %	14.7	14.5
DRY DENSITY, pcf	118.7	121.2
DEGREE OF SATUR, %	95	100

# SCHLEEDE-HAMPTON ASSOCIATES, INC. • CONSULTING ENGINEERS

## REPORT OF PERMEABILITY TESTING

**PROJECT NAME** Forrestal Landfill  
**SAMPLE NO.** Stockpile #2 **REPORT NO:** 2 perm  
**CLASSIFICATION** Brown and grey Silty CLAY, CL **DATE:** Jun-04  
**SAMPLE TYPE** Remolded **PROJECT NO:** 74275  
**METHOD OF TEST** ASTM D-5084-90  
Measurement of Hydraulic Conductivity of Saturated Porous Materials Using a Flexible Wall Permeameter

**PERMEANT LIQUID** Tap Water **TOTAL BACK PRESSURE** 30 psi  
**TEMPERATURE, °C** 20 **EFF. CONSOLIDATION STRESS, max** 0.72 tsf  
**CELL PRESSURE, psi** 40 **EFF. CONSOLIDATION STRESS, min** 0.5 tsf  
**HYDRAULIC GRADIENT, i** 18.3

PERMEABILITY, k (cm/sec)	
TEST INTERVAL 1	3.25E-08
TEST INTERVAL 2	3.16E-08
TEST INTERVAL 3	2.84E-08
TEST INTERVAL 4	2.66E-08
<b>AVERAGE k</b>	<b>2.98E-08</b>
<b>k 20</b>	<b>2.98E-08</b> ✓

SAMPLE DATA:	INITIAL	FINAL
DIAMETER, in	2.94	2.91
LENGTH, in	4.55	4.53
VOLUME, cu in	30.75	30.21
WEIGHT, gm	1068.6	1070.4
UNIT WEIGHT, pcf	132.3	134.9
MOIST. CONTENT, %	16.0	16.2
DRY DENSITY, pcf	114.0	116.1
DEGREE OF SATUR, %	90	97

# SCHLEEDE-HAMPTON ASSOCIATES, INC. • CONSULTING ENGINEERS

## REPORT OF PERMEABILITY TESTING

**PROJECT NAME** Forrestal Landfill  
**SAMPLE NO.** Stockpile #3 **REPORT NO:** 3 perm  
**CLASSIFICATION** Brown and grey Silty CLAY, CL **DATE:** Jun-04  
**SAMPLE TYPE** Remolded **PROJECT NO:** 74275  
**METHOD OF TEST** ASTM D-5084-90  
Measurement of Hydraulic Conductivity of Saturated Porous Materials Using a Flexible Wall Permeameter

**PERMEANT LIQUID** Tap Water **TOTAL BACK PRESSURE** 30 psi  
**TEMPERATURE, °C** 20 **EFF. CONSOLIDATION STRESS, max** 0.72 tsf  
**CELL PRESSURE, psi** 40 **EFF. CONSOLIDATION STRESS, min** 0.5 tsf  
**HYDRAULIC GRADIENT, i** 18.6

	PERMEABILITY, k (cm/sec)
TEST INTERVAL 1	8.62E-09
TEST INTERVAL 2	7.58E-09
TEST INTERVAL 3	7.22E-09
TEST INTERVAL 4	6.58E-09
<b>AVERAGE k</b>	7.50E-09
<b>k 20</b>	7.50E-09 ✓

**SAMPLE DATA:**

	INITIAL	FINAL
DIAMETER, in	2.93	2.94
LENGTH, in	4.55	4.46
VOLUME, cu in	30.69	30.19
WEIGHT, gm	1092.7	1091.8
UNIT WEIGHT, pcf	135.5	137.6
MOIST. CONTENT, %	15.6	15.5
DRY DENSITY, pcf	117.2	119.2
DEGREE OF SATUR, %	96	101

# SCHLEEDE-HAMPTON ASSOCIATES, INC. • CONSULTING ENGINEERS

## REPORT OF PERMEABILITY TESTING

**PROJECT NAME** Forrestal Landfill  
**SAMPLE NO.** Stockpile #4 **REPORT NO:** 4 perm  
**CLASSIFICATION** Brown and grey Silty CLAY, CL **DATE:** Jun-04  
**SAMPLE TYPE** Remolded **PROJECT NO:** 74275  
**METHOD OF TEST** ASTM D-5084-90  
Measurement of Hydraulic Conductivity of Saturated Porous Materials Using a Flexible Wall Permeameter

**PERMEANT LIQUID** Tap Water **TOTAL BACK PRESSURE** 30 psi  
**TEMPERATURE, °C** 20 **EFF. CONSOLIDATION STRESS, max** 0.72 tsf  
**CELL PRESSURE, psi** 40 **EFF. CONSOLIDATION STRESS, min** 0.5 tsf  
**HYDRAULIC GRADIENT, i** 18.3

### PERMEABILITY, k (cm/sec)

TEST INTERVAL 1	4.16E-08
TEST INTERVAL 2	3.91E-08
TEST INTERVAL 3	3.06E-08
TEST INTERVAL 4	3.05E-08

**AVERAGE k** 3.55E-08

**k 20** 3.55E-08 ✓

### SAMPLE DATA:

	INITIAL	FINAL
DIAMETER, in	2.93	2.91
LENGTH, in	4.55	4.53
VOLUME, cu in	30.67	30.21
WEIGHT, gm	1074.8	1077.6
UNIT WEIGHT, pcf	133.4	135.8
MOIST. CONTENT, %	15.8	16.1
DRY DENSITY, pcf	115.2	116.9
DEGREE OF SATUR, %	92	99

73706-01

# CONTRACTOR QUALITY CONTROL REPORT

DATE 6/1/04  
REPORT NO 07

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO

WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
<u>0700</u>	<u>Compass arrived on site. The three lateral gas trenches that were excavated last week are full of water. ToiTest will collect a sample of the water for SVOC, VOC, and PCBs Metal analysis.</u>
<u>0900</u>	<u>ToiTest discussed the issue of the trench water w/ Marcia Lee. ToiTest and Marcia agreed that if the water in the trenches is evaluated to be clean, meaning that none of the laboratory analytical results for the water sample are above the TACO Remediation Objective for groundwater, the trench water will be pumped out of the trenches onto the landfill.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-site, etc.)

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

[Signature] 6/1/04  
AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE





# ToiTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	June 1, 2004 12:30 pm	Silt fence in southeast corner has a gap in it. Remainder of silt fence is in good condition	Tim B. has repaired the gap in the silt fence.
hay bales	Jeff Tinney	June 1, 2004 12:30 pm	hay bails are in good condition	N/A
SW inlet protection	Jeff Tinney	June 1, 2004 12:30 pm	Silt fence material under grates are in good condition	N/A

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: June 1, 2004

Title: Project Manager

Signature:

Jeff Tinney

Company:

ToiTest, Inc.

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration

# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill / 78706.01 Date: 6/1/04 Time: 7:00  
Client: NTC Environmental Site Location: Wherry Housing Forrestal Landfill  
Work Activities: Building Demolition  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: (East) Alabama to Meridian (Left) on to Merridian to Buckley Road, (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
**Base Emergency (847) 688 - 3333**

## Safety Topics Presented

- Trenches
- Excavations
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls,

### Personal Protective Equipment

Activity: <u>landfill cap</u>	PPE: <u>level D, work boot, hard hat, safety vest</u>
Activity: _____	PPE: <u>gloves, safety glasses.</u>
Activity: _____	PPE: _____
Activity: _____	PPE: _____
Activity: _____	PPE: _____

New Equipment: None

Permits Required This Date: None

### Attendees

Name (Print)	Signature
<u>Compass Environmental Performed a daily safety (Tailgate) meeting</u>	
<u>Mike Vails</u>	
_____	_____
_____	_____

### Meeting Conducted By:

Tim Boos \_\_\_\_\_ Tim Boos

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.

73706.01

<b>CONTRACTOR PRODUCTION REPORT</b> <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>				DATE <b>6/2/04</b>		
CONTRACT NO <b>N68950-00-D-0200</b>		TITLE AND LOCATION <b>Forrestal Landfill</b>		REPORT NO <b>08</b>		
CONTRACTOR <b>ToItest</b>			SUPERINTENDENT <b>Tim Boos</b>			
AM WEATHER <b>Rain</b>		PM WEATHER <b>Cloudy</b>		MAX TEMP (F) <b>65</b>	MIN TEMP (F) <b>55</b>	
WORK PERFORMED TODAY						
Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS	
	<i>Equipment Maintenance, No work due to rain</i>					
	<b>Mike Vails</b>	<b>Compass</b>	<b>1</b>	<b>Superintendent</b>	<b>2</b>	
	<b>Ramon Garcia</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>2</b>	
	<b>Marco Flores</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>2</b>	
	<b>Abol Trojo</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>2</b>	
	<b>Filimor Guerer</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>2</b>	
	<b>Tim Boos</b>	<b>ToItest</b>	<b>1</b>	<b>Supervisor</b>	<b>2</b>	
<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS	<b>12</b>
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	<b>294</b>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	<b>306</b>
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED			<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.		
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)						
Schedule Activity No.	Submittal #	Description of Equipment/Material Received				
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.						
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)			Hours Used	
	<b>Compass</b>	<b>Two 40 CY Dump Trucks</b>				
	<b>Compass</b>	<b>One Excavator</b>				
	<b>Compass</b>	<b>One Dozer</b>				
	<b>Compass</b>	<b>One Backhoe</b>				
	<b>Compass</b>	<b>One Water Truck</b>				
Schedule Activity No.	REMARKS					
						
				DATE	<b>6/2/04</b>	

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/2/04

REPORT NO 08

<b>PHASE</b>	CONTRACT NO <b>N68950-00-D-0200</b>	CONTRACT TITLE <b>Forrestal Landfill</b>
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<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass is maintaining their equipment. There will be no field work today due to rain.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 6/2/04  
 AUTHORIZED QC/MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# CONTRACTOR QUALITY CONTROL REPORT

DATE 6/3/04

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

REPORT NO 09

PHASE	CONTRACT NO <b>N68950-00-D-0200</b>	CONTRACT TITLE <b>Forrestal Landfill</b>
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<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

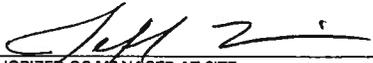
<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass arrives on-site and receives training on HDPE welding machine. Excavator is being utilized to load the soil that was stripped on 6/1/04. The soil is being transported to the supply side landfill. There are areas that still require soil to be cut but are too wet to work.</u>
	<u>0900</u>	<u>Compass beginning to fuse/weld solid wall HDPE pipe. Suburban Laboratories has stated that the water sample collected from the gas trenches will be analyzed by 6/1/04.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 6/3/04 DATE  
 AUTHORIZED QC MANAGER AT SITE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

\_\_\_\_\_ DATE  
 GOVERNMENT QUALITY ASSURANCE MANAGER



# TAILGATE SAFETY MEETING FORM

Project Name/Number: Forrestal Landfill Cap / 73706.01 Date: 6/3/04 Time: 9:40a  
Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
**Base Emergency (847) 688 - 3333**

## Safety Topics Presented

- Use of HDPE Pipe fusion equipment
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

### Attendees

Name (Print)

Signature

<u>Mike Vails of Compass Environmental</u>	<u>Performed Daily Tailgate meeting</u>
_____	_____
_____	_____

Meeting Conducted By:

Tim Boes \_\_\_\_\_ Jan Boes \_\_\_\_\_

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.

Project Name Forrestal LandfillProject No. 73706.01By T. Boos

Checked by/Date \_\_\_\_\_

Subject Daily Notes

- Stockpile of soil stripped at Forrestal  $\approx 55' \times 30' \times 8' \approx 500$  cu yds
- Stockpiles of soil at supply side landfill from stripping at Forrestal landfill

~~\*~~ Pile #1  $\approx 100' \times 75' \times 6\frac{1}{2}' \approx 1805.5$  cu yds.

Pile #2  $\approx 157.5' \times 57.5' \times 6.5' = 2180$  cu yds.

$$\Sigma \text{ of 3 piles } \approx 4485 \text{ cu yds.}$$

9:40

- ISCO on site to train Compass on use of the pipe fusion machine. Two of compass's guys trained.

10:30

- Steve Nichols on site witnessed some of the training.

12:00

- Hank Krall stopped by the site with concerns about dust on the route to Supply side landfill. Compass trucks have been told to slow down, or use the water truck for dust control.
- Compass continued to remove topsoil from edges of landfill and transported to supply side landfill
- Fused  $\approx 1/2$  of the HDPE Piping together for the header on the vent system.

