

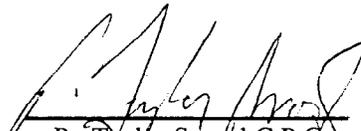
**FINAL CONTRACTOR CLOSEOUT REPORT
FOR
PCP CONTAMINATED SOIL REMOVAL SITE 13
NAB LITTLE CREEK,
VIRGINIA BEACH, VA.**

Prepared for:

DEPARTMENT OF THE NAVY
Contract No. N62470-97-D-5000
Delivery Order 0032

Prepared by:

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OHM Project No. 777941

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Executive Summary

From March 29, 1999 to May 11, 1999 OHM conducted pentachlorophenol (PCP) contaminated soil removal at Site 13, Naval Amphibious Base (NAB) Little Creek, Virginia Beach, Virginia.

OHM secured the excavation area, performed a utilities survey, installed sheet piling and conducted soil excavation and disposal. Soil was excavated and direct loaded when possible into transport trucks for disposal at Safety Kleen's Pinewood, South Carolina facility. A total of 442 tons of contaminated soil was removed and disposed of. Excavation water and decontamination water was accumulated, characterized and disposed of at DuPont's treatment facility in New Jersey.

The excavated area was backfilled and resurfaced with pavement or grass to match pre-construction conditions. The fence removed to conduct construction operations was reinstalled with new and reused components from the previous fence.

OHM seeded disturbed areas of the site with a seed mixture in accordance with the work plan and scope documents.

1.0 Introduction

OHM Remediation Service Corp. (OHM) was contracted by the Department of the Navy, Atlantic Division, Naval Facilities Engineering Command to provide remedial services for a removal action at Site 13, Naval Amphibious Base (NAB) Little Creek in Virginia Beach, Virginia. The base is primarily located in the northwest corner of the City of Virginia Beach, with some property within the city limits of the City of Norfolk. It is bordered on the west by the City of Norfolk, to the east and south by the City of Virginia Beach, and on the north by the Chesapeake Bay. The work involved the removal of PCP-contaminated soils and off-site disposal at an approved facility.

1.1 Site Background and Conditions

NAB Little Creek is located in Virginia Beach, Virginia. The areas surrounding this 2,147-acre base are low lying and relatively flat with several freshwater lakes (Figure 1-1 Site Location Map).

The Amphibious Base was historically used for training of landing craft personnel for operational assignments. Over the last 50 years, NAB Little Creek has expanded in both area and complexity of its mission. Site 13 consists of the dip tank formerly used to treat wood with a mixture of PCP, diesel fuel, and kerosene; an adjacent area with drying racks for PCP-treated wood; an open area formerly used by the Public Works Department for storage of supplies and equipment; and concrete wash rack south of the tank. Site 13 is bounded on the north by 7th Street, on the east by Buildings 3165D and 3165E, on the south by Gator Blvd, and on the west by G Street (Figure 1-2 Site Map).

The PCP dip tank was located in the southwest corner of the fenced compound behind (west of) Building 3165E. It was used from the early 1960s until 1974. The tank was constructed of metal, had an estimated capacity of 1,500 gallons, and was partially set into the ground approximately two feet. It was a cylindrical tank, 20' long, 5' in diameter, and laid on its axis. The top third of the tank was cut off and replaced with a metal cover. Initial oral accounts given stated that the tank held 10,000 gallons. However, a full tank of this size would only hold 3,000 gallons and an open-top tank would likely hold 1,500 gallons.

The contents of the tank were a mixture of one part PCP to ten parts diesel and kerosene. Wood was dipped into the tank and either set on racks for drying or placed directly on trucks for delivery to where it was to be used on base. The drying racks were located immediately east of the dip tank between the tank and Building 3165E. A pump was located at the south end of the tank, outside the fenced compound. This pump was used to keep the contents of the tank mixed and to empty the contents of the tank into 55-gallon drums when it became spent.

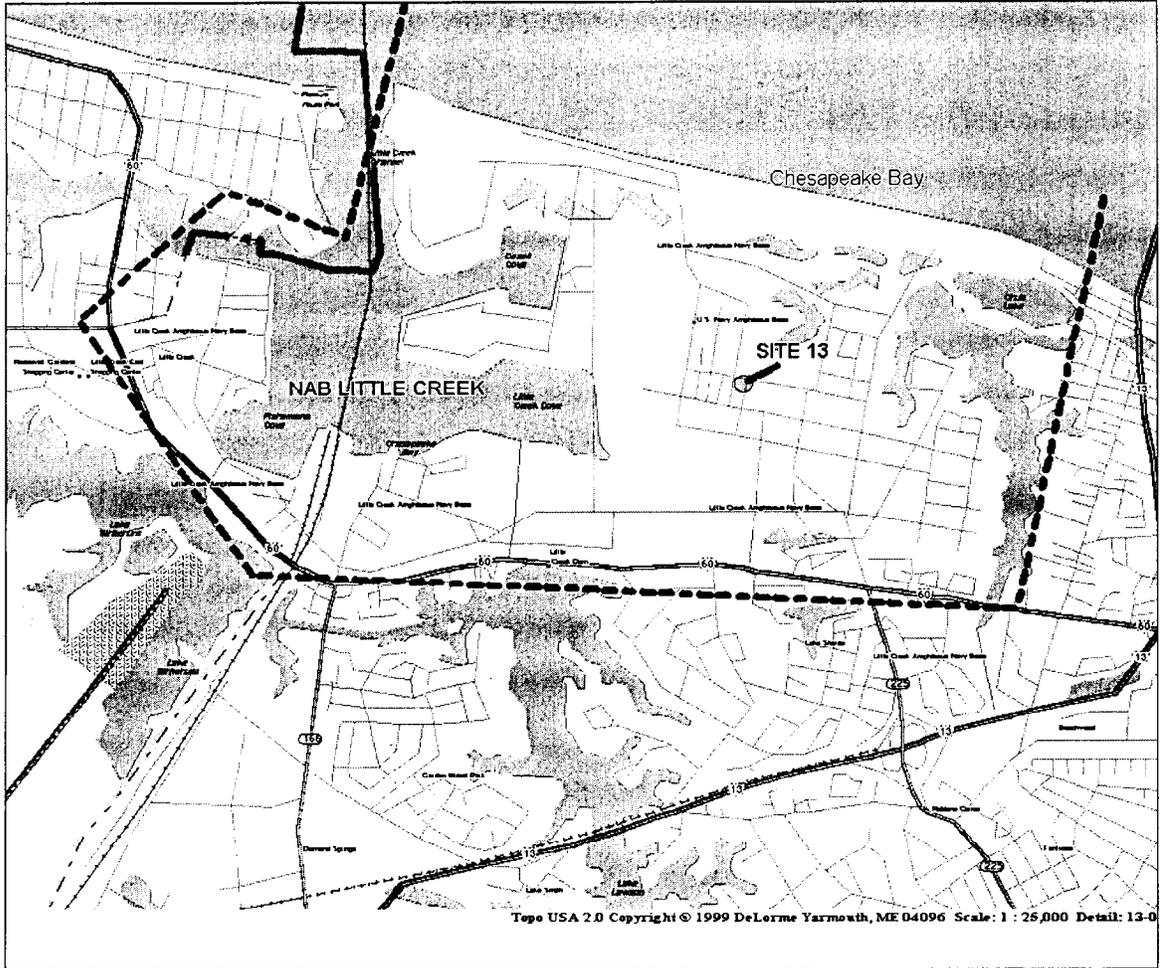
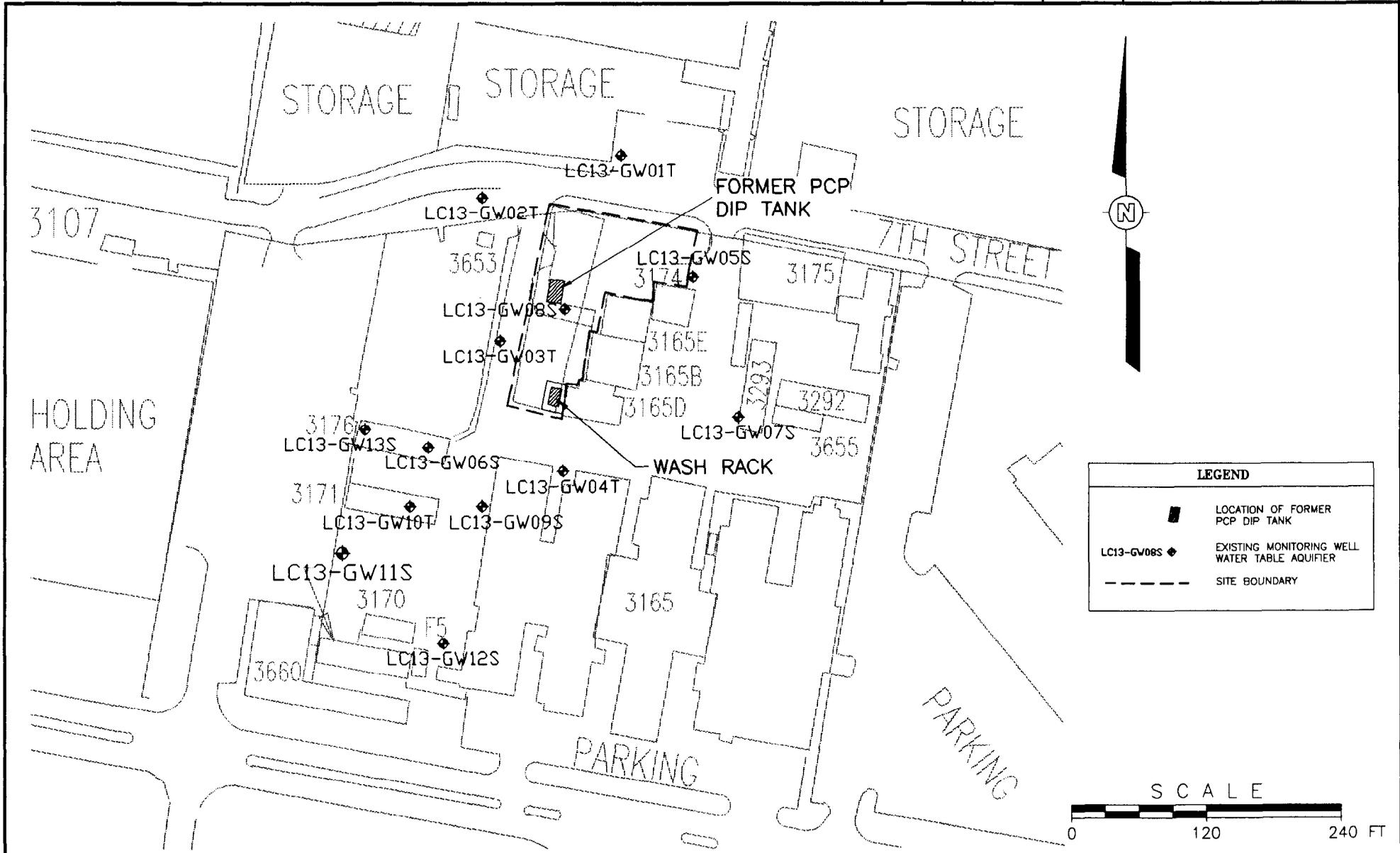