73766.01

<b>CONTRACTOR QUALITY CONTROL REPORT</b>				DATE <u>6/4/04</u>
(ATTACH ADDITIONAL SHEETS IF NECESSARY)				REPORT NO <u>10</u>
PHASE	CONTRACT NO <u>N68950-00-D-0200</u>	CONTRACT TITLE <u>Forrestal Landfill</u>		
<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.			
	Schedule Activity No.	Definable Feature of Work	Index #	
<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.			
	Schedule Activity No.	Definable Feature of Work	Index #	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present		
	<u>0700</u>	<u>Compass on site and continuing to fuse/weld the solid wall HDPE pipe. The dozer is being utilized to strip soil from areas that are high. The excavator is being utilized to load soil in trucks that are transporting soils to the supply side landfill.</u>		
	<u>0830</u>	<u>Jeff T. performed erosion control inspection. Silt fence and hay bails are in good condition. No corrective actions were needed. The check-list is attached to this daily.</u>		
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
Schedule Activity No.	Description	Schedule Activity No.	Description	
REMARKS (Also Explain Any Follow-up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-site, etc.)				
Schedule Activity No.	Description			
On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.				
AUTHORIZED QC MANAGER AT SITE				DATE
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>				DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT				
Schedule Activity No.	Description			
GOVERNMENT QUALITY ASSURANCE MANAGER				DATE



# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE **6/4/04**

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
**10**

CONTRACTOR  
**ToItest**

SUPERINTENDENT  
**Tim Boos**

AM WEATHER  
**Clear**

PM WEATHER  
**Clear**

MAX TEMP (F)  
**75**

MIN TEMP (F)  
**60**

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<b>Fuseweld HDPE Pipe and strip soil in high areas.</b>				
	<b>Mike Vails</b>	<b>Compass</b>	<b>1</b>	<b>Superintendent</b>	<b>8</b>
	<b>Ramon Garcia</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Marco Flores</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Abol Trojo</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Filimor Guerer</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Tim Boos</b>	<b>ToItest</b>	<b>1</b>	<b>Supervisor</b>	<b>8</b>

<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (IF YES attach copy of the meeting minutes) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (IF YES attach copy of completed OSHA report) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS <b>48</b>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (IF YES attach statement or checklist showing inspection performed.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (IF YES attach description of incident and proposed action.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT <b>354</b>
		TOTAL WORK HOURS FROM START OF CONSTRUCTION <b>4102</b>

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
	<b>Discuss daily safety log</b>	

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)		
Schedule Activity No.	Submittal #	Description of Equipment/Material Received
		<b>Generator</b>
		<b>HDPE welder</b>
		<b>Chain saw</b>

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.			
Schedule Activity No.	owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
	<b>Compass</b>	<b>Two 40 CY Dump Trucks</b>	
	<b>Compass</b>	<b>One Excavator</b>	
	<b>Compass</b>	<b>One Dozer</b>	
	<b>Compass</b>	<b>One Backhoe</b>	
	<b>Compass</b>	<b>One Water Truck</b>	

Schedule Activity No.	REMARKS

**6/4/04**  
 CONTRACTOR/SUPERINTENDENT DATE

# ToiTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	6/4/04 0830	Silt fence is in good condition NO tears or gaps observed.	N/A
hay bales	Jeff Tinney	6/4/04 0830	Hay Bales in good condition	
SW inlet protection	Jeff Tinney	6/4/04 0830	Filter fabric under inlet grates is in good condition.	

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: June 4, 2004

Title: Project Manager

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration

Signature:

Jeff Tinney  
ToiTest

Company:

73706.01

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/7/04

REPORT NO 11

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass is on-site. The majority of the water that was in the gas vent trenches has leached back into the landfill. Compass is placing pea gravel in the trench.</u>
	<u>0900</u>	<u>Compass has removed soil/trash from areas of the trenches that where soil trash slumped in the trench from the side walls. Compass is checking the thickness of the bedding/ pea gravel w/ their survey equipment. A consistent 6" layer of pea gravel is being placed in the bottom of the gas trenches.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 6/7/04  
 AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE



# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/7/04

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
11

CONTRACTOR  
**ToItest**

SUPERINTENDENT  
**Tim Boos**

AM WEATHER  
Clear

PM WEATHER  
Clear

MAX TEMP (F)  
87

MIN TEMP (F)  
70

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Place trench bedding (Pea-gravel)</u>				
	<b>Mike Vails</b>	<b>Compass</b>	<b>1</b>	<b>Superintendent</b>	<b>8</b>
	<b>Ramon Garcia</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Marco Flores</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Abol Trojo</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Filimor Guerer</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	<b>8</b>
	<b>Tim Boos</b>	<b>ToItest</b>	<b>1</b>	<b>Supervisor</b>	<b>8</b>

<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS	<u>418</u>
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	<u>402</u>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	<u>450</u>

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
	<u>Discuss daily safety log</u>	

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)		
Schedule Activity No.	Submittal #	Description of Equipment/Material Received
		<u>Pea gravel</u>

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.			
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)	Hours Used
	<b>Compass</b>	<b>Two 40 CY Dump Trucks</b>	
	<b>Compass</b>	<b>One Excavator</b>	
	<b>Compass</b>	<b>One Dozer</b>	
	<b>Compass</b>	<b>One Backhoe</b>	
	<b>Compass</b>	<b>One Water Truck</b>	

Schedule Activity No.	REMARKS

6/7/04  
 CONTRACTOR/SUPERINTENDENT      DATE



73706-01

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/8/04

REPORT NO 12

<b>PHASE</b>	CONTRACT NO <b>N68950-00-D-0200</b>	CONTRACT TITLE <b>Forrestal Landfill</b>
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<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present

0800 Compass on-site. Compass contacted ToTest and stated that groundwater has accumulated in the gas trench. The water was not observed at the end of the day on 6/7/04. This morning, groundwater was observed just above the pea gravel bedding. ToTest has contacted Blayne K. and proposed raising the elevation of the pipe by six-inches to ensure that the pipe stays out of the groundwater. Blayne will contact the Navy's designer for approval.

0830 ToTest contacted John Rohr w/ Clayton regarding the gas pipe issue. John authorized ToTest to raise the elevation of the pipe by one-foot. John stated that since the pea gravel provides continuity, the gas will enter the gas pipe and vent out the gas wind turbine. ToTest will raise the elevation of the

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

\_\_\_\_\_ AUTHORIZED QC MANAGER AT SITE  
 \_\_\_\_\_ DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

\_\_\_\_\_ GOVERNMENT QUALITY ASSURANCE MANAGER

DATE



# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/8/04  
REPORT NO 12

CONTRACT NO N68950-00-D-0200 TITLE AND LOCATION Forrestal Landfill

CONTRACTOR ToiTest SUPERINTENDENT Tim Boos

AM WEATHER \_\_\_\_\_ PM WEATHER \_\_\_\_\_ MAX TEMP (F) \_\_\_\_\_ MIN TEMP (F) \_\_\_\_\_

### WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Place trench bedding and gas pipe</u>				
	<u>Mike Vails</u>	<u>Compass</u>	<u>1</u>	<u>Superintendent</u>	<u>8</u>
	<u>Ramon Garcia</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Marco Flores</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Abol Trojo</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Filimor Guerer</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Tim Boos</u>	<u>ToiTest</u>	<u>1</u>	<u>Supervisor</u>	<u>8</u>

<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS	<u>48</u>
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	<u>450</u>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	<u>498</u>

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
	<u>Discuss daily safety log</u>	

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)		
Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.			
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)	Hours Used
	<u>Compass</u>	<u>Two 40 CY Dump Trucks</u>	
	<u>Compass</u>	<u>One Excavator</u>	
	<u>Compass</u>	<u>One Dozer</u>	
	<u>Compass</u>	<u>One Backhoe</u>	
	<u>Compass</u>	<u>One Water Truck</u>	

Schedule Activity No.	REMARKS

6/8/04  
 CONTRACTOR/SUPERINTENDENT DATE



Project Name Forrestal LandfillProject No. 73706.01By T. Boos

Checked by/Date \_\_\_\_\_

Subject Daily Notes.

9:40 • Four loads of stone delivered to the site for the passive vent system.

- Compass continued to bed the trenches for system. Middle trench is going to add 1' to height due to water infiltration. J. Tinney contacted NTC Environmental Blayne K. to ok thru project designer Clayton for the field change in elevation.

11:00 R<sup>2</sup>L transport picked up the isco HDPE fusion machine

- Two loads of sand delivered to the site.
- After lunch compass placed the manifold on bedding of sand and checked the grade. Then continued by placing the perforated pipe on the pea gravel, checking grade as they went along from west to east, where the piping terminated.

73706.01

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/9/04

REPORT NO 13

<b>PHASE</b>	CONTRACT NO <b>N68950-00-D-0200</b>	CONTRACT TITLE <b>Forrestal Landfill</b>	
<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	
<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
	<u>0700</u>	<u>Compass on site and placing stone over the gas pipe. Sand has been placed over the solid wall HDPE pipe. To/ Test informed Compass not to put any more stone or sand over the pipe so that GASAI could obtain elements of the top of the gas pipe.</u>	
	<u>0930</u>	<u>Blayne K., Marcia L. &amp; Brian G. (TEPA) are on site for an inspection. To/ Test showed Marcia L. the erosion control measures in place and showed Blayne K. &amp; Brian G. the pipe in the gas trench and the low areas on the landfill.</u>	
REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description
REMARKS (Also Explain Any Follow-up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-site, etc.)			
Schedule Activity No.	Description		
<p>On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</p>			
 AUTHORIZED QC MANAGER AT SITE			<u>6/9/04</u> DATE
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>			DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT			
Schedule Activity No.	Description		
GOVERNMENT QUALITY ASSURANCE MANAGER			DATE







# ToTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	6/9/04 0900	Silt Fence in place and in good condition	None required
hay bales	Jeff Tinney	6/9/04 0900	hay bails in good condition	None required
SW inlet protection	Jeff Tinney	6/9/04 0900	Filter fabric installed under the 2 inlet grates	None Required

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: 6/9/04

Title: Project Manager

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration

Signature:

Jeff Tinney

Company:

ToTest, Inc.



## DAILY PROJECT DIARY

One Honey Creek Corporate Center  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather		M. Cloudy
Temperature		80 Deg
Wind		Calm
Humidity		Sprinkles

**REPORT NO.:** 1  
**DATE:** 06/09/04  
**DAY:** Wednesday

**PROJECT:** Great Lakes Naval Base: Third Party Oversight - Forrestal Landfill

**PROJECT NO.:** 20040155.00

**LOCATION:** North Chicago, IL

**CLIENT:** NAVFAC

**CONTRACTOR:** Toltest

**SUPERINTENDENT:** Jeff Tinney

**Field Staking By:** \_\_\_\_\_

**PROJECT MANAGER:** Brian Schneider

**Resident Project Representative:** Paul Eserhut

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
Compass Environmental	5	7.5	Backhoe	1	7.5
Toltest	1	6.5	Pickup Truck	1	6.5

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	7:00	12:00	12:30	3:00		12:30	5:30		

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

On this date, G.A.S. arrived on site at 12:30 PM to take elevation shots and inspect the methane collection system. At this time, the pipes in the collection system had all been installed and mostly backfilled. This was despite the fact that Toltest had been told to not backfill the trenches until G.A.S. arrived to inspect the pipes (Jeff Tinney from Toltest had said in a phone conversation earlier in the week to arrive between 12:30 PM and 1:00 PM). Immediately upon arriving at the site, pictures were taken of the trenches, pea gravel and sand backfill, and whatever exposed pipe was still visible in the methane collection system. In addition, the pipes were measured for diameter and length. Both the plastic corrugated perforated pipe and the solid HDPE header pipe were 6" diameter. The header pipe was labeled: J-M-6" IPS SDR 11-PC 160 HDPE 345464C - ASTM F-714 C3 AWWA C90 699 PMAL 394. The pipe lengths were as follows: The north collection pipe = 223.2 LF, the middle collection pipe = 248.4 L.F., the south collection pipe = 213.8 L.F., and the header pipe = 250.2 L.F. (The collection pipe measurements each include about 20 L.F. of solid HDPE pipe extending E. from the header pipe that runs N-S.)

Elevation shots were then taken on the top of pipe at the ends of each segment of methane collection pipe. The pipes all sloped uphill from their E. ends towards the header pipe at their W. ends. The slopes of each pipe are as follows: The N. collection pipe slope = .31%, the middle collection pipe slope = .23%, and the S. collection pipe slope = .29%. After elevations were shot on the methane collection system, Compass finished placing pea gravel backfill over what little pipe hadn't already been backfilled. They then left for the day since they were waiting for a loader to be repaired.

Since the pre-existing clay cap was nearly completely uncovered, elevation shots were then taken on the top of the existing clay cap at regular intervals (every 100' near each stake the surveyors had set for the 100' grid on the project) and in several areas around the perimeter of the landfill cap where steeper slopes were evident.

G.A.S. went to inspect the clay stockpile that is to be the source of the clay for the new clay cap. However, by the time this inspection was made, the gate to the stockpile was already locked.

**RESIDENT PROJECT REPRESENTATIVE** \_\_\_\_\_

73706.01

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/10/04  
REPORT NO 14

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
		<u>No work performed today due to heavy rain.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 6/10/04  
 AUTHORIZED QI MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/10/04

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
14

CONTRACTOR  
**ToiTest**

SUPERINTENDENT  
**Tim Boos**

AM WEATHER  
Rain

PM WEATHER  
Rain

MAX TEMP (F)  
65

MIN TEMP (F)  
60

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>no work due to weather</u>				
	<u>Mike Vails</u>	<u>Compass</u>	<u>1</u>	<u>Superintendent</u>	
	<u>Ramon Garcia</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	
	<u>Marco Flores</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	
	<u>Abol Trojo</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	
	<u>Filimor Guerer</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	
	<u>Tim Boos</u>	<u>ToiTest</u>	<u>1</u>	<u>Supervisor</u>	

### JOB SAFETY

WAS A JOB SAFETY MEETING HELD THIS DATE? (if YES attach copy of the meeting minutes)  YES  NO

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (if YES attach copy of completed OSHA report)  YES  NO

WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (if YES attach statement or checklist showing inspection performed.)  YES  NO

WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (if YES attach description of incident and proposed action.)  YES  NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS 0

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT 546

TOTAL WORK HOURS FROM START OF CONSTRUCTION 546

Schedule Activity No. LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

Discuss daily safety log

### EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)

Schedule Activity No.	Submittal #	Description of Equipment/Material Received	

### CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)	Hours Used
	<u>Compass</u>	<u>Two 40 CY Dump Trucks</u>	
	<u>Compass</u>	<u>One Excavator</u>	
	<u>Compass</u>	<u>One Dozer</u>	
	<u>Compass</u>	<u>One Backhoe</u>	
	<u>Compass</u>	<u>One Water Truck</u>	

Schedule Activity No. REMARKS

*Tim Boos*  
CONTRACTOR/SUPERINTENDENT

6/10/04  
DATE

# ToiTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	6/10/04 1400	Silt Fence in good condition.	None Required
hay bales	Jeff Tinney	6/10/04 1400	Hay bails in good condition	None Required
SW inlet protection	Jeff Tinney	6/10/04 1400	Fabric in good condition. There is standing water in the road due to water draining slowly through fabric.	None Required

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: 6/10/04

Title: Project Manager

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration

Signature: \_\_\_\_\_

*Jeff Tinney*

Company: \_\_\_\_\_

ToiTest, Inc.

7370601

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/11/04  
REPORT NO 15

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
		<u>No work due to weather</u>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 6/11/04  
 AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/11/04

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
**15**

CONTRACTOR  
**ToiTest**

SUPERINTENDENT  
**Tim Boos**

AM WEATHER  
**Rain**

PM WEATHER  
**Rain**

MAX TEMP (F)  
**68**

MIN TEMP (F)  
**63**

### WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<b>No work due to weather</b>				
	<b>Mike Vails</b>	<b>Compass</b>	<b>1</b>	<b>Superintendent</b>	
	<b>Ramon Garcia</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	
	<b>Marco Flores</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	
	<b>Abol Trojo</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	
	<b>Filimor Guerer</b>	<b>Compass</b>	<b>1</b>	<b>Operator</b>	
	<b>Tim Boos</b>	<b>ToiTest</b>	<b>1</b>	<b>Supervisor</b>	

**JOB SAFETY**

WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)  YES  NO

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)  YES  NO

WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)  YES  NO

WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)  YES  NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS **0**

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT **546**

TOTAL WORK HOURS FROM START OF CONSTRUCTION **546**

Schedule Activity No. LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED  SAFETY REQUIREMENTS HAVE BEEN MET.

**EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)**

Schedule Activity No.	Submittal #	Description of Equipment/Material Received	

**CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.**

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)	Hours Used
	Compass	Two 40 CY Dump Trucks	
	Compass	One Excavator	
	Compass	One Dozer	
	Compass	One Backhoe	
	Compass	One Water Truck	

Schedule Activity No. REMARKS

  
 CONTRACTOR/SUPERINTENDENT      6/11/04  
 DATE



# CONTRACTOR QUALITY CONTROL REPORT

DATE 6/14/04  
REPORT NO 16

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE	CONTRACT NO <b>N68950-00-D-0200</b>	CONTRACT TITLE <b>Forrestal Landfill</b>	
<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	
<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/> WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
	<u>0800</u>	<u>To/ Test asked and was given authorization to discharge water that accumulated in the gas trenches by Marcia Lee. To/ Test provided Marcia w/ analytical results of the water in the trench from the last rain event. Marcia is allowing To/ Test to pump the water from the trenches and discharge the water on top of the landfill.</u>	
	<u>0830</u>	<u>Compass is pumping water from the gas trenches and discharging the water on the southeast side of the landfill.</u>	
		<u>Surveyor on site. He is shooting elevation control points for the subgrade.</u>	
Rework Items Identified Today (Not Corrected by Close of Business)		Rework Items Corrected Today (From Rework Items List)	
Schedule Activity No.	Description	Schedule Activity No.	Description
REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)			
Schedule Activity No.	Description		
On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.			
AUTHORIZED QC MANAGER AT SITE		DATE <u>6/14/04</u>	
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>			
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT			
Schedule Activity No.	Description		
GOVERNMENT QUALITY ASSURANCE MANAGER		DATE	



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/15/04  
REPORT NO 17

PHASE CONTRACT NO **N68950-00-D-0200** CONTRACT TITLE **Forrestal Landfill**

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
	<u>0700</u>	<u>Compass on-site and backfilling the gas trenches w/ clay that is being imported from the Supply Side landfill. Compass is using the excavator to load the dump trucks. The dumps are dumping the clay on Forrestal and the dozer and sheepfoot are spreading and compacting the clay.</u>	
	<u>0945</u>	<u>TotTest performed inspection of the erosion control measures in place at the landfill. The checklist is attached to this daily w/ TotTest observations and corrective actions.</u>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


6/15/04
DATE

AUTHORIZED QC MANAGER AT SITE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE





# ToiTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	6/15/04 945	Silt fence repaired in southwest corner of landfill. Soil that was washed and resting on silt fence was removed. All other silt fence in good condition.	Removed soil from silt fence and drove stakes into ground to stretch and tighten silt fence.
Hay bales	Jeff Tinney	6/15/04 945	Hay bails in good condition	
SW inlet protection	Jeff Tinney	6/15/04 945	Fabric under inlet grates in good condition	

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: 6/15/04

Title: Project Manager

Signature: *Jeff Tinney*

Company: ToiTest, Inc.

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration



Project Name Ferrestal LandfillProject No. 73706.01By Tim Boos

Checked by/Date \_\_\_\_\_

Subject Daily Notes

Partly Cloudy

- Gave Mike Vails the phone number for the surveyor to contact and find out why the on-site guy gave us the verbal ok on the base survey, but then we were told that 5 points are high ranging from 0.11 to 0.5 ft.
- Hooked up backflow preventor to hydrant 826 started to use to fill water truck for dust control.
- Met Rob Weber and Jeff Habegger of Compass.

Equipment Use on site today

2 CAT 740 Dump truck  
CAT Excavator  
CAT 815F sheepfoot Dozer  
CAT Dozer  
Water truck  
Deere 310 SE backhoe

- Surveyor sent over the map showing 5 high points,
  - One in SE corner is in the middle of the trees that we are not going to remove.
  - Three more are near the gate at the NW corner that area where the trucks are damaging.
  - One in NW corner area that will be graded down one 6/16/04 by 0.14 ft.
- 70 loads of clay brought down from supply side landfill today.

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/16/04  
REPORT NO 17

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
	<u>0700</u>	<u>Compass on site and has started to move soil from supply side to Forrestal. The excavator is loading the low permeable clay into the dumps. The dumps are delivering the clay to Forrestal where it is being spread w a dozer and sheepsfoot.</u>	
	<u>0900</u>	<u>The dozer is turning the clay that was spread yesterday in order to dry it out. Since the soil is outside the optimum moisture value, the clay has to be dried in order to pass the specified compaction of 90% of the Standard Proctor.</u>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/16/04
DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE





# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 6/16/04 Time: 7:00  
 Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
 Work Activities: Landfill cap  
 Hospital Name / Address: St. Theresa Hospital  
 Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
 Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

## Safety Topics Presented

1. OSHA Regs
2. Equipment Safety
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

### Attendees

Name (Print)	Signature
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
<u>Francisco Trajo</u>	<u>Francisco Trajo</u>
<u>Jiliman Olvera</u>	<u>[Signature]</u>
<u>Abel Trajo</u>	<u>Abel Trajo</u>

Meeting Conducted By: Mike Vails Compass Environmental

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.

Project Name Forestral LandfillProject No. 73706-01By Tim BoosChecked by/Date     Subject Daily Notes

- Compass Regraded the areas in question from the surveyor. Except for the points next to gate and one point in SE corner in grass near the trees.
- Backfilling trench above the HDPE manifold of the vapor recovery system with clay.
- Mike Vails asked about the proctor report for the clay. Jeff Tinney said he would bring the report over to the site.
- Equipment Used on-site today
  - + CAT 740 dump truck (2)
  - + CAT Excavator
  - + CAT 715F Dozer/sheepsfoot
  - + CAT Dozer
  - + Water truck
  - + Deere 310 Backhoe
- Black ledge surveyor back out on site to reshoot the 5 points that were high.





# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/17/04

REPORT NO 19

PHASE	CONTRACT NO <b>N68950-00-D-0200</b>	CONTRACT TITLE <b>Forrestal Landfill</b>
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<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on site and is of the opinion that the early morning rain was not sufficient enough to make the clay too wet for GAS's density testing that will be performed late this morning. Compass is compacting the clay with their dozer and sheeps foot.</u>
	<u>0830</u>	<u>Compass is transporting clay from Supply Side to Forrestal. The clay is being placed on the perimeter toe of slope. The dozer is spreading the clay and Mr sheepsfoot is compacting the clay. The sheeps foot is also compacting the clay that was placed on the top of the landfill.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

AUTHORIZED QC MANAGER AT SITE

6/16/04  
 DATE

GOVERNMENT QUALITY ASSURANCE REPORT		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
Schedule Activity No.	Description	

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

Bldg 3502

Perimeter Fence

Temporary Fence

Gate

GATE

Clay too wet in this area  
for testing

x 7

x 8

x 9

Landfill

x 2

x 1

x 6

x 3

x 4

x 5

Landfill Waste  
Stockpile

Skokris Creek

— = silt Fence  
x = Sample point



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 6/17 Time: 7:00 AM  
Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

## Safety Topics Presented

1. Watch for Traffic
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)	Signature
<u>MARCO FLORE</u>	<u>MARCO FLORE</u>
<u>Abel Trajo</u>	<u>Abel Trajo</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
<u>Filimon Ovega Guerrero</u>	<u>[Signature]</u>
<u>Francisco Trojo</u>	<u>Francisco Trojo</u>

Meeting Conducted By: Mike Vails Compass Env.

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.

Project Name Forrestal Landfill

Project No. 73706.01

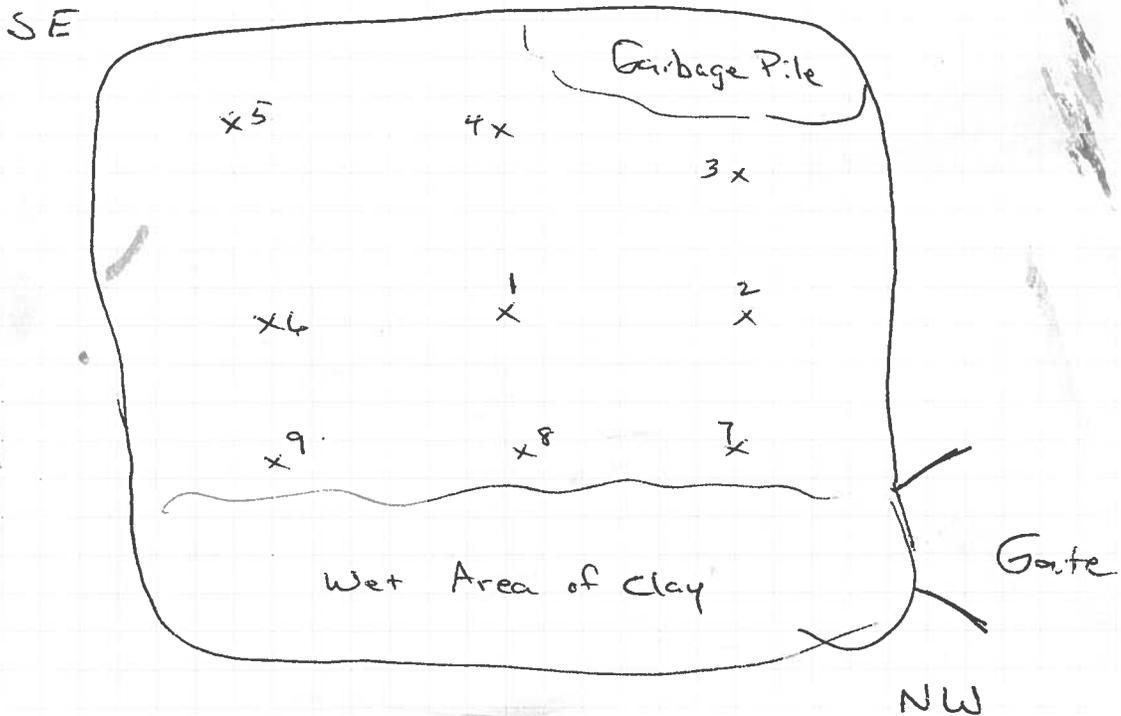
By Tim Boos

Checked by/Date                     

Subject Daily Notes

- Brief rain in the morning at 7:00AM then cleared and Compass started work on the landfill, bringing clay from the stockpiles at Supply Side and placing the first 6" lift while compacting with sheepsfoot.

- <sup>12:00</sup> Paul with GAS, was on-site, took 9 compaction test. All passed compaction, ~~sample~~ test 7, 8, 9 were a little high on moisture content. All the area along the north had wet clays.