FIGURE 1-1 SITE LOCATION MAP

DATE: 2/16/99
 TIME: 3:40PM

IMAGE ---	X-REF ---	OFFICE TRN	DRAWING NUMBER 777941-A2
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SOURCE: BASE MAP REFERENCED FROM NAB LITTLE CREEK BASE, CIVIL ENGINEERING AND CH2MHILL ENGINEERING

SHEET I.D. FIG-2	SCALE: AS SHOWN	DEPARTMENT OF THE NAVY NAVAL FACILITIES ENGINEERING COMMAND	DESIGNED BY															
	CONTRACT NO. N62470-93-D-3032	NAVAL STATION ATLANTIC DIVISION	NORFOLK, VIRGINIA	DRAWN BY	D. Leech	2/16/99												
	ORDER NO. 007	NAVAL AMPHIBIOUS BASE - LITTLE CREEK	YORKTOWN, VIRGINIA	CHECKED BY	T. Sword	2/11/99												
	MARK DRAWING NO. A	SITE MAP SITE 13 - AMPHIBIOUS BASE		APPROVED BY														
	PUBLIC WORKS PCP DIP TANK AND WASH RACK		PROJECT NO.	777941	DRAWING NO.	777941-A2	REV	DATE	BY	CHK'D	APR'VD	DESCRIPTION/ISSUE						
			OHM Remediation Services Corp.			REVISIONS												

There had only been one PCP tank throughout the history of this area and it was always in this location. The dip tank was cleaned out approximately every 6 months, at which time approximately 55 gallons of PCP solution and associated sludge generated are believed to have been disposed in the Amphibious Base Landfill (IRSite 7). All remaining PCP solution and associated sludges were removed from the tank in 1975. The tank itself was dismantled in 1982.

The area formerly containing the PCP dip tank and drying racks had been paved with asphalt and converted to a Public Works Department storage area. The site is in an industrial part of the base that houses the public works shops such as the electrician, plumbing, HVAC, and pier services among others. An eight-foot – high chain – link fence and gates that are closed and locked after working hours control access to the compound. Signs are also posted at each gate prohibiting access by unauthorized vehicles.

1.2 Project Objectives

The project objectives of the Remedial Action were to:

- Implement Alternative 3 (Excavation of Soil above Leaching – Based Criteria) of the Engineering Evaluation/Cost Analysis (EE/CA) for Soil at Site 13. (CH2MHill – Aug. 1998).
- Excavate and dispose of the PCP contaminated soils delineated by the EE/CA and those subsequently delineated by in-situ characterization before April 15, 1999. Excavate additional contaminated soils below groundwater level even though not called out specifically in the EE/CA.
- Collect confirmatory soil samples for the PCP in soil and determine that the soils outside the excavated limits do not exceed the 16 ppm threshold (pre-established cleanup limit).
- Backfill the excavation with clean material and perform surface restoration to original condition.

2.0 Description of Activities

In order to perform the required scope of work and complete all of the elements of the Work Plan documents, a number of specific activities were to be performed. This section describes in detail each of the activities performed in execution of the project.

2.1 Existing Conditions

The site is a relatively level area both partially covered by pavement and by surface turf. The site depicted in Figure 1-2 shows the area as being part of the Public Works Center (PWC) Compound and is enclosed in chain link fencing. Immediately surrounding the work area was another chain link fence that segregated the storage area next to Building 3165 E from the surrounding PWC facilities. Some temporary hoses, cables, and other miscellaneous materials stored on the pavement area were removed by PWC prior to initial site activities.

The former PCP dip tank was located within the confines of the PWC work area immediately adjacent to Building 3165E. The soils surrounding the tank were determined to be contaminated and subject to a removal action defined within the EE/CA. OHM/IT was contracted to excavate the contaminated soils as identified by the EE/CA and the February 1999 in-situ site characterization soil samples by CH2MHill.

In addition to the excavation, two existing monitoring wells were to be plugged, abandoned and removed as they were located within the defined limits of excavation.

The site did not have any subgrade utilities that crossed through the excavation area. There were several subgrade utility corridors that paralleled 7th Street and crossed the site but they did not cut through the area to be excavated. Overhead utilities were limited to a line of poles that parallel 7th Street, with feed lines to other buildings outside of the work area.

Surface grade and drainage was primarily to the North and Northwest with surface flow being collected in the ditch along 7th Street across the northern half of the site. The ditch runs East – West and the flow of the ditch is to the West. Surface grade across the site appeared to have surface grade flow divide, with the northern – northwestern half grading to the North – North West and the southeastern-southern portion grading to the Southwest-South direction towards other Public Works work storage areas.

2.2 Soil Characterization

In situ characterization methodologies were utilized to fully delineate the areal and vertical extent of the soils to be excavated. Based upon historical data collected at the site, and recent samples specifically collected for in situ characterization, the aggregate analytical data for the site comprise the characterization of the soils. In addition to fully characterizing the soils to be removed the results provide a historical record of the nature

of the contamination at the site. The following paragraphs summarize the characterization data that has been collected and provided for the site.