- Paul collected 3 samples from the clay source at supplyside landfill and left on-site at Forrestal for the lab to pick up ~~today~~ on Friday 6/18/04



**GRAEF  
ANHALT  
SCHLOEMER**  
and Associates Inc.

ENGINEERS AND SCIENTISTS

**DAILY PROJECT DIARY**

One Honey Creek Corporate Center  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather	Cloudy	Cloudy
Temperature	75	75
Wind	Calm	Calm
Humidity	Humid	Sprinkles

REPORT NO.: 1  
DATE: 06/17/04  
DAY: Thursday

PROJECT: Great Lakes Naval Base: Third Party Oversight - Forrestal Landfill

PROJECT NO.: 20040155.00

LOCATION: North Chicago, IL

CLIENT: NAVFAC

CONTRACTOR: Toltest

SUPERINTENDENT: Jeff Tinney

Field Staking By: \_\_\_\_\_

PROJECT MANAGER: Brian Schneider

Resident Project Representative: Paul Eserhut

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
Compass Environmental	6	8	Trackhoe	1	8
Toltest	2	8	Quarry Trucks	2	8
			Bulldozer	1	8
			Sheepsfoot Roller	1	8
Toltest	2	8	Pickup Trucks	2	8

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	7:00	12:00	12:30	3:30		11:15	4:30		

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

On this date, G.A.S. performed nuclear density tests on the S. ¼ of the first clay lift for the new clay landfill cap. The test results showed acceptable compaction throughout this area. No tests were performed on the N. ¼ of the first lift due to high moisture contents (this material had been placed earlier today and hadn't had an opportunity to dry). Compass Env. began placing more clay in the S. ¼ of the site for the second lift after nuclear density tests in this area passed.

Three samples of brown and gray silty clay were collected from the stockpile in the area where material was being removed (samples #5, 6, and 7). These samples were left overnight at the gate to the Forrestal Landfill for Schleede Hampton & Assoc. to pick up the following day.

Silt fence was also inspected around the perimeter of the project site. The silt fence was generally in good condition with no major deficiencies being noted at this time.

ATTACHMENTS: None

RESIDENT PROJECT REPRESENTATIVE \_\_\_\_\_





# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/18/04  
REPORT NO 20

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
	<u>0700</u>	<u>Compass on site and has evaluated the clay in the areas it was too wet to perform compaction testing. The clay is still too wet so there will be no compaction testing performed today. To Test has scheduled GA to be on site to perform compaction testing on June 22, 2004.</u>	
	<u>0830</u>	<u>Compass is transporting clay from supply side to Forrestal. The clay is being placed in one 8-inch loosely placed lift in the areas where compaction passed on the first lift. As the dozer and sheeps foot compact the clay, it reduces the clay from 8-inches to 6-inches.</u>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 6/18/04  
 AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Landfill Cap / 73706.01 Date: 6/18/04 Time: 7:00A  
 Client: NTC Environmental Site Location: South of 4228 Virginia Ave  
 Work Activities: Landfill cap  
 Hospital Name / Address: St. Theresa Hospital  
 Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
 Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
Base Emergency (847) 688 - 3333

### Safety Topics Presented

1. Lap Belts in Equipment.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

**Personal Protective Equipment**

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

### Attendees

Name (Print)	Signature
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>Ramon Garcia</u>	<u>Ramon Garcia</u>
<u>Francisco Trajo</u>	<u>Francisco Trajo</u>
<u>Abel Trajo P.</u>	<u>Abel Trajo P.</u>

Meeting Conducted By: Mike Vails Compass Environmental

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/21/04  
REPORT NO 21

PHASE CONTRACT NO **N68950-00-D-0200** CONTRACT TITLE **Forrestal Landfill**

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
		<i>NO work performed today due to rain. To Test contacted Paul E. GAS, and cancelled compaction testing. Compass estimates that it will take at least 2 to 3 days to dry the clay that has been placed and compacted.</i>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

6/21/04
DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 6/22/04  
REPORT NO 21

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.		
	Schedule Activity No.	Definable Feature of Work	Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present	
	<u>0700</u>	<u>Compass on-site and has evaluated the clay. It is too wet to start working so Compass will let the clay dry this morning and try to slash the soil in the afternoon. Compass left the site at 0710</u>	
	<u>1100</u>	<u>Compass on-site and has determined that the clay is still too wet to work. Compass will be on site tomorrow to start drying soil</u>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


6/22/04
DATE

AUTHORIZED QC/MANAGER AT SITE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

# ToiTest, Inc.

## FORRESTAL LANDFILL FINAL COVER CONSTRUCTION ACTIVITIES SWPPP INSPECTION CHECKLIST

Inspections of each item will be performed weekly and within 24 hours after a precipitation event of 0.5 inches or greater which results in runoff.

Inspection Item	Person Conducting Inspection	Date and Time of Inspection	Observations of Erosion and Sediment Controls	Corrective Action and/or Maintenance Performed
Silt Fencing	Jeff Tinney	6/22/04	Silt fence in good condition	None Required
Hay bales	Jeff Tinney	6/22/04	Hay bails in good condition	None Required
SW inlet protection	Jeff Tinney	6/22/04	Fabric under inlet gates in place and in good condition	NONE Required

Inspection Items Include (but not limited to):

- Silt Fence
- Berms
- Straw Bales
- Rock Checks

Date: June 22, 2004

Title: Project Manager

Signature:

Jeff Tinney

Company:

ToiTest, Inc.

Phase: Circle as Appropriate

Site Prep/Clear-Grub

Construction

Restoration



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 8/13/04  
REPORT NO 22

PHASE CONTRACT NO **N68950-00-D-0200** CONTRACT TITLE **Forrestal Landfill**

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>1400</u>	<u>Compass is adding water to the clay because it is too dry and did not pass the compaction tests. The soil will be allowed to saturate the water that was applied to the clay and compacted on Monday. CAS will re-test the clay on Monday to evaluate the moisture content of the clay.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 8/13/04  
 AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT		DATE
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT		
Schedule Activity No.	Description	

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



**GRAEF  
ANHALT  
SCHLOEMER**  
and Associates Inc.  
ENGINEERS AND SCIENTISTS

### DAILY PROJECT DIARY

One Honey Creek Corporate Cent  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather	PC	PC
Temperature	60's	70's
Wind		
Humidity		

REPORT NO.: \_\_\_\_\_  
DATE: 8-13-04  
DAY: FRI

PROJECT: GREAT LAKES NAVAL BASE FORESTAL LANDFILL

PROJECT NO.: 20040155.00

LOCATION: GLNB

CLIENT: \_\_\_\_\_

CONTRACTOR: TOL TEST

SUPERINTENDENT: \_\_\_\_\_

Field Staking By: \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_

Resident Project Representative: HOWARD STEVENSON

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
FOREMAN	1	4 1/2	WATER TRUCK	1	4 1/2
OPERATOR	1	4 1/2	SHEEP'S FOOT COMPACTOR	1	4 1/2

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	1030	1200	1300	1600		1030	1330		

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

WATERED SITE AND TRIED TO COMPACT. SITE GOT WET & GUMMY ON TOP BUT WAS STILL DRY UNDERNEATH, CONTRACTOR ELECTED TO CONTINUE WATERING AND WILL TRY AGAIN ON MONDAY.

ATTACHMENTS:

RESIDENT PROJECT REPRESENTATIVE

Howard Stevenson



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 8/16/04  
REPORT NO 23

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0900</u>	<u>GAS on-site and is performing density tests on the landfill. The moisture content is within acceptable limits but not density limits. None of the density tests passed.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 8/16/04  
 AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE



**GRAEF  
ANHALT  
SCHLOEMER**  
and Associates Inc.  
ENGINEERS AND SCIENTISTS

**DAILY PROJECT DIARY**

One Honey Creek Corporate Cent  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather	CLR	CLDY
Temperature	60's	70's
Wind		
Humidity		

REPORT NO.: \_\_\_\_\_  
DATE: 8-16-04  
DAY: MON

PROJECT: GREAT LAKES NAVAL BASE - FORRESTAL LANDFILL  
PROJECT NO.: 20040155.00 LOCATION: GLNB  
CLIENT: \_\_\_\_\_  
CONTRACTOR: TOLTEST SUPERINTENDENT: \_\_\_\_\_  
Field Staking By: \_\_\_\_\_ PROJECT MANAGER: \_\_\_\_\_  
Resident Project Representative: HOWARD STEVENSON

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
OPERATOR	1	8	SHEEPSFOOT COMPACTOR	1	8

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	0700	1200	1300	1600		0700	1530		

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

COMPACTING THE 2<sup>ND</sup> LIFT THAT WAS PLACED EARLIER.  
I TOOK SOME FAST TESTS FOR INFORMATION ONLY AT COMPASS'S  
REQUEST ON THE 2<sup>ND</sup> LIFT. TESTS RANGED FROM 79% - 87% WITH  
MOISTURE FROM 12% - 15%. COMPASS DECIDED TO CONTINUE COMPACTING  
WITH THE SHEEPSFOOT.  
THE MATERIAL IS VERY DRY ON TOP WITH MORE MOISTURE 2"-3"  
DOWN. COMPACTOR IS JUST RUNNING ON TOP WITHOUT PENETRATING MORE  
THAN 1/2".

ATTACHMENTS: DENSITY SHEET

RESIDENT PROJECT REPRESENTATIVE Howard Stevenson





# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 8/17/04  
REPORT NO 24

PHASE CONTRACT NO **N68950-00-D-0200** CONTRACT TITLE **Forrestal Landfill**

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>1030</u>	<u>Compass has re-compacted the low-perm clay. The rain allowed the clay that was placed to compact well. GAs performed density tests over the landfill and they all passed. None of the areas tested were outside the acceptable moisture range.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


8/17/04  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# CONTRACTOR QUALITY CONTROL REPORT

DATE 8/18/04

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

REPORT NO 25

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on-site and is transporting clay from Supply Slick to Forrestal. The clay is being placed and compacted w/ the dozer and sheeps foot. Compass is placing the 2<sup>nd</sup> lift of clay on the northern half of the landfill.</u>
	<u>1100</u>	<u>Compass has completed the 2<sup>nd</sup> lift. The 2<sup>nd</sup> lift was placed in one 8-inch lift that was compacted to 6-inches. GAS performed the density tests and all density tests passed.</u>  <u>Compass is starting on the 3<sup>rd</sup> lift.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

8/18/04
DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Supply Side Landfill Cap / 73738.01 Date: 8/18 Time: 2pm  
Client: NTC Environmental Site Location: South end of Huron Street  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
**Base Emergency (847) 688 - 3333**

## Safety Topics Presented

- Lightning
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)	Signature
<u>Francisco Trejo</u>	<u>Francisco Trejo</u>
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
<u>FILMON OLIVERO GUERRA</u>	<u>FILMON OLIVERO GUERRA</u>
<u>Abel Trejo</u>	<u>Abel Trejo</u>

Meeting Conducted By:

Mike Davis

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.



**GRAEF  
ANHALT  
SCHLOEMER**  
and Associates Inc.  
ENGINEERS AND SCIENTISTS

**DAILY PROJECT DIARY**

One Honey Creek Corporate Cent  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather	CLR	CLDY
Temperature	68	80's
Wind		HI-WEST
Humidity		

REPORT NO.: \_\_\_\_\_  
DATE: 8-18-04  
DAY: WEDS

PROJECT: GREAT LAKES NAVAL BASE - FORRESTAL LANDFILL  
PROJECT NO.: 20040155.00 LOCATION: GLNB  
CLIENT: \_\_\_\_\_  
CONTRACTOR: TOLTEST SUPERINTENDENT: \_\_\_\_\_  
Field Staking By: \_\_\_\_\_ PROJECT MANAGER: \_\_\_\_\_  
Resident Project Representative: HOWARD STEVENSON

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
FOREMAN	1	8	BACKHOE	1	8
OPERATOR	5	8	OFF-ROAD DUMP TRUCK	2	8
			DOZER	1	8
			SHEEPSFOOT COMPACTOR	1	8
			WATER TRUCK	1	8

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	0700	1200	1300	1600		0700	1600		

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

COMPASS ENVIRONMENTAL FINISHED PLACING THE 2ND LIFT & STARTED THE 3RD LIFT ON THE SOUTH END.  
MATERIAL CONSISTED OF BROWN & GREY SILTY CLAY WITH SOME GRAVEL.  
SILT FENCE IN PLACE AND IS OK

ATTACHMENTS: DENSITY SHEET.

RESIDENT PROJECT REPRESENTATIVE Paul Stea





# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 8/19/04

REPORT NO 26

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on-site and continuing to place and compact the last lift of clay.</u>
	<u>1300</u>	<u>Compass has finished placing and compacting the last lift of clay. GAS has performed the density testing for the last lift and they all passed.</u>
		<u>To Test will schedule the removal and disposal of the landfill waste located on the southwest corner of the site. Tentatively scheduled for Tuesday.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


8/19/04  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Supply Side Landfill Cap / 73738.01 Date: 8/19 Time: 7:00  
Client: NTC Environmental Site Location: South end of Huron Street  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
**Base Emergency (847) 688 - 3333**

## Safety Topics Presented

- House Keeping
- 
- 
- 
- 

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: Landfill Cap PPE: Level D  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)	Signature
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>FILMON OLIVERA</u>	<u>FILMON OLIVERA</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
_____	_____
_____	_____

Meeting Conducted By:

[Signature]

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.



**GRAEF  
ANHALT  
SCHLOEMER**  
and Associates Inc.  
ENGINEERS AND SCIENTISTS

**DAILY PROJECT DIARY**

One Honey Creek Corporate Cent  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather	CLR	PTLY CLDY
Temperature	60'S	41-70'S
Wind		EAST MOD.
Humidity		

REPORT NO.: \_\_\_\_\_  
DATE: 8-19-04  
DAY: THURS

PROJECT: GREAT LAKES NAVAL BASE - FORRESTAL LANDFILL

PROJECT NO.: 20040155.00

LOCATION: GLNB

CLIENT: \_\_\_\_\_

CONTRACTOR: TOLTEST

SUPERINTENDENT: \_\_\_\_\_

Field Staking By: \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_

Resident Project Representative: HOWARD STEVENSON

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
FOREMAN	1	3 1/2	BACKHOE	1	7
OPERATOR	5	7	OFF-ROAD DUMP TRUCK	2	7
			DOZER	1	7
			SHEEPSFOOT COMPACTOR	1	7
			WATER TRUCK	1	7

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	0700	1200	1500	1500		0700	1500		

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

COMPASS ENVIRONMENTAL FINISHED PLACING 3<sup>RD</sup> LIFT.  
MATERIAL CONSISTED OF BROWN & GREY SILTY CLAY WITH SOME GRAVEL

ATTACHMENTS: DENSITY SHEET.

RESIDENT PROJECT REPRESENTATIVE

*Howard Stevenson*





# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 9/20/04  
REPORT NO 27

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0630</u>	<u>Compass was loaded the remaining landfill waste in 2 trucks and Mark H. of PWC signed the waste manifests</u>
	<u>0800</u>	<u>Surveyor arrived on site and shot the elevation of the top of clay</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


DATE 9/20/04

## GOVERNMENT QUALITY ASSURANCE REPORT

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER \_\_\_\_\_ DATE \_\_\_\_\_



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 10/4/04

REPORT NO 28

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on-site and hauling topsoil from the stockpile. The topsoil is being spread w/ the dozer.</u>
	<u>0845</u>	<u>Compass continuing to spread topsoil on the landfill. The topsoil is being placed in an lift varying between 6 and 14 inches.</u>
	<u>1300</u>	<u>Compass continuing to haul and spread topsoil.</u>
<u>1530</u>	<u>Compass off-site. Approx. 1/2 of the topsoil was spread over the clay today.</u>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


10/4/04  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

ATTACHMENT 4  
TAILGATE SAFETY MEETING FORM

Project Name/Number: Forrestal Landfill Date: 10-4-04 Time: 7 AM  
Client: NTC ENVIRONMENTAL Site Location: SOUTH END OF HURON STREET.  
Work Activities: LANDFILL CAP  
Hospital Name/Address: ST. THERESA PROVENA HOSPITAL. WASHINGTON ST.  
Hospital Phone No.: (847) 360-4225. Ambulance Phone No.: 911  
Directions to Hospital:

Safety Topics Presented

1. SLIPS, TRIPS, FALLS.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Chemical Hazards: \_\_\_\_\_

Physical Hazards: \_\_\_\_\_

Personal Protective Equipment:

Activity: LANDFILL CAP PPE: LEVEL D  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

Attendees

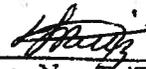
Name (Print)

Signature

<u>Francisco Trojo</u>	<u>Francisco Trojo</u>
<u>Eduardo Olvera</u>	<u>Eduardo Olvera</u>
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>Abel Trojo R.</u>	<u>Abel Trojo R.</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
_____	_____
_____	_____
_____	_____

Meeting Conducted By:

FRANCISCO VILLAGRA



TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate Safety Meeting.

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 10/5/04

CONTRACT NO  
**N68950-00-D-0200**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
29

CONTRACTOR  
**ToITest**

SUPERINTENDENT  
**Tim Boos**

AM WEATHER  
Clear

PM WEATHER  
Clear

MAX TEMP (F)  
58

MIN TEMP (F)  
32

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<u>Francisco Trejo</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Mike Vails</u>	<u>Compass</u>	<u>1</u>	<u>Superintendent</u>	<u>8</u>
	<u>Ramon Garcia</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Marco Flores</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Abol Trojo</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Fillmor Guerer</u>	<u>Compass</u>	<u>1</u>	<u>Operator</u>	<u>8</u>
	<u>Tim Boos</u> <u>Francisco Villagra</u>	<u>ToITest</u>	<u>1</u>	<u>Supervisor</u>	<u>8</u>

**JOB SAFETY**

- YES     NO  
 WAS A JOB SAFETY MEETING HELD THIS DATE?  
 (IF YES attach copy of the meeting minutes)
- YES     NO  
 WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?  
 (IF YES attach copy of completed OSHA report)
- YES     NO  
 WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE?  
 (IF YES attach statement or checklist showing inspection performed.)
- YES     NO  
 WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?  
 (IF YES attach description of incident and proposed action.)

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS 56

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT 900

TOTAL WORK HOURS FROM START OF CONSTRUCTION 956

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
	<u>Discuss daily safety log topics</u>	

**EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)**

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

**CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.**

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (Incl Make and Model)	Hours Used
	<u>Compass</u>	<u>Two 40 CY Dump Trucks</u>	
	<u>Compass</u>	<u>One Excavator</u>	
	<u>Compass</u>	<u>One Dozer</u>	
	<u>Compass</u>	<u>One Backhoe</u>	
	<u>Compass</u>	<u>One Water Truck</u>	

Schedule Activity No.	REMARKS

  
 CONTRACTOR/SUPERINTENDENT      10/5/04  
 DATE

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 10/5/04

REPORT NO 29

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO

IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO

WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
<u>0700</u>	<u>Compass on-site and continuing to spread topsoil.</u>
<u>0900</u>	<u>Steve N, ROICE, Jeff J &amp; Khush M, To/Text and Mike U, Compass on-site to discuss the location of the foot path and play ground. Steve walked the site and Mike U. spray painted the outline of the walking path as indicated by Steve N. Steve indicated that he wanted the playground constructed on the east side of the landfill.</u>
<u>1200</u>	<u>Compass continuing to place and spread topsoil.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)

Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 10/5/04  
 AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



ATTACHMENT 4  
TAILGATE SAFETY MEETING FORM

Forrestal / 7370601 73738-01  
Project Name/Number: SUPPLY SIDE LANDFILL CAP Date: 10-5-04 Time: 0700  
Client: NTC ENVIRONMENTAL Site Location: SOUTH END OF HURON ST.  
Work Activities: LANDFILL CAP  
Hospital Name/Address: ST. THERESA PROVENA HOSPITAL, WASHINGTON ST  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital:

Safety Topics Presented

1. SLIP, TRIPS, FALL
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Chemical Hazards: \_\_\_\_\_

Physical Hazards: \_\_\_\_\_

Personal Protective Equipment:

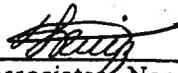
Activity: LANDFILL CAP PPE: LEVEL 2  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

Attendees

Name (Print)	Signature
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
<u>Abel Trajo P.</u>	<u>Abel Trajo P.</u>
<u>Francisco Trajo</u>	<u>Francisco Trajo</u>
<u>Filimon Olvera</u>	<u>Filimon Olvera</u>
_____	_____
_____	_____
_____	_____

Meeting Conducted By: FRANCISCO VILLAGRA 

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate Safety Meeting.



## DAILY PROJECT DIARY

One Honey Creek Corporate Cent  
125 South 84th Street, Suite 401  
Milwaukee, WI 53214 - 1470  
Telephone (414) 259-1500  
FAX (414) 259-0037

	AM	PM
Weather	Clr	Clr
Temperature	35	60
Wind	SW	SW
Humidity		

**REPORT NO.:** \_\_\_\_\_  
**DATE:** 10/05/04  
**DAY:** TUES

**PROJECT:** Great Lakes Naval Base - Forrestal Landfill

**PROJECT NO.:** 20040155.00

**LOCATION:** Great Lakes Naval Base

**CLIENT:** US Navy

**CONTRACTOR:** ToItest

**SUPERINTENDENT:** \_\_\_\_\_

**Field Staking By:** \_\_\_\_\_

**PROJECT MANAGER:** Brian Schneider

**Resident Project Representative:** Howard Stevenson

LABOR			EQUIPMENT		
TYPE	NO.	HRS.	TYPE	NO.	HRS.
Foreman	1	6	Backhoe Cat 330	1	6
Operator	5	6	Dozer Cat D6	1	6
			Off Road Dump Trucks Cat 740	2	6

CONTRACTOR AT PROJECT	From	To	From	To	INSPECTION AT PROJECT	From	To	From	To
	0700	1200	1500	1600		1000	1200	1500	1600

Record: Construction Activities, Construction Delays, Project Testing, Non-Conformance, Field Problems, Follow-up Actions, Contacts

Compass placed topsoil on the landfill. They started to build the concrete pad for the vent pipe. They also laid out the walking path with Steve from the Navy. After lunch they moved to Supply Side Landfill to regrade before returning to finish the day here. The Material is a clean topsoil with almost no stones.

**ATTACHMENTS:** None

**RESIDENT PROJECT REPRESENTATIVE**

**Howard Stevenson**



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 10/6/04

REPORT NO 30

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

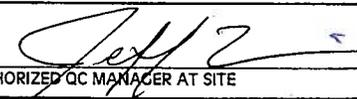
<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on-site and continuing to place topsoil on the landfill.</u>
	<u>0800</u>	<u>Compass has constructed the 4 x 4 forms for the concrete pad that will be constructed for the gas vent. Compass pours 3,000 psi concrete in the forms. The concrete is screeded, floated, and finished.</u>
	<u>1030</u>	<u>Compass continuing to place topsoil. Compass has also started to cut the walking path to 10' wide. The path is 700 LF in length.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

 10/6/04  
 AUTHORIZED QC MANAGER AT SITE DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Supply Side Landfill Cap / 73738.01 Date: 10/6/04 Time: 7a  
Client: NTC Environmental Site Location: South end of Huron Street  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
**Base Emergency (847) 688 - 3333**

## Safety Topics Presented

1. PPE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

Personal Protective Equipment	
Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

## Attendees

Name (Print)	Signature
<u>MARCO FUORIS</u>	<u>MARCO FUORIS</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
<u>Francisco Trajo</u>	<u>Francisco Trajo</u>
<u>Aber Tieso R</u>	<u>Aber Tieso R</u>
<u>Filomen Olvera</u>	<u>Filomen Olvera</u>

Meeting Conducted By: [Signature] [Signature]

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 10/7/04

REPORT NO 31

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass continuing to cut out the walking path and "top dress" the topsoil that was placed. Rocks and debris are being removed from the topsoil.</u>
	<u>0900</u>	<u>Compass has completed cutting the walking path in the landfill. CA-6 stone is delivered and placed in the walking path. The CA-6 is being placed in one 3 inch lift and compacted.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


10/7/04  
 AUTHORIZED QC MANAGER AT SITE DATE

## GOVERNMENT QUALITY ASSURANCE REPORT

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



# TAILGATE SAFETY MEETING FORM

Project Name/ Number: Forrestal Supply Side Landfill Cap / 73738-01 Date: 10/7/04 Time: 7AM  
Client: NTC Environmental Site Location: South end of Huron Street  
Work Activities: Landfill cap  
Hospital Name / Address: St. Theresa Hospital  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: Main Gate of DRMO (right) onto Buckley Road. (Left) onto Greenbay Road. (Right) onto Washington Ave to Hospital. On right hand side of the road. Approximately 2.5 miles.  
**Base Emergency (847) 688 - 3333**

## Safety Topics Presented

- over head lines
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Chemical Hazards: Diesel fuel, Gasoline, Petroleum Lubricates

Physical Hazards: Lifting, slips, trips, falls, heavy equipment, traffic

### Personal Protective Equipment

Activity: <u>Landfill Cap</u>	PPE: <u>Level D</u>
Activity: _____	PPE: _____

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

### Attendees

Name (Print)	Signature
<u>MARCO FIORIO</u>	<u>MARCO FIORIO</u>
<u>FILMON OLIVERA</u>	<u>FILMON OLIVERA</u>
<u>RAMON GARCIA</u>	<u>RAMON GARCIA</u>
<u>ABEL TRESO R.</u>	<u>ABEL TRESO R.</u>

Meeting Conducted By:

FRANCISCO VILLAGRA \_\_\_\_\_

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate safety Meeting.



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 10/11/04  
REPORT NO 32

PHASE CONTRACT NO N68950-00-D-0200 CONTRACT TITLE Forrestal Landfill

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present
	<u>0700</u>	<u>Compass on-site and are top dressing the slopes of the landfill. Approx 2700 CY of topsoil was placed on the landfill.</u>
	<u>1100</u>	<u>ToITest contacted Blayne, to discuss the location of the playground. Blayne indicated that the playground could be placed anywhere on the east side of the site. ToITest will be required to import additional clay and place the clay where the playground will be constructed. This additional clay will be required so that the area can be built up to avoid pouring foundations into the clay cap. The foundations will be 20-inches deep.</u>

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO", Manuf. Rep On-Site, etc.)	
Schedule Activity No.	Description

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.