During the Round 1 Verification Step (RVS) in (October 1986), six soil samples were collected from the PCP dip tank and drying area. These soil samples were collected at depths ranging from surface soil to 5 feet. The samples were analyzed for VOCs and SVOCs. PCP was found in one sample (S3) above the industrial RBC. Several VOCs and PAHs were detected in one or more samples, although none were detected above the industrial RBC.

Soil sampling was not conducted as part of the Interim Remedial Investigation in July 1991.

During the Remedial Investigation/Feasibility Study (RI/FS, 1994) five surface soil and three subsurface soil samples were collected from around the former location of the PCP dip tank and a drainage ditch on site. The surface soil samples were taken at depths between 0 and 6 inches bgs at various locations. The subsurface soil samples were all collected from one monitoring well boring (LC13-GW08) at depths ranging from 1 to 6 feet bgs. All samples were analyzed for VOCs and SVOCs.

While low levels of several VOCs and SVOCs were found in all samples, the only contaminants detected above the industrial RBCs were PCP and three PAHs: benzo (a) anthracene, benzo (a) pyrene and benzo (b) fluoranthene. PCP was the only compound found in the soil that exceeded the industrial RBC and was also detected in groundwater samples during this or any subsequent investigation.

During the Phase I Supplemental Remedial Investigation (SRI) in 1995, thirteen subsurface soil samples were collected from 2 to 4 feet bgs. Eight of these samples were collected from the vicinity of the PCP dip tank to further define the extent of PCP soil contamination. The other five samples were collected from monitoring well borings located further south of the former tank. All of the samples were analyzed for VOCs, SVOCs, and inorganics. The only contaminants detected above the industrial RBC were PCP and arsenic. Arsenic was found to slightly exceed the RBC of 3.8mg/kg. PCP was the only compound found in the soil that was also detected in groundwater samples during this or any subsequent investigation. While arsenic has been found in unfiltered groundwater samples, it has not been found in any filtered groundwater samples.

Additional soil sampling was conducted during the Phase II SRI to determine the extent of PCP contamination in the soil above the water table. Thirty-one soil samples were collected at various depths (0 to 6 feet) at fourteen locations and analyzed on-site for PCP using a mobile laboratory. Eight samples were also sent to an off-site laboratory for full TCL VOC and SVOC analyses. Two of the samples were found to contain PCP at concentrations greater than the industrial soil RBC. Four of the samples contained concentrations greater than the leaching-based screening level. No other SVOCs or VOCs were found to exceed any of the proposed screening levels.

The Sampling and Analysis Plan (Appendix A) of the Work Plan provides additional information on the characterization data for the site.

In February 1999 CH2MHill performed the latest in situ characterization of soil samples for the site. Specific analysis and the results are located in Appendix A. The sampling performed by CH2MHill better delineated the area to be excavated. The work plan utilized the information from that analytical event (February 1999), along with all of the historical data, as the basis of determination of limits of excavation. Subsequent sampling during the excavation process further confirmed the pre-existing limits and delineated two areas that required additional excavation.

2.3 Workplan

In addition to the workplan OHM prepares for a Removal Action, OHM was tasked to prepare a Waste Analysis Plan for the approval of the Tidewater Region Office of the Virginia Department of Environmental Quality (TRO-DEQ).

This plan was submitted to the TRO-DEQ because dewatering excavated soil was considered "Treatment". Since NAB Little Creek was not on the National Priorities List (NPL), a delay to the overall project could occur while the Navy and the regulators discuss treatment approval authority. Soils were being treated on site to meet disposal requirements, not to meet LDR Treatment Standards

2.4 Mobilization

Personnel, equipment and materials were mobilized to the project site from OHM's Glen Allen, Virginia office and from the Virginia Beach, Virginia office on March 29, 1999.

In the first phase of mobilization, the project team performed the following:

- Site setup (office trailer and staging area)
- Connection of generator power for trailer
- Initial delivery of equipment and materials to the site
- Initial on site project tracking and documentation

2.5 Chain Link Fence Removal

Concurrent with the initial mobilization activities a subcontractor removed approximately 90 feet of chain link fencing and gate to accommodate full access to the area to be excavated. Upon completion of the removal of the fencing, materials that could be utilized or recycled in the reinstallation of the fence and gate were stored on-site. The remaining fencing material was taken off site and disposed of.

2.6 Site Preparation

As part of the site preparation before the commencement of construction activities, various items stored in the PWC compound were removed from the site by PWC.

In addition, minor amounts of debris and garbage were picked up and disposed of. At this time the construction fencing was placed around the site. The perimeter of the excavation was marked out in paint. Coordination of the exact limits were made with the Environmental Department of NAB Little Creek.

2.7 *Monitoring Well Abandonment*

On March 30, 1999 monitoring wells LC13-GW08S and LC13-GW08D were over-drilled and the boreholes were filled to the surface with grout. Borehole cuttings remained on site within the perimeter of the excavation and were removed and disposed of from the site during excavation activities in accordance with contaminated material requirements.

2.8 *Erosion and Sediment Control*

After completion of the site preparation and initial mobilization, provisions for erosion and sediment control were installed to prevent unwanted sediments from leaving the site during a precipitation event or run off. The installation of the silt fence was performed by minor trenching where possible in soil down to approximately 6.0" and the filter fabric placed and buried in the trench. The filter fabric was attached to 2' long posts and were secured in place by driving the posts into the ground with the filter fabric stretched between the posts.

2.9 *Sheet Piling Installation*

A sheet piling subcontractor was contracted to install approximately 134 linear feet of sheet piling down to approximately 15 to 17 feet below grade. The purpose of the sheet piling was to prevent sloughing and provide a discrete barrier defining the perimeter of the area to be excavated. The sheet piling was to be installed around the perimeter of the excavation as well as a span E-W across the area to further segregate Area C from Area B.