10/11/04
DATE

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE



ATTACHMENT 4  
TAILGATE SAFETY MEETING FORM

Project Name/Number: 73706.01 Date: 10-11-04 Time: 0700  
Client: NTC ENVIRONMENTAL Site Location: \_\_\_\_\_  
Work Activities: LANDFILL CAP.  
Hospital Name/Address: ST. THERESA PROVENA HOSPITAL, WASHINGTON ST.  
Hospital Phone No.: (847) 360-4225 Ambulance Phone No.: 911  
Directions to Hospital: \_\_\_\_\_

Safety Topics Presented

1. SLIPS, TRIPS, FALLS..
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Chemical Hazards: \_\_\_\_\_

Physical Hazards: \_\_\_\_\_

Personal Protective Equipment:

Activity: LANDFILL CAP PPE: LEVEL D  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

New Equipment: \_\_\_\_\_

Permits Required This Date: \_\_\_\_\_

Attendees

Name (Print)	Signature
<u>Filmon Olvera</u>	<u>Filmon Olvera</u>
<u>RANON GARCIA</u>	<u>RANON GARCIA</u>
<u>Francisco Trajo</u>	<u>Francisco Trajo</u>
<u>Abel Trejo P.</u>	<u>Abel Trejo P.</u>
<u>MARCO FLORES</u>	<u>MARCO FLORES</u>
_____	_____
_____	_____
_____	_____

Meeting Conducted By:

FRANCISCO JILACRA 

ToITest is not liable for the information presented to non-ToITest associates. Non-ToITest associates are required to conduct their own Tailgate Safety Meeting.



# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 20 Oct 04  
REPORT NO 33

PHASE CONTRACT NO N68950-00-D-0200 / DO.: 69 CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO   
IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO   
IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO   
WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc.

Schedule Activity No.	Description
	<u>Lets-Go-Play started construction of the playground equipment today.</u>

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE DATE 20 Oct 04

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT

Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE **21 Oct 04**

CONTRACT NO  
**N68950-00-D-0200**  
DO.: **69**

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
**34**

CONTRACTOR  
**ToiTest, Inc.**

SUPERINTENDENT  
**T. Boos**

AM WEATHER

PM WEATHER

MAX TEMP (F)

MIN TEMP (F)

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
1.	<b>Playground Construction</b>	<b>LGP</b>	<b>3</b>	<b>labor</b>	<b>24</b>
2.	<b>Gas vent system</b>	<b>Compass</b>	<b>1</b>	<b>operator</b>	<b>8</b>
		<b>Compass</b>	<b>1</b>	<b>labor</b>	<b>8</b>
		<b>Compass</b>	<b>1</b>	<b>supervisor</b>	<b>8</b>

**JOB SAFETY**

WAS A JOB SAFETY MEETING HELD THIS DATE?  
(if YES attach copy of the meeting minutes)

YES  NO

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?  
(if YES attach copy of completed OSHA report)

YES  NO

WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE?  
(if YES attach statement or checklist showing inspection performed.)

YES  NO

WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?  
(if YES attach description of incident and proposed action.)

YES  NO

TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS

**48**

CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT

**1132**

TOTAL WORK HOURS FROM START OF CONSTRUCTION

**1180**

Schedule Activity No.

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

**EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)**

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

**CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.**

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used

Schedule Activity No.

REMARKS **Compass completed the Gas vent system. Lets-Go-Play continued construction of the playground Equipment.**

*T. Boos*  
CONTRACTOR/SUPERINTENDENT

**21 Oct 04**  
DATE

# CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE 21 Oct 04  
REPORT NO 34

PHASE CONTRACT NO N68950-00-D-0200 / DO.: 69 CONTRACT TITLE Forrestal Landfill

**PREPARATORY**

WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES  NO   
 IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**INITIAL**

WAS INITIAL PHASE WORK PERFORMED TODAY? YES  NO   
 IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.

Schedule Activity No.	Definable Feature of Work	Index #

**FOLLOW-UP**

WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES  NO   
 WORK COMPLIES WITH SAFETY REQUIREMENTS? YES  NO

Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)		REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)	
Schedule Activity No.	Description	Schedule Activity No.	Description
	<u>fence around Gas Vent System</u>		

REMARKS (Also Explain Any Follow-Up Phase Checklist item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc.

Schedule Activity No.	Description
	<u>Compass completed Gas vent system. Lets-Go-Play continued construction of Playground equipment.</u>

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE DATE 21 Oct 04

## GOVERNMENT QUALITY ASSURANCE REPORT

DATE \_\_\_\_\_

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

GOVERNMENT QUALITY ASSURANCE MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE **22 Oct 04**

CONTRACT NO  
**N68950-00-D-0200**  
DO.: 69

TITLE AND LOCATION  
**Forrestal Landfill**

REPORT NO  
**35**

CONTRACTOR  
**ToITest, Inc.**

SUPERINTENDENT  
**T. Boos**

AM WEATHER

PM WEATHER

MAX TEMP (F)

MIN TEMP (F)

## WORK PERFORMED TODAY

Schedule Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
	<b>Forrestal landfill, Playground area</b>	<b>Lets-Go-Play</b>	<b>3</b>	<b>labor</b>	<b>24</b>

<b>JOB SAFETY</b>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS	<b>24</b>
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	<b>1180</b>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	<b>1204</b>
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		

Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)		
Schedule Activity No.	Submittal #	Description of Equipment/Material Received

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.			
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used

Schedule Activity No.	REMARKS <b>Lets-Go-Play continued assembly of the Playground equipment.</b>

**22 Oct 04**  
 CONTRACTOR/SUPERINTENDENT DATE

# CONTRACTOR QUALITY CONTROL REPORT

DATE **22 Oct 04**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

REPORT NO **35**

PHASE CONTRACT NO **N68950-00-D-0200 / DO.: 69** CONTRACT TITLE **Forrestal Landfill**

<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PREFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>INITIAL</b>	WAS INITIAL PHASE WORK PREFORMED TODAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.	
	Schedule Activity No.	Definable Feature of Work
		Index #

<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Schedule Activity No.	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification Section, Location and List of Personnel Present

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
Schedule Activity No.	Description	Schedule Activity No.	Description

REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc.	
Schedule Activity No.	Description <b>Lets-Go-Play continued assembly of the playground equipment</b>

On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.

  
 AUTHORIZED QC MANAGER AT SITE DATE **22 Oct 04**

**GOVERNMENT QUALITY ASSURANCE REPORT** DATE

QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT	
Schedule Activity No.	Description

\_\_\_\_\_  
 GOVERNMENT QUALITY ASSURANCE MANAGER DATE





### ATTACHMENT 4 TAILGATE SAFETY MEETING FORM

Project Name/Number: \_\_\_\_\_ Date: 11-3-04 Time: 0630  
Client: U.S. NAVY Site Location: LANDFILL  
Work Activities: SETUP FENCE  
Hospital Name/Address: ST. THERESA PROUENA HOSPITAL, WASHINGTON ST.  
Hospital Phone No.: \_\_\_\_\_ Ambulance Phone No.: 911  
Directions to Hospital: \_\_\_\_\_

#### Safety Topics Presented

1. CAUTION FIELD WET
2. CAUTION WITH HAMMER
3. \_\_\_\_\_
4. \_\_\_\_\_

Chemical Hazards: NONE

Physical Hazards: SLIPS, TRIPS, FALL, CUT

Personal Protective Equipment:  
Activity: SETUP FENCE PPE: LEVEL D  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_  
Activity: \_\_\_\_\_ PPE: \_\_\_\_\_

New Equipment: NONE

Permits Required This Date: \_\_\_\_\_

Name (Print)	Attendees	Signature
<u>FRANCISCO VILLAGRA</u>		<u>[Signature]</u>
<u>Floyd Rushing</u>		<u>[Signature]</u>
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Meeting Conducted By: FRANCISCO VILLAGRA [Signature]

TolTest is not liable for the information presented to non-TolTest associates. Non-TolTest associates are required to conduct their own Tailgate Safety Meeting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

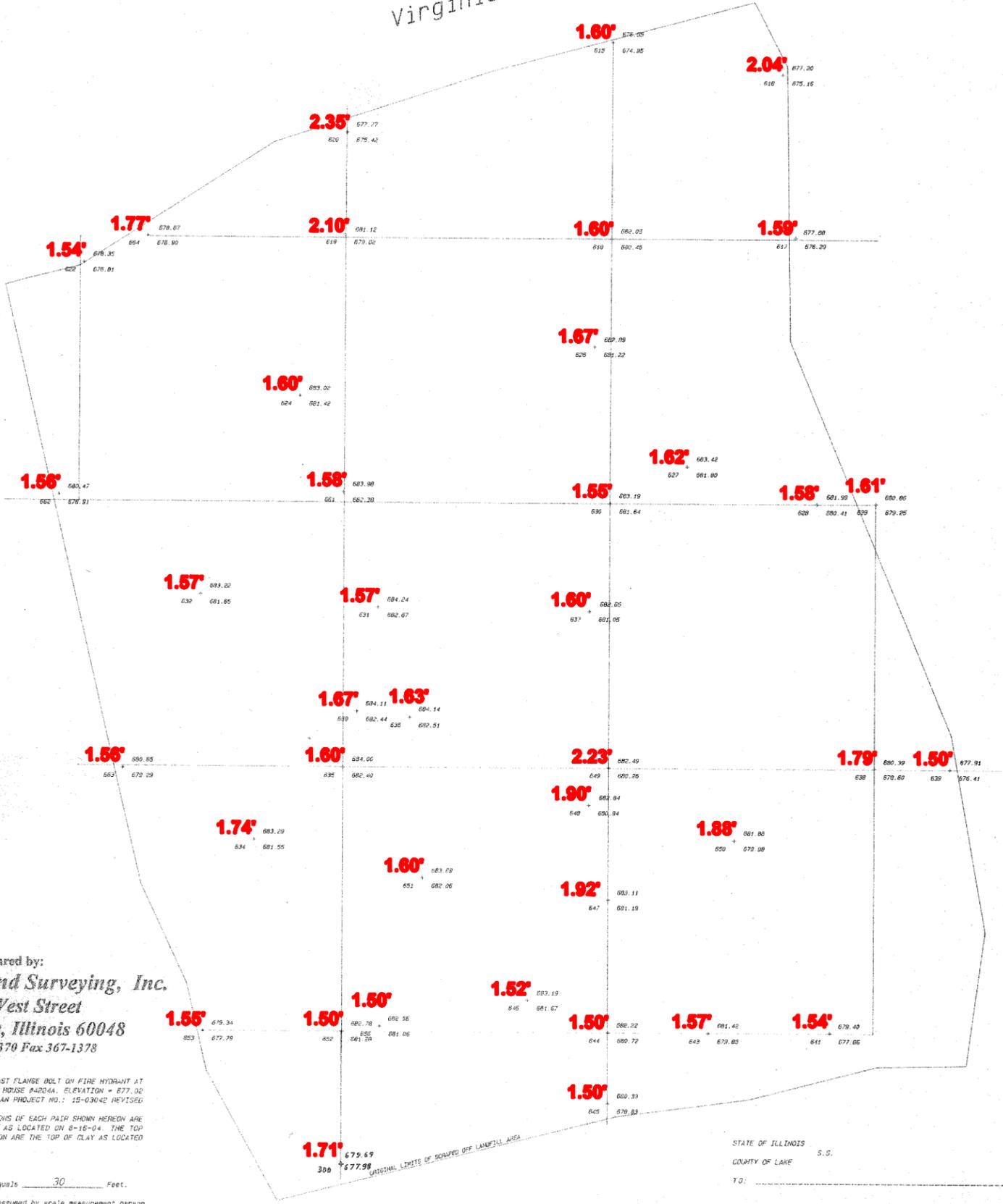
# Plat of Elevations

LANDFILL AT GREAT LAKES NAVAL BASE

PART OF THE SOUTHEAST QUARTER OF SECTION 7, TOWNSHIP 44 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN LAKE COUNTY, ILLINOIS.



Virginia Avenue



prepared by:  
**Blackledge Land Surveying, Inc.**  
 528 West Street  
 Libertyville, Illinois 60048  
 (847)367-1370 Fax 367-1378

BEACH MARK: NORTHEAST FLANGE BOLT ON FIRE HYDRANT AT NORTH SIDE OF PARK AT HOUSE #4204A. ELEVATION = 677.02 PER CLAYTON DESIGN PLAN PROJECT NO.: 15-030-02 REVISED 5-19-04.  
 THE BOTTOM ELEVATIONS OF EACH PAIR SHOWN HEREON ARE THE TOP OF SUB-GRADE AS LOCATED ON 8-16-04. THE TOP ELEVATIONS SHOWN HEREON ARE THE TOP OF CLAY AS LOCATED ON 9-20-04.

Scale: 1 Inch Equals 30 Feet.

No dimension shall be assumed by scale measurement hereon. Distances are marked in feet and decimal parts thereof.

Ordered by: TOLTEST, INC.

Order Number: 01B 04-Clay

Drawn by: KIS

Checked by: [Signature]

Refer to Abstract deed and local ordinances for building restrictions. Compare all points before building by same and immediately report any discrepancies.

Bearing basis: N/A

This plat is not certified unless an impressed seal is affixed hereon



STATE OF ILLINOIS S.S.  
 COUNTY OF LAKE

WE, BLACKLEDGE LAND SURVEYING, INC. DO HEREBY CERTIFY THAT THE PROPERTY HEREON DRAWN WAS COMPILED FROM EXISTING SURVEYS INSTRUMENTS OF PUBLIC RECORD AND FIELD WORK FOR THE PURPOSE SHOWN ABOVE AND THAT IT IS A CORRECT REPRESENTATION OF THE AREA SHOWN HEREON. PROFESSIONAL DESIGN FIRM LICENSE NO. 104-003789 LIBERTYVILLE, ILLINOIS.

DATED THIS 20TH DAY OF SEPTEMBER A.D. 2004

[Signature of Larry A. Faith]

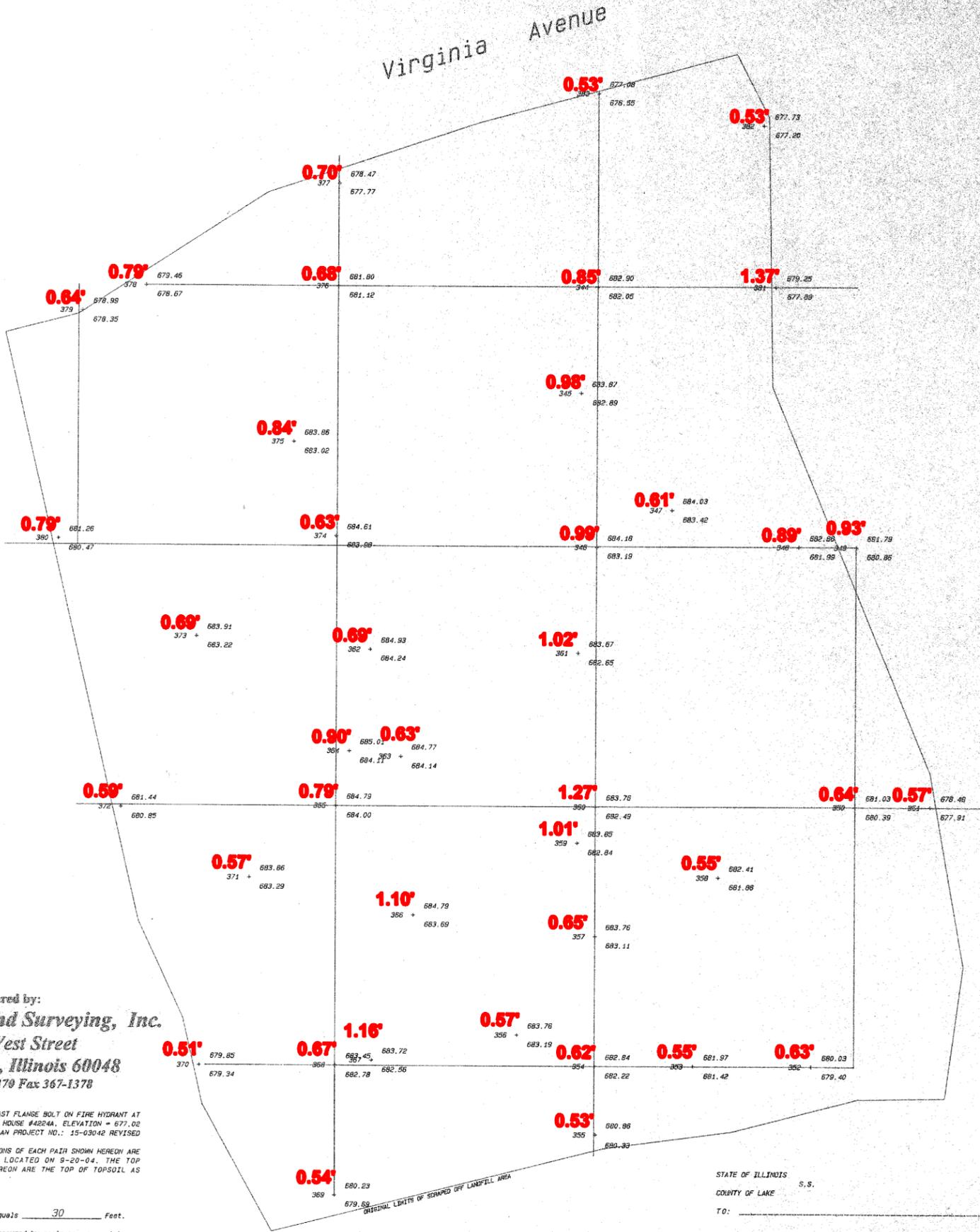
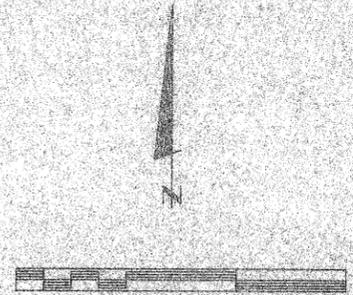
ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 30-2857

**AS-BUILT CLAY THICKNESS**

# Plat of Elevations

LANDFILL AT GREAT LAKES NAVAL BASE

PART OF THE SOUTHEAST QUARTER OF SECTION 7, TOWNSHIP 44 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN LAKE COUNTY, ILLINOIS.



prepared by:  
**Blackledge Land Surveying, Inc.**  
 528 West Street  
 Libertyville, Illinois 60048  
 (847)367-1379 Fax 367-1378

BENCH MARK: NORTHEAST FLANGE BOLT ON FIRE HYDRANT AT NORTH SIDE OF PARK AT HOUSE #4224A. ELEVATION = 677.02 PER CLAYTON DESIGN PLAN PROJECT NO.: 15-03042 REVISED 5-19-04.  
 THE BOTTOM ELEVATIONS OF EACH PAIR SHOWN HEREON ARE THE TOP OF CLAY AS LOCATED ON 9-20-04. THE TOP ELEVATIONS SHOWN HEREON ARE THE TOP OF TOPSOIL AS LOCATED ON 10-12-04.

Scale: 1 Inch Equals 30 Feet.  
 No dimension shall be assumed by scale measurement hereon. Distances are marked in feet and decimal parts thereof.  
 Ordered by: TOLTEST, INC.  
 Order Number: 018 04-FG  
 Drawn By: KS  
 Checked By: [Signature]  
 Refer to abstract deed and local ordinances for building restrictions. Compare all points before building by same and immediately report any discrepancies.  
 Bearing basis: N/A

This plat is not certified unless an impressed seal is affixed hereon



STATE OF ILLINOIS S.S.  
 COUNTY OF LAKE  
 TO: \_\_\_\_\_

WE, BLACKLEDGE LAND SURVEYING, INC. DO HEREBY CERTIFY THAT THE PROPERTY HEREON DRAWN WAS COMPILED FROM EXISTING SURVEYS INSTRUMENTS OF PUBLIC RECORD AND FIELD WORK FOR THE PURPOSE SHOWN ABOVE AND THAT IT IS A CORRECT REPRESENTATION OF THE AREA SHOWN HEREON. PROFESSIONAL DESIGN FIRM LICENSE NO. 104-003789. LIBERTYVILLE, ILLINOIS.

DATED THIS 12TH DAY OF OCTOBER A.D. 2004

[Signature]  
 ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 35-2857

**AS-BUILT TOPSOIL THICKNESS**

**APPENDIX G**

**WELL CONSTRUCTION DETAILS**



## MONITORING WELL CONSTRUCTION LOG - STICK-UP

WELL NO. FL-01

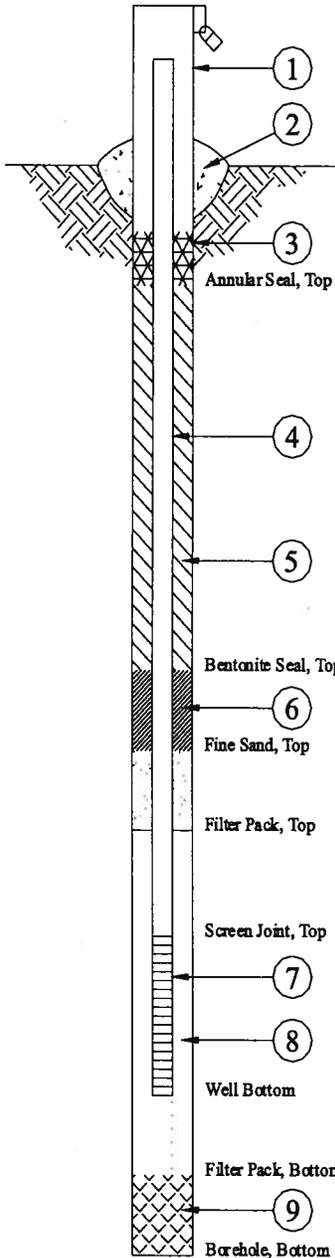
PROJECT NO. 73775.01

TOC Elev. 683.44

Riser Elev. 683.2  
Stick-up (ft) 2.76

Ground Elev. 680.44

Depth (ft) 2  
Elev. 678.44



Depth (ft) 6  
Elev. 674.44  
Depth (ft) N/A  
Elev. \_\_\_\_\_

Depth (ft) 8  
Elev. 672.44

Depth (ft) 10  
Elev. 670.44

Depth (ft) 50  
Elev. 630.2

Depth (ft) 50

Bottom Depth (ft) 50  
Bottom Elev. 630.2

PROJECT NAME Supplieside and Forrestal Landfills

PROJECT LOCATION Naval Station Great Lakes, IL

WELL COMPLETION DATE 5/12/2006

Installed By TTL, Inc.

Drilling Method H.S.A. (Hollow Stem Auger)

Supervised By Sara Mierzwia, Geologist

Borehole Diameter 8 in. Total Depth 50 ft.

1. Protective Casing  
Dimensions Length 48 in.  
Diameter 4 in.  
Lock?  Yes  No  
Water Tight Well Cap?  Yes  No

2. Surficial Seal Material concrete collar to 1' height

3. Sand Drainage?  Yes  No

4. Solid Riser Diameter and Type 2" PVC  
Solid Riser Length 2.5'

5. Annular Seal Material Bentonite  
How Installed poured  
Volume Placed 3 bags

6. Bentonite Seal Bentonite chips  
Volume Placed 1 bag

7. Screen Material PVC  
Screen Manufacturer Campbell  
Screen Length 40'  
Slot Size 0.01  
Slotted Interval Length 1/8th"  
Screen Diameter ID 1 7/8th in OD 2 in.

8. Filter Pack Material #5 filter sand  
Volume Added (30) 50-lb bags

9. Backfill Material Below Filter Pack N/A

(All depths measured from ground surface)



**MONITORING WELL CONSTRUCTION LOG - STICK-UP**

WELL NO. FL-02

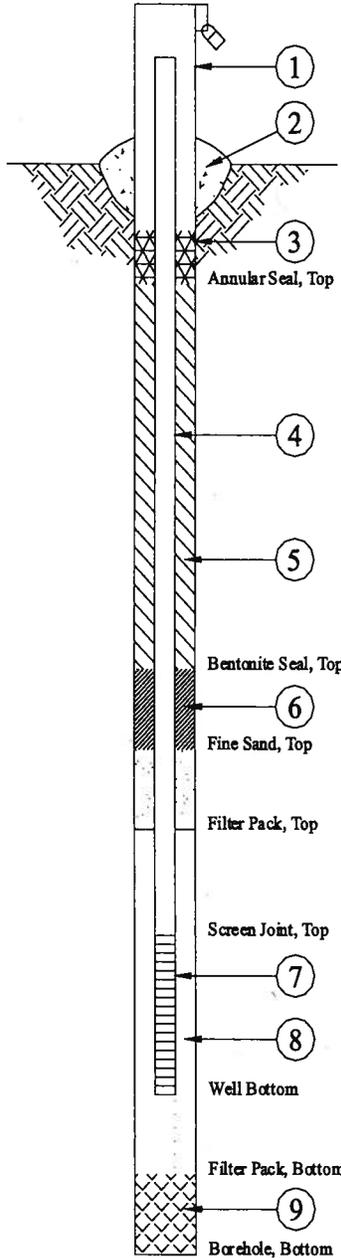
PROJECT NO. 73775.01

TOC Elev. 677.49

Riser Elev. 677.32  
Stick-up (ft) 2.83

Ground Elev. 674.49

Depth (ft) 2  
Elev. 672.49



Depth (ft) 6  
Elev. 668.49  
Depth (ft) N/A  
Elev. \_\_\_\_\_

Depth (ft) 8  
Elev. 666.49

Depth (ft) 10  
Elev. 664.49

Depth (ft) 50  
Elev. 624.49

Depth (ft) 50

Bottom Depth (ft) 50  
Bottom Elev. 624.49

PROJECT NAME Supplyside and Forrestal Landfills

PROJECT LOCATION Naval Station Great Lakes, IL

WELL COMPLETION DATE 5/10/2006

Installed By TTL, Inc.

Drilling Method H.S.A. (Hollow Stem Auger)

Supervised By Sara Mierzwiak, Geologist

Borehole Diameter 8 in. Total Depth 50 ft.

1. Protective Casing  
Dimensions Length 48 in.  
Diameter 4 in.  
Lock?  Yes  No  
Water Tight Well Cap?  Yes  No

2. Surficial Seal Material concrete collar to 1' height

3. Sand Drainage?  Yes  No

4. Solid Riser Diameter and Type 2" PVC  
Solid Riser Length 2.5'

5. Annular Seal Material Bentonite  
How Installed poured  
Volume Placed 3 bags

6. Bentonite Seal Bentonite chips  
Volume Placed 1 bag

7. Screen Material PVC  
Screen Manufacturer Campbell  
Screen Length 40'  
Slot Size 0.01  
Slotted Interval Length 1/8th"  
Screen Diameter ID 1 7/8th in OD 2 in.