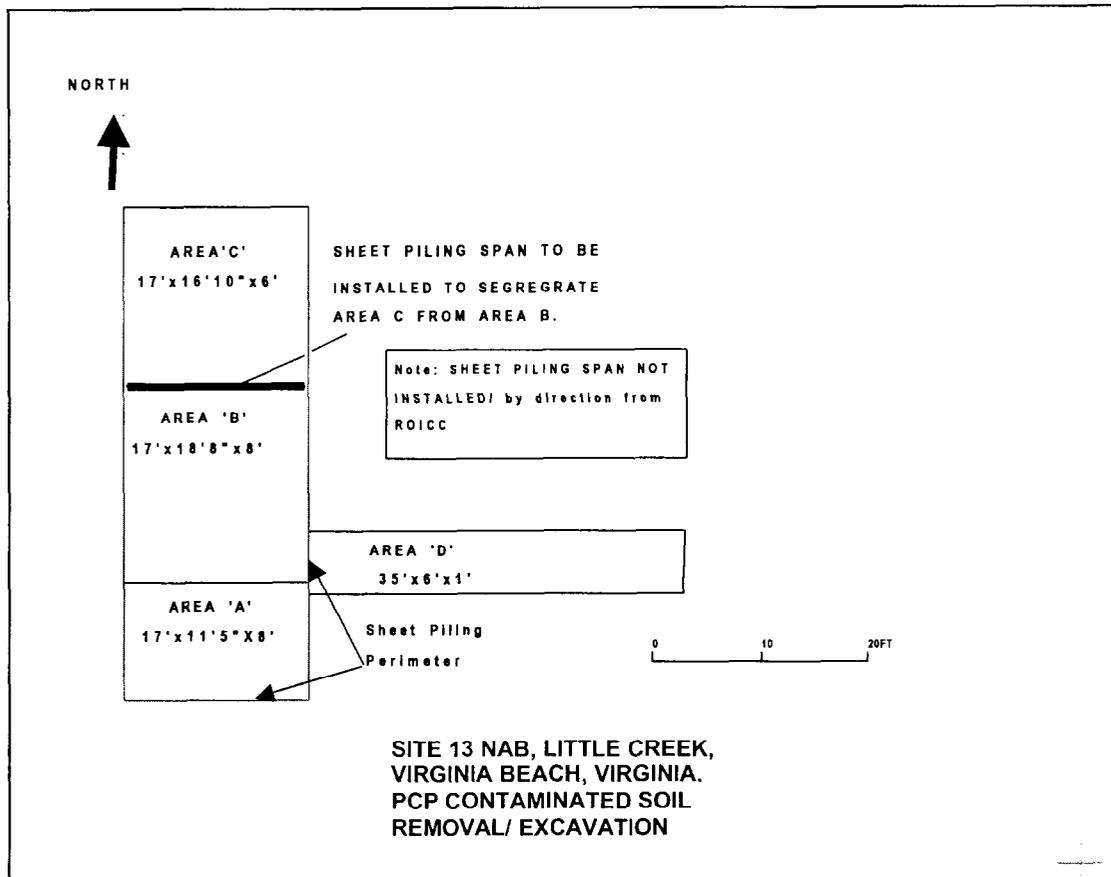


FIGURE 2-1 SHEET PILING AREA AND SEGREGATED SECTIONS OF EXCAVATION

The sheet piling subcontractor mobilized on March 31, 1999 and began setting up. After two days of set up activities the subcontractor then began driving sheet piles. Sheet pile driving began on April 2, 1999 and finished on April 7, 1999.

One deviation from the original scope of work with the sheet-piling subcontractor was that the subcontractor was to provide sheeting that would be installed 15 to 17 feet below grade. The subcontractor did not have any 20' length sheet piles, which would enable them to install the sheeting to 17 feet and leave 3 feet above grade. The subcontractor had varying lengths of sheeting, between 25 to 30 feet in length. The subcontractor would not cut the sheeting with out direct purchase of the material. It was determined that driving the longer sheets to depth could be performed subject to the stipulation that in the down gradient groundwater flow direction two sheet lengths (4-foot span) only be driven to the specified depth of 15 to 17 feet. This stipulation was made in order to allow any entrapped groundwater within the perimeter of the sheeting to flow out through the subsurface matrix should there be a rain event.

Once the perimeter was installed the subcontractor commenced installing the sheeting span that was to segregate Area C from Area B. During the driving of the sheeting an obstruction was encountered that the sheeting could not penetrate. Upon further investigation and excavation several large 12-inch by 12-inch by 4-foot or longer

timbers were discovered. At this time it was determined by the ROICC that the span of sheet piling to segregate Areas C and B was not necessary. The sheet piling span was not installed.

As depicted in Figure 2-1 the sheet piling was installed to surround Areas A, B, and C. Completion of the installation of the sheet piling was on April 7, 1999. After the sheet piling was installed the subcontractor removed their equipment from the site until the sheeting was to be removed.

2.10 Excavation

Excavation of the PCP contaminated soils began April 7, 1999 and was accomplished using a Kamatsu PC-200 track loader with a 1.5 cubic yard smooth tooth bucket. The first phase of the excavation involved removing the dry soil above groundwater, down to approximately 5.5 bgs over the entire area. The dry soil was loaded directly into trucks for transport, except for three loads on April 9 as described below.

During the excavation process the timbers that were encountered during the sheet piling installation were also excavated and transported off site for disposal.

**Table 2-1
Contaminated Soils Removed by Date, Weight**

Date	Manifest No.	Lbs.	Cum. Lbs	Cum. Tons
4/7/99	97901	45880	45880	22.94
4/8/99	98003	50100	95980	47.99
4/8/99	98004	50700	146680	73.34
4/8/99	98002	48000	194680	97.34
4/8/99	98005	44640	239320	119.66
4/8/99	98006	43020	282340	141.17
4/9/99	99009	47720	330060	165.03
4/9/99	99008	39440	369500	184.75
4/9/99	99007	46080	415580	207.79
4/12/99	10211	35500	451080	225.54
4/12/99	10210	40100	491180	245.59
4/13/99	10313	45080	536260	268.13
4/13/99	10312	46820	583080	291.54
4/14/99	10415	41400	624480	312.24
4/14/99	10414	51020	675500	337.75
4/15/99	10516	38520	714020	357.01
4/15/99	10517	43640	757660	378.83
4/16/99	10619	39000	796660	398.33
4/16/99	10618	46580	843240	421.62
4/21/99	11119	40820	884060	442.03

The soils were a silty-sand and clay mix down to groundwater, where the lithology changed to a sand silt mixture. Groundwater was encountered at approximately five and a half to six-feet below grade. In order to dispose of the soil below groundwater, the work plan provided for 'drying' the soils by placing them in four dewatering roll offs, to separate any 'free water' from the soil. Flyash was also available for mixing with the soil for further drying. The dewatering roll offs were equipped with a cover and were utilized as accumulation containers. The accumulation containers remained covered, except when material was added, removed, or mixed in the rolloff. A drain valve was attached to the bottom of the accumulation containers, and remained closed, except when the water was required to be drained. No addition of flyash to the wet soil was necessary prior to transport.

Due to a shortage of transportation trucks on Friday, April 9, 1999, dry soil was excavated from the area and loaded into three roll offs. The roll offs were secured for the weekend. After filling the rolloffs, the depth of excavation reached 5.5 bgs (approximate groundwater level).

On Sunday, April 11, 1999, it rained all day which caused water to accumulate in the bottom of the excavation. On Monday, April 12, 1999, there was approximately 1.5 –2.0 feet of water in the bottom of the excavation. The water was pumped from the bottom of the excavation into a 21,000 gallon Baker Tank for temporary storage pending disposal.

During excavation activities on Monday the dry soils contained within the roll offs were moved to transport trucks for shipment and disposal. After a period of dewatering the excavation a portion of the soils within Area B of the excavation were direct loaded for transport. Further excavation of 'wet' soils was accomplished by placing the material in three dewatering roll offs to facilitate drying.

On Tuesday April 13, 1999 two loads were transported from the site. Excavation continued to fill the four roll offs on site. Analytical results received Tuesday afternoon indicated two 'hotspots' outside the perimeter of the sheet piling, one near the NW corner and one near the SW corner of the excavation. Further excavation of material within the perimeter of the sheet piling ceased.

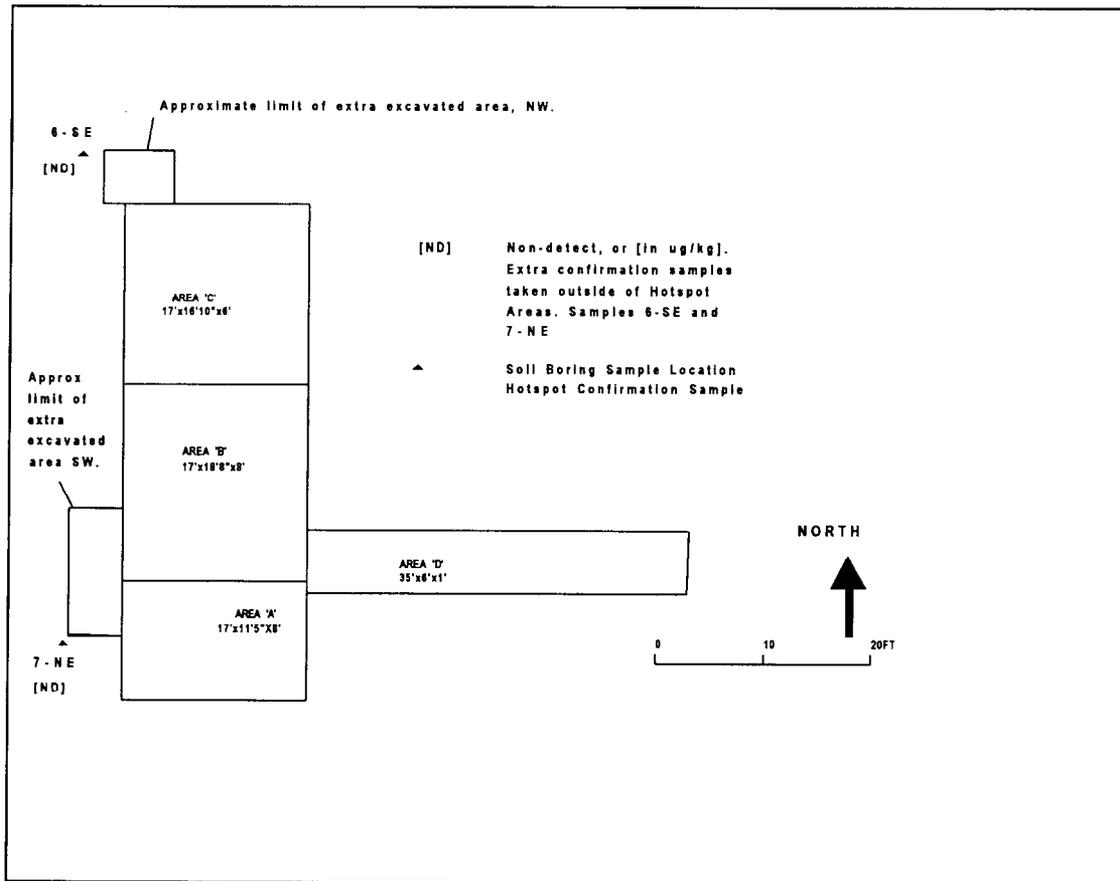
The hotspots areal extent's were determined to be:

- ◆ NW corner: 8ft L x 4 ft W x 5ft D
- ◆ SW corner 22ft L x 4ft W x 5 ft D

Each hotspot area was excavated and the material removed from the site (Figure 2-2).

Excavation activities were completed on Friday, April 16, 1999. Area A was excavated to a total depth of 8.0', Area B to 8.0' and area C to 6.0'. Backfilling of the excavation commenced on April 16, 1999.

FIGURE 2-2 HOTSPOT AREAS EXCAVATED



2.11 Transportation And Disposal

Contaminated soils from within the designated excavation were direct loaded or loaded from roll offs into DOT approved transport vehicles (covered dual tandem dumps) for transport to the disposal facility. Each load was inspected prior to departure. The soils were taken to Safety Kleen disposal facility Pinewood, South Carolina. Soils were disposed of as F032 Hazardous Waste. A total of 442 tons of contaminated soil were excavated and transported to the disposal facility

The flyash temporarily stored on site for potential use (was not used) was removed and disposed of through PWC.

Copies of the Waste Manifests for the soil and water are included in Appendices D and E of this report.

2.12 Confirmation Sampling

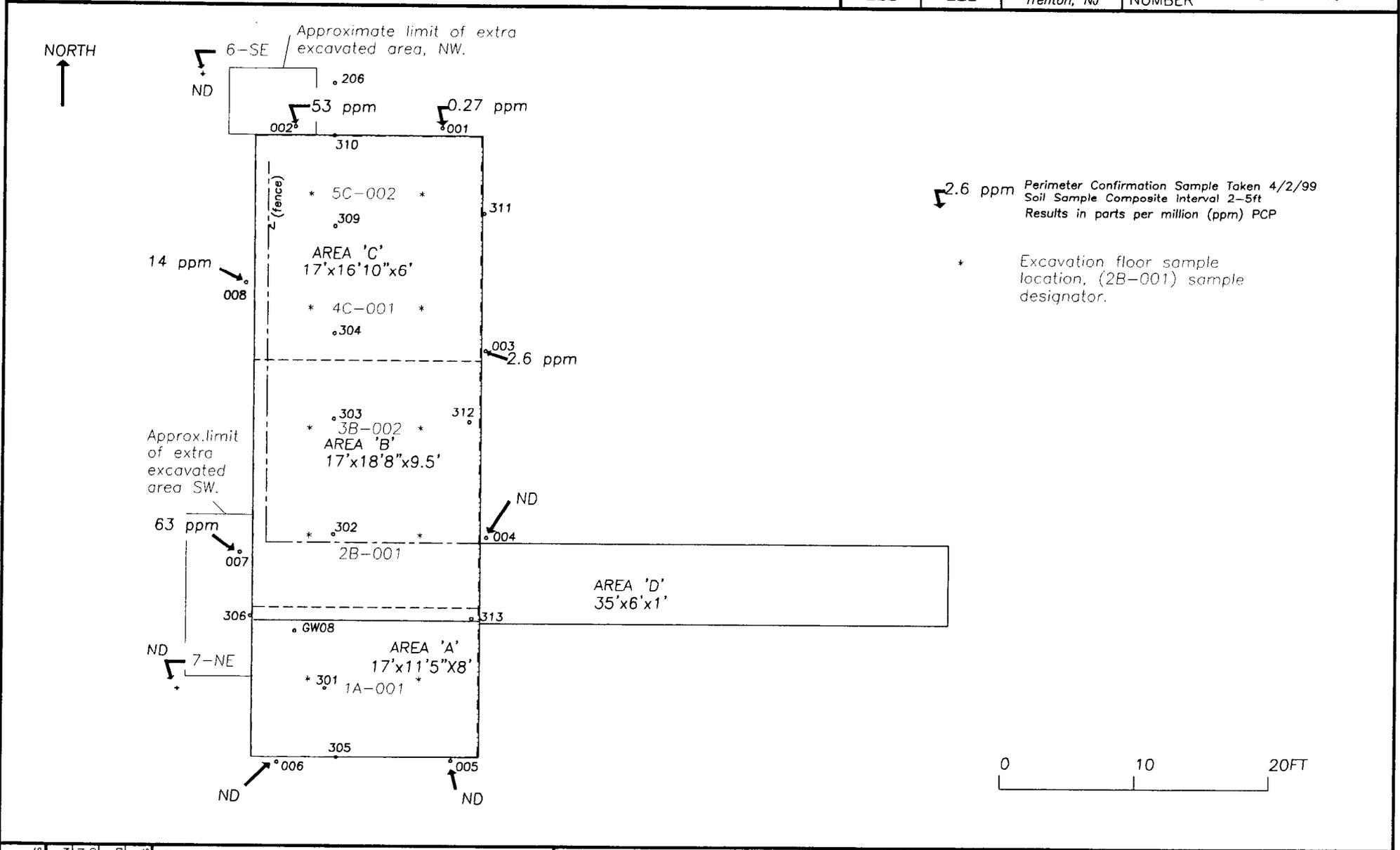
Soil samples were taken to confirm the perimeter, and also to determine the contaminant concentration within the soil matrix at the depth of the excavation. The results are depicted in Table 2-2 for the perimeter samples. Samples 002 and 007 analytical results were above the 16,000 $\mu\text{g}/\text{kg}$ (16 ppm equivalent) threshold. These two results were the reason for excavating outside of the sheet-piling perimeter (see Figure 2-3).

Further excavation near the NW and SW corners outside the sheet piling was performed. These "hotspots" were excavated down to approximately 5 feet below grade. Two additional samples were taken just outside of the "hotspot" locations to further confirm PCP concentration. These samples were taken on April 16, 1999. The analytical results of these samples were both non-detect (ND).

In addition to the perimeter soil confirmation sampling, samples were collected from the bottom of the excavation to further confirm PCP concentration at depth within the confines of the excavation. These sample results are depicted in Table 2-3. The bottom of excavation samples are 2 point composite samples (Table 2-3). Figures 2-3 and 2-4 depict graphically the locations of these samples.

PLOT DATE: 6/3/99
 FORMAT REVISION 3/25/99

IMAGE	X-REF	OFFICE	DRAWING NUMBER
---	---	Trenton, NJ	777941-A6



SHEET I.D.	CONSTR. CONTRACT NO. N62470-93-0-3032 NAVFAC DRAWING NO.	DELIVERY ORDER NO. 012	SCALE: AS SHOWN SITE: A	DEPARTMENT OF THE NAVY	NAVAL FACILITIES ENGINEERING COMMAND	OHM Remediation Services Corp. PROJECT NO. 777941	REV	DATE	BY	CHK'D	APR'VD	DESCRIPTION/ISSUE
				NAVAL STATION ATLANTIC DIVISION NORFOLK, VIRGINIA	NAVAL AMPHIBIOUS BASE - LITTLE CREEK VIRGINIA BEACH, VIRGINIA							
EXCAVATION LIMITS/ SAMPLE POINTS				SITE 13 - AMPHIBIOUS BASE PCP CONTAMINATED SOIL REMOVAL/EXCAVATION		DRAWN BY PTS 4/13/99	APPROVED BY T. Sword 5/99	REVISIONS				

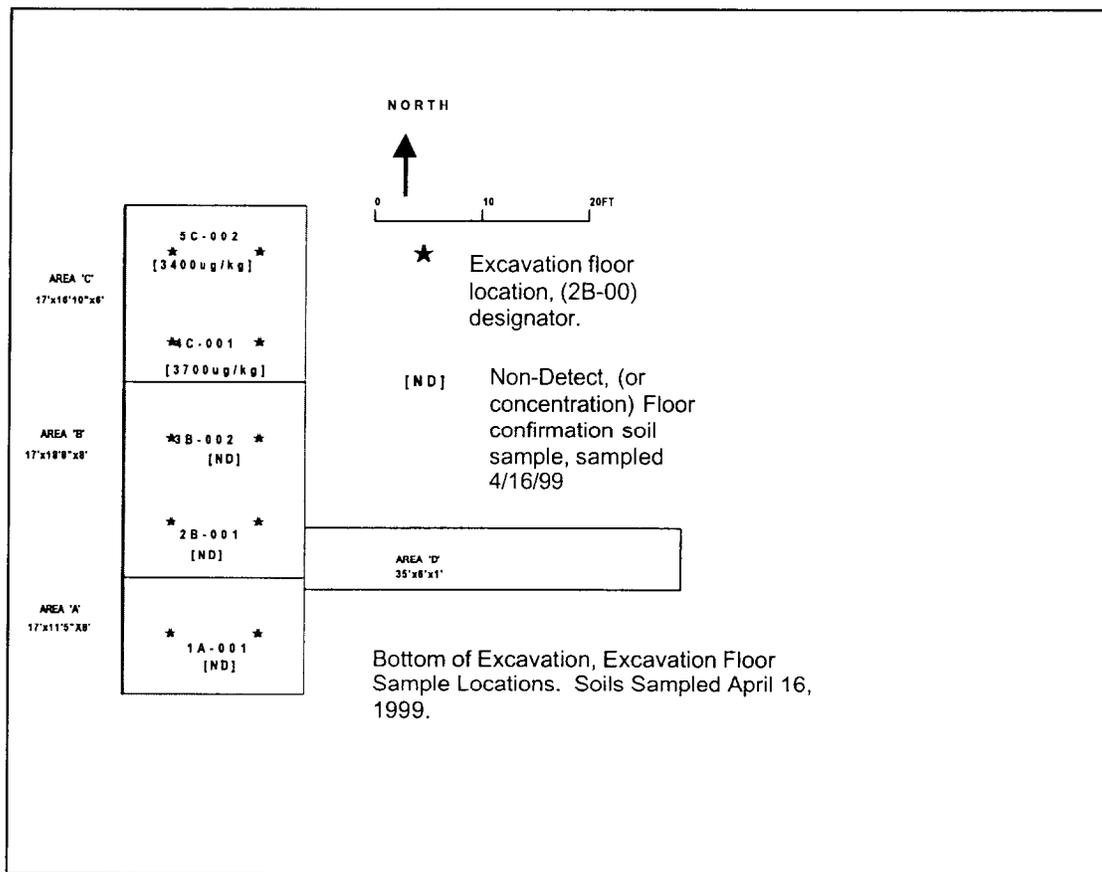
**Table 2-2
Confirmation Soil Sample Results**

Date Sampled	Sample Designator	Depth/ Interval	Location	PCP results µg/kg
4/2/99	LC0032-001	2 – 5 ft	NE corner, North wall	270
4/2/99	LC0032-002	2 – 5 ft	NW corner, North wall	53,000
4/2/99	LC0032-003	2 – 5 ft	N, East wall	2,600
4/2/99	LC0032-004	2 – 5 ft	S, East wall	ND
4/2/99	LC0032-005	2 – 5 ft	SE corner, South wall	ND
4/2/99	LC0032-006	2 – 5 ft	SW corner, South wall	ND
4/2/99	LC0032-007	2 – 5 ft	S, West wall	63,000
4/2/99	LC0032-008	2 – 5 ft	N, West wall	14,000
4/2/99	LC0032-009	2 – 5 ft	Duplicate/002: NW corner, North wall	56,000
Additional Soil Samples Confirmatory to Outside of Hotspot Locations				
4/16/99	6-SE	2 – 5 ft	Outside NW corner of excavation	ND
4/16/99	7-NE	2 – 5 ft	Outside SW corner of excavation/ west side	ND

**Table 2-3
Confirmation Samples, Bottom of Excavation.**

Date Sampled	Sample Designator	Depth/ Interval	2.12.1 Location	PCP results µg/kg
4/16/99	1A-001	Bottom of Excavation	Area A (south)	ND
4/16/99	2B-001	Bottom of Excavation	Area B (south)	ND
4/16/99	3B-002	Bottom of Excavation	Area B (north)	ND
4/16/99	4C-001	Bottom of Excavation	Area C (south)	3,700
4/16/99	5C-002	Bottom of Excavation	Area C (north)	3,400

FIGURE 2-4 BOTTOM OF EXCAVATION SAMPLE LOCATIONS



2.13 Backfilling of Excavation

Backfilling of the excavation commenced on April 16, 1999. Select backfill material was directly placed in the excavation. Direction from the ROICC was provided that the material be placed in bulk and no compaction testing performed. Filling of the excavation to grade was complete on April 20, 1999.

2.14 Sheet Piling Removal

Mobilization of the sheet piling crane for removal was performed on April 20, 1999. The sheet-piling contractor began removing sheets on April 21, 1999. The piling came out with relative ease, and little material adhered to the sheets as they were removed. The separate sheets were cleaned as they were removed. Final removal of the sheet piling and contractor's material was completed by April 26, 1999.

2.15 Paving and Resurfacing

Resurfacing activities to areas impacted by the construction activities were initialized on April 27, 1999. Grass covered areas impacted were resurfaced with new topsoil and subsequently seeded.

The area excavated that was paved before digging commenced was resurfaced with coarse base aggregate that was graded and compacted by a smooth drum roller. Removal and disposal of the former asphalt surface was performed. On May 10, 1999, the asphalt was placed over the excavation area which previously was paved. In addition approximately 40 additional square yards of asphalt was placed over the former dirt area between the access road and the former paved area. This additional pavement provided a larger continuous bituminous cap over the area excavated.

2.16 Chain Link Fence Reinstallation

The chain link fence and 16 foot gate that was removed before construction activities was reinstalled with new materials from the initial removal except that the gates were re-used from the original fence. Reinstallation of the fence was complete during the week of May 17th, 1999.

2.17 Site Restoration

Site restoration began during the initial stages of sheet piling removal. Where appropriate various pieces of equipment and material were cleaned and removed from the site. Those pieces of equipment being rented were taken off rent as soon as possible and removed from the site. Restoration activities included picking up trash, raking out of uneven areas and sweeping clean pavement areas impacted. Seeding of the grass area impacted during the resurfacing activity was inspected and dressed up as appropriate.

2.18 Demobilization

Demobilization involved the following activities:

2.18.1 Site Equipment Decontamination

All site equipment was cleaned and pressure washed and decontaminated as necessary. Decontamination water was captured and pumped into the 21,000 gallon Baker Tank. The roll offs used to contain contaminated soils were each pressure washed and decontaminated prior to being removed from the site. Decontamination water was captured and pumped into the Baker tank. The water contained within the Baker tank was sampled, characterized, and disposed of. The Baker tank was decontaminated before removal from the site.

2.18.2 Site Clean Up

The generator was disconnected from the site trailer and called off rent. The site trailer was cleaned and removed from the site. The roll offs were removed, as well as the Baker Tank. Debris and trash generated from construction activities was picked up and thrown

out. The site was cleaned by removing traces of temporary construction facilities such as work areas, structures, stockpiles of excess or waste materials, and other signs of construction. The site supervisor verified that the site was clean and restored to a level acceptable to the ROICC before final demobilization.

2.18.3 Resource Demobilization

OHM/IT demobilized equipment and personnel as equipment and personnel were no longer required. Personnel were demobilized periodically in April and finally all personnel and equipment in May 1999. Final demobilization of the Site Supervisor occurred on May 12, 1999.

3.0 Overview of Health and Safety

3.1 Overview of Project Health and Safety Plan

This section describes the policies, procedures and programs that were placed into effect to protect OHM and Navy personnel and the environment from potential hazards posed during project activities.

The Health and Safety program for the remediation at Site 13 NAB Little Creek, Virginia Beach, Virginia incorporated various policies, procedures and programs that OHM has found to be successful during remedial projects. The Site Safety Officer (SSO) conducted a daily safety meeting and performed other Health and Safety training. All on-site OHM personnel were thoroughly instructed and signed-off on all elements of the Site Specific Health and Safety Plan prior to the start of site work. Personnel assigned to the project were current with respect to medical surveillance and training per 29 CFR 1910.120. Primary areas of concern for this project included soil removal and excavation, heavy equipment communication and awareness.

3.2 Site Safety Meeting and Other Training

Safety meetings were conducted at the beginning of each day on site. Copies of the safety meeting sign in sheet and meeting minutes are filed with site records. In addition, OHM implemented OHM's safety observer program.

Site Specific Safety Controls

The site –specific safety controls utilized at the site include:

- ◆ Job Safety Analysis (JSA) – A Program to breakdown a task into its steps, identify the hazards of each step and determine methods of hazard control. Site specific JSAs were prepared for Site 13 PCP Contaminated Soil Removal.
- ◆ Chemical Hazard Analysis – A program to determine the hazardous chemicals at the site, the concentrations of the chemicals and the action levels and emergency procedures for the chemicals of concern.
- ◆ Physical Hazard Analysis – A program to determine the physical hazards of each task and the implementation of control procedures.
- ◆ Environmental Hazard Analysis – A Program to determine the environmental hazards and method of control.
- ◆ Accident Prevention Programs.
 - Safety Observer Program – A program where a member of the on-site staff is appointed to observe and record unsafe acts/conditions and present a report on the finding at the next day's safety meeting

- Management Safety Improvement Report - A monthly report completed by the Project Manager to ensure compliance with OHM policies and procedures.
- Site specific PPE Program – A program to establish the proper PPE required for a specific task.
- Decontamination Procedures – A program to establish decontamination procedures for both personnel and equipment.
- Emergency Response Program – A program to establish procedure in the event of a site emergency.
- Training Requirements – A program to establish the training required to perform specified project tasks.
- Medical Surveillance – A program to ensure that workers are medically qualified to perform specified tasks in compliance with OSHA 29 CFR 1910.120.
- Hazard Communication Training – A program to familiarize employees with the chemical hazards of materials used during the project.
- Permit Programs – A program to document and control activities such as Excavation, Confined Space Entry, Hot Work and Lockout/Tagout.

3.3 Incidents

OHM, subcontractors and Navy personnel did not experience any work-related incidents during the project. OHM established a Health and Safety Plan commensurate with the procedures and conditions that prevailed throughout the construction activities.

All OHM personnel on-site were 40-hour OSHA trained. In addition, all personnel on-site were required to sign the Site-Specific Health and Safety Plan.

Before any equipment was placed into operation a checklist of all safety related equipment, such as backup alarms and lights, was reviewed and the equipment was verified to be operational.

4.0 Quality Control Summary Report

OHM adhered to the Quality Control Plan by commencing the project with a pre-construction meeting held on March 15, 1999. The submission of Daily Contractor Production Reports (CPRs), Quality Control (QC) Reports and Monthly Progress Reports (MPRs) were in accordance with the plan.

OHM met all Quality Control technical requirements, including disposal analytical results for the soil removal. The disturbed areas of the site were seeded with an appropriate mixture in accordance with the work plan and associated scope documents.

Photographs were taken of the site to document observations, work in progress and completed work. Photographs are included in Appendix B.

The Project Manager and Site Supervisor, who communicated with the Navy frequently, aptly handled quality concerns associated with field changes and additions/deletions. The intent of the Quality Control Program was fulfilled.

APPENDIX A
IN-SITU CHARACTERIZATION
ANALYTICAL RESULTS

Soil Sample Locations and Rationale for Site 13 Removal Action - NAB Little Creek

TO: Taylor Sword/OHM-IT
Bob Schirmer/LANTDIV
Kelly Greaser/Little Creek

FROM: Scott MacEwen/WDC

DATE: January 29, 1999

The attached figure shows past (prior to 1999) and current (collected in January 1999) soil samples at Site 13. The rationale for the collection and analysis of the current samples is as follows:

Define Lateral Extent of Excavation - One sample was collected at 0.5 to 2 feet at locations SB305 through SB12 and analyzed for PCP only. These samples are proposed to further define the lateral extent of soil contamination, put a definite boundary on the area to be excavated. This will eliminate the need for in-field samples and decisions and reduce the number of confirmatory samples around the walls of the excavation. If these samples are clean (<16 ppm) we would put the sheet piling right at those sample points and excavate everything inside to at least the water table (~6 feet). If any samples have concentrations greater than 16 ppm we would excavate out (at that location) to the next clean sample location (using the past results). If all soil samples are found to be clean then the lateral extent of the excavation will be 35 by 14 feet. If all are greater than 16 ppm, it may be necessary to excavate as much as 50 by 25 feet.

Define Vertical Extent of Excavation - Two samples were collected from each of the four soil borings placed in the area of known contamination (SB 301 through SB 304) and analyzed for PCP only. In the vicinity of boring SB-301 we know there is significant contamination (65 ppm) to a depth of approximately 8 feet and that concentrations in the soil are less than 10 ppm at a depth of 12 feet. Samples were collected from this borehole at 8-10 and 10-12 feet to define contamination in the interval from 8 to 12 feet.

In the vicinity of borings SB-302 through SB-304 we know there is contamination (>16 ppm) to a depth of approximately 6 feet (the water table). Samples were collected from these boreholes at 6-8 and 8-10 feet to define contamination below the water table.

The results of these samples will be used to predetermine the depth of excavation in each of the four quadrants of the excavation - each of the four quadrants are associated with one of the four soil borings (301 through 304). Each quadrant will be approximately 9 ft by 14 ft. No cleanup level has been established for soil below the water table. The 16 ppm level only applies to soil above the water table. The depth to be excavated within each quadrant would be determined by the Navy after evaluating the contaminant levels in the saturated soil.

Waste Characterization Samples - Three composite samples were prepared from combined soil collected from depths of 0 to 6 feet from boring locations SB-301 through SB-304. These samples were analyzed for full TCLP, ignitability, corrosivity, reactivity, PCBs, and PCP.

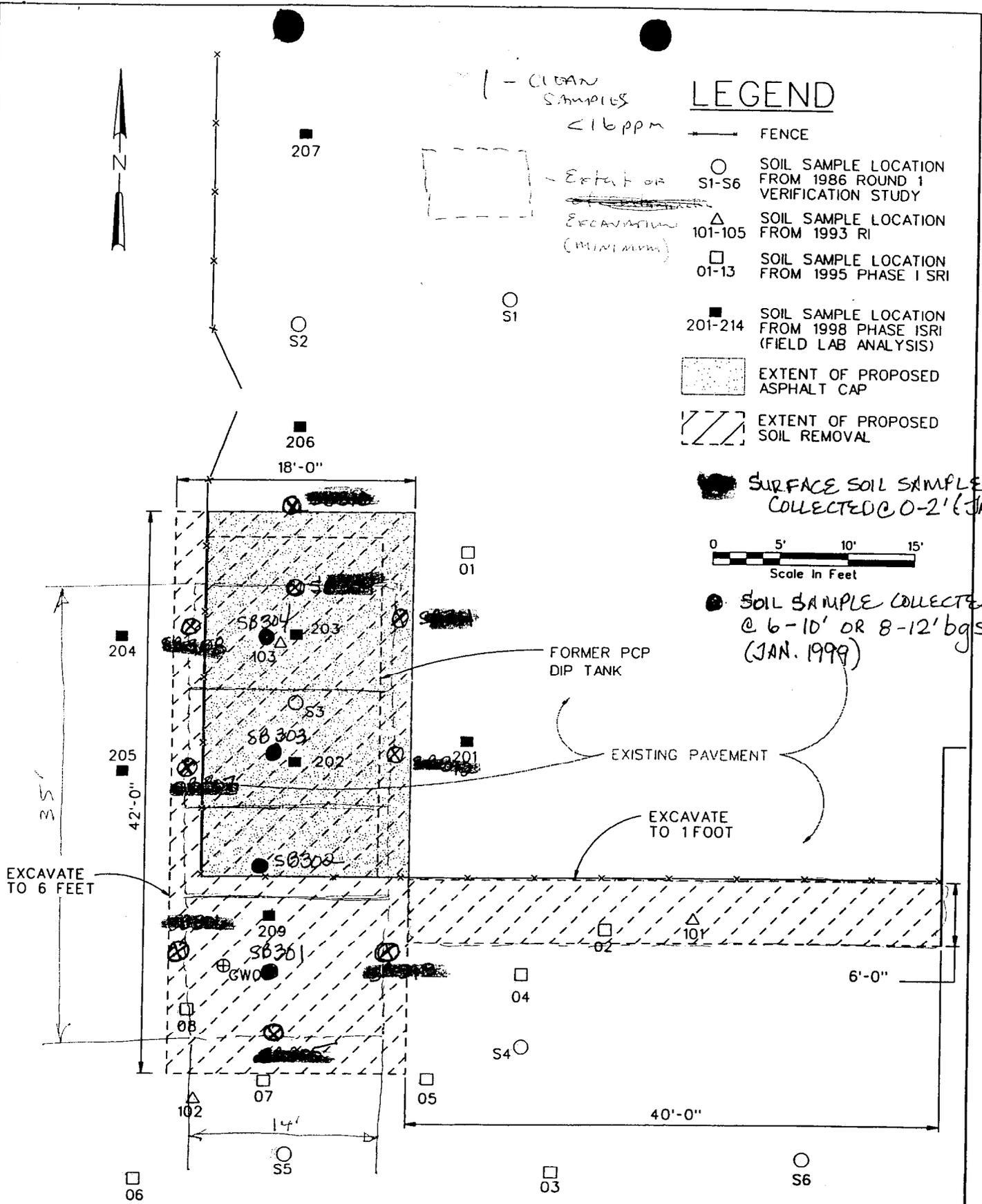


Table 2-2
Summary of Pentachlorophenol Concentrations in Soil (mg/kg)
Site 13—Public Works PCP Dip Tank and Wash Rack
NAB Little Creek, Virginia Beach, Virginia

Study	Round 1 Verification Study (1986)						Remedial Investigation (1993)						Phase I SRI (1995)					
Sample Location	S1	S2	S3	S4	S5	S6	101	102	103	104	105	GW08	01	02	03	04	05	06
Approx. Depth																		
0 - 0.5'	-	-	-	<0.4	<0.4	<0.4	2.4	<1	13	0.5 J	5.5		-	-	-	-	-	-
0.5 - 2'	<0.4	<0.4	-	-	-	-	-	-	-	-	-	890	-	-	-	-	-	-
2' - 4'	-	-	-	-	-	-	-	-	-	-	-	30	<1	2.7	<1	<1	<1	<1
4' - 6'	-	-	79	-	-	-	-	-	-	-	-	89	-	-	-	0.4 J	-	-

Study	Phase I SRI (1995)							Phase II SRI (1998)—From On-site Laboratory														
Sample Location	07	08	09	10	11	12	13	201	202	203	204	205	206	207	208	210	211	212	213	214	209*	
Approx. Depth																						
0 - 0.5'	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.5 - 2'	-	-	-	-	-	-	-	<10	<10	-	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	42.0 ^a (65)
2' - 4'	<1	<1	<1	<1	<1	<1	<1	<10 (<0.39)	6 J (30)	67 (0.15)	<10	<10	<10 (5.7)	<10	<10	-	-	-	-	-	-	<10 ^b
4' - 6'	-	-	-	<1	-	-	-	7 J	16	74	<10	<10	<10	<10	-	-	-	-	-	-	-	<10 ^c (<0.4)

* Location 209 sampled below water table only (greater than 6 feet deep). Intervals sampled were: ^a 8 - 10 ft.; ^b 12 - 14 ft.; ^c 18 - 20 ft.
- Not analyzed
J Estimated value
< Below quantitation limit of method. Quantitation limit is shown.
(30) Confirmatory results from offsite lab

SITE 13 - TCLP

GP Work Order # 9901118

SAMPLE ANALYSIS REPORT

Prepared For:

CH2M HILL
13921 PARK CENTER ROAD
HERNDON, VA 20171

NAB LITTLE CREEK SITE 12 CTO54

Prepared By:

GPL Laboratories, LLLP
202 Perry Parkway
Gaithersburg, MD 20877

February 8, 1999

Cathy Blase for

Yemane Yohannes, Laboratory Director

GPL LABORATORIES, LLLP
ANALYTICAL RESULTS

Project: NAB LITTLE CREEK SITE 12 CT054

CH2M HILL
13921 PARK CENTER ROAD
HERNDON, VA 20171
Atten: ANN WEST

GPL LABORATORIES, LLLP
202 Perry Parkway
Gaithersburg, MD 20877

Atten: Client Services
Phone: (301) 926-6802

Certified by: CB

SAMPLE IDENTIFICATION

<u>GP ID</u>	<u>Client ID</u>
9901118-01A	LS13-SB-WC3
9901118-01B	
9901118-02A	LS13-SB-WC2
9901118-02B	
9901118-03A	LS13-SB-WC1
9901118-03B	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTSGP ID: 9901118-01A
Client ID: LS13-SB-WC3
Collected: 01/20/99
Dilution: 2Matrix: SOIL
Method: 8270C TCLP
Units: ug/LAnalyst: MN
Analyzed: 01/27/99
Prepared: 01/26/99

SEMIVOLATILE TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
1,4-Dichlorobenzene	BQL	100	
2,4,5-Trichlorophenol	BQL	100	
2,4,6-Trichlorophenol	BQL	100	
2,4-Dinitrotoluene	BQL	100	
Hexachlorobenzene	BQL	100	
Hexachlorobutadiene	BQL	100	
Hexachloroethane	BQL	100	
m + p-Cresol	BQL	100	
Nitrobenzene	BQL	100	
o-Cresol	BQL	100	
Pentachlorophenol	1000	500	D
Pyridine	BQL	100	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-01
Client ID: LS13-SB-WC3

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Pentachlorophenol	SW846 8270	50000	38000	ug/Kg	20	01/24/99	01/27/99 MN

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTSGP ID: 9901118-01A
Client ID: LS13-SB-WC3
Collected: 01/20/99
Dilution: 10Matrix: SOIL
Method: 8260B TCLP
Units: ug/LAnalyst: WF
Analyzed: 02/04/99
Prepared:

VOLATILE TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
1,1-Dichloroethene	BQL	100	
1,2-Dichloroethane	BQL	100	
1,4-Dichlorobenzene	BQL	100	
2-Butanone	BQL	100	
Benzene	BQL	100	
Carbon tetrachloride	BQL	100	
Chlorobenzene	BQL	100	
Chloroform	BQL	100	
Tetrachloroethene	BQL	100	
Trichloroethene	BQL	100	
Vinyl chloride	BQL	100	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-01A
Client ID: LS13-SB-WC3
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: 8081A TCLP
Units: ug/L

Analyst: JSB
Analyzed: 02/01/99
Prepared: 01/26/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
Chlordane	BQL	0.70	
Endrin	BQL	0.30	
gamma-BHC (Lindane)	BQL	0.20	
Heptachlor	BQL	0.15	
Heptachlor epoxide	BQL	4.2	
Methoxychlor	BQL	8.8	
Toxaphene	BQL	12	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-01B
Client ID: LS13-SB-WC3
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: SW846 8082
Units: ug/Kg

Analyst: JSB
Analyzed: 02/04/99
Prepared: 02/01/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
Aroclor 1016	BQL