8. Filter Pack Material #5 filter sand  
Volume Added (25) 50-lb bags

9. Backfill Material Below Filter Pack N/A

(All depths measured from ground surface)



## MONITORING WELL CONSTRUCTION LOG - STICK-UP

WELL NO. FL-03

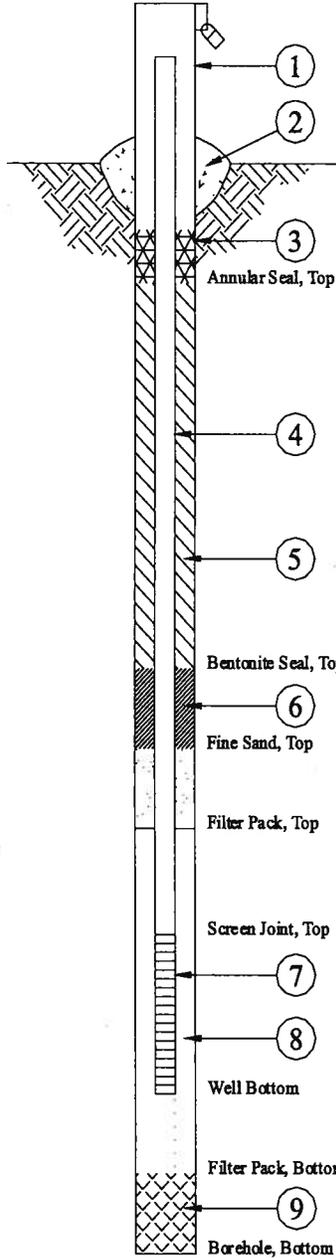
PROJECT NO. 73775.01

TOC Elev. 677.13

Riser Elev. 676.89  
Stick-up (ft) 2.76

Ground Elev. 674.13

Depth (ft) 2  
Elev. 672.13



Depth (ft) 6  
Elev. 668.13

Depth (ft) N/A  
Elev. N/A

Depth (ft) 8  
Elev. 666.13

Depth (ft) 10  
Elev. 664.13

Depth (ft) 50  
Elev. 624.13

Depth (ft) 50

Bottom Depth (ft) 50  
Bottom Elev. 624.13

PROJECT NAME Supplieside and Forrestal Landfills

PROJECT LOCATION Naval Station Great Lakes, IL

WELL COMPLETION DATE 5/10/2006

Installed By TTL, Inc.

Drilling Method H.S.A. (Hollow Stem Auger)

Supervised By Sara Mierzwik, Geologist

Borehole Diameter 8 in. Total Depth 50 ft.

1. Protective Casing  
Dimensions Length 48 in.  
Diameter 4 in.  
Lock? X Yes        No  
Water Tight Well Cap? X Yes        No

2. Surficial Seal Material concrete collar to 1' height

3. Sand Drainage?        Yes X No

4. Solid Riser Diameter and Type 2" PVC  
Solid Riser Length 2.5'

5. Annular Seal Material Bentonite  
How Installed poured  
Volume Placed 3 bags

6. Bentonite Seal Bentonite chips  
Volume Placed 1 bag

7. Screen Material PVC  
Screen Manufacturer Campbell  
Screen Length 40'  
Slot Size 0.01  
Slotted Interval Length 1/8th"  
Screen Diameter ID 1 7/8th in OD 2 in.

8. Filter Pack Material #5 filter sand  
Volume Added (30) 50-lb bags

9. Backfill Material Below Filter Pack N/A

(All depths measured from ground surface)



## MONITORING WELL CONSTRUCTION LOG - STICK-UP

WELL NO. FL-04

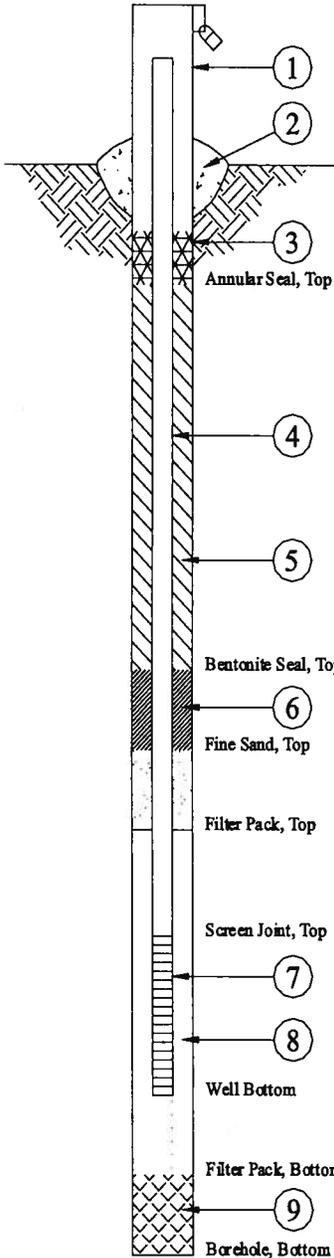
PROJECT NO. 73775.01

TOC Elev. 677.76

Riser Elev. 677.5  
Stick-up (ft) 2.74

Ground Elev. 674.76

Depth (ft) 2  
Elev. 672.76



Depth (ft) 6  
Elev. 668.76  
Depth (ft) N/A  
Elev. \_\_\_\_\_

Depth (ft) 8  
Elev. 666.76

Depth (ft) 10  
Elev. 664.76

Depth (ft) 50  
Elev. 624.76

Depth (ft) 50

Bottom Depth (ft) 50  
Bottom Elev. 624.76

PROJECT NAME Supplyside and Forrestal Landfills

PROJECT LOCATION Naval Station Great Lakes, IL

WELL COMPLETION DATE 5/9/2006

Installed By TTL, Inc.

Drilling Method H.S.A. (Hollow Stem Auger)

Supervised By Sara Mierzwiak, Geologist

Borehole Diameter 8 in. Total Depth 50 ft.

1. Protective Casing  
Dimensions Length 48 in.  
Diameter 4 in.  
Lock?  Yes  No  
Water Tight Well Cap?  Yes  No

2. Surficial Seal Material concrete collar to 1' height

3. Sand Drainage?  Yes  No

4. Solid Riser Diameter and Type 2" PVC  
Solid Riser Length 10'

5. Annular Seal Material Bentonite  
How Installed poured  
Volume Placed 3 bags

6. Bentonite Seal Bentonite chips  
Volume Placed 1 bag

7. Screen Material PVC  
Screen Manufacturer Campbell  
Screen Length 40'  
Slot Size 0.01  
Slotted Interval Length 1/8th"  
Screen Diameter ID 1 7/8th in OD 2 in.

8. Filter Pack Material #5 filter sand  
Volume Added (20) 50-lb bags

9. Backfill Material Below Filter Pack N/A

(All depths measured from ground surface)



**MONITORING WELL CONSTRUCTION LOG - STICK-UP**

WELL NO. FL-05

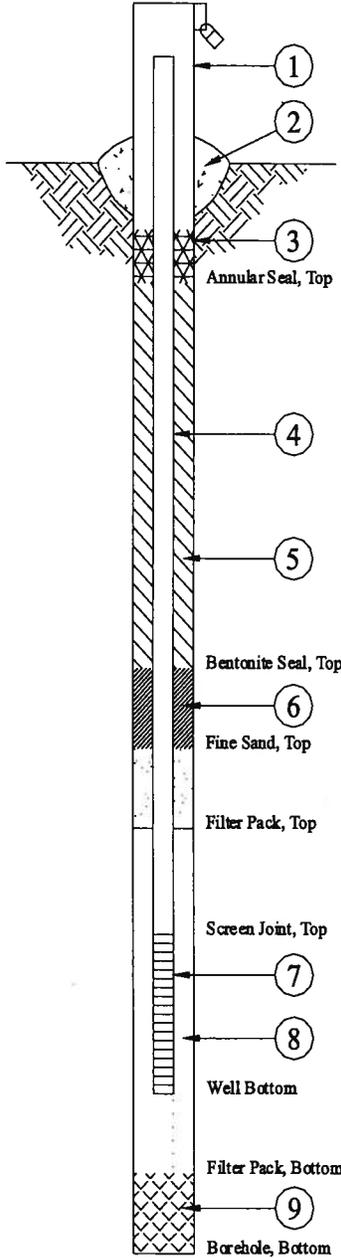
PROJECT NO. 73775.01

TOC Elev. 681.87

Riser Elev. 681.6  
Stick-up (ft) 2.73

Ground Elev. 678.87

Depth (ft) 2  
Elev. 676.87



Depth (ft) 6  
Elev. 672.87  
Depth (ft) N/A  
Elev. \_\_\_\_\_

Depth (ft) 8  
Elev. 670.87

Depth (ft) 10  
Elev. 668.87

Depth (ft) 50  
Elev. 628.87

Depth (ft) 50

Bottom Depth (ft) 50  
Bottom Elev. 628.87

PROJECT NAME Supplieside and Forrestal Landfills

PROJECT LOCATION Naval Station Great Lakes, IL

WELL COMPLETION DATE 5/15/2006

Installed By TTL, Inc.

Drilling Method H.S.A. (Hollow Stem Auger)

Supervised By Sara Mierzwiak, Geologist

Borehole Diameter 8 in. Total Depth 50 ft.

1. Protective Casing  
Dimensions Length 48 in.  
Diameter 4 in.  
Lock? X Yes        No  
Water Tight Well Cap? X Yes        No

2. Surficial Seal Material concrete collar to 1' height

3. Sand Drainage?        Yes X No

4. Solid Riser Diameter and Type 2" PVC  
Solid Riser Length 10'

5. Annular Seal Material Bentonite  
How Installed poured  
Volume Placed 3 bags

6. Bentonite Seal Bentonite chips  
Volume Placed 1 bag

7. Screen Material PVC  
Screen Manufacturer Campbell  
Screen Length 40'  
Slot Size 0.01  
Slotted Interval Length 1/8th"  
Screen Diameter ID 1 7/8th in OD 2 in.

8. Filter Pack Material #5 filter sand  
Volume Added (20) 50-lb bags

9. Backfill Material Below Filter Pack N/A

(All depths measured from ground surface)



## MONITORING WELL CONSTRUCTION LOG - STICK-UP

WELL NO. FL-06

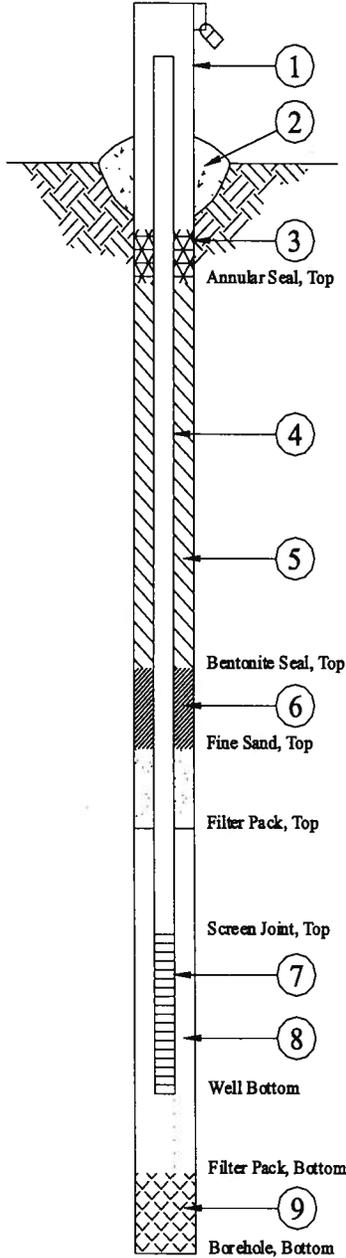
PROJECT NO. 73775.01

TOC Elev. 678.21

Riser Elev. 678.04  
Stick-up (ft) 2.83

Ground Elev. 675.21

Depth (ft) 2  
Elev. 673.21



Depth (ft) 11  
Elev. 664.21  
Depth (ft) N/A  
Elev. \_\_\_\_\_

Depth (ft) 13  
Elev. 662.21

Depth (ft) 15  
Elev. 660.21

Depth (ft) 35  
Elev. 640.21

Depth (ft) 37

Bottom Depth (ft) 50  
Bottom Elev. 625.21

PROJECT NAME Supplyside and Forrestal Landfills

PROJECT LOCATION Naval Station Great Lakes, IL

WELL COMPLETION DATE 5/9/2006

Installed By TTL, Inc.

Drilling Method H.S.A. (Hollow Stem Auger)

Supervised By Sara Mierzwiak, Geologist

Borehole Diameter 8 in. Total Depth 50 ft.

1. Protective Casing  
Dimensions Length 48 in.  
Diameter 4 in.  
Lock? X Yes \_\_\_\_\_ No  
Water Tight Well Cap? X Yes \_\_\_\_\_ No

2. Surficial Seal Material concrete collar to 1' height

3. Sand Drainage? \_\_\_\_\_ Yes X No

4. Solid Riser Diameter and Type 2" PVC  
Solid Riser Length 15'

5. Annular Seal Material Bentonite  
How Installed poured  
Volume Placed 3 bags

6. Bentonite Seal Bentonite chips  
Volume Placed 1 bag

7. Screen Material PVC  
Screen Manufacturer Campbell  
Screen Length 40'  
Slot Size 0.01  
Slotted Interval Length 1/8th"  
Screen Diameter ID 1 7/8th in OD 2 in.

8. Filter Pack Material #5 filter sand  
Volume Added (16) 50-lb bags

9. Backfill Material Below Filter Pack native clay

(All depths measured from ground surface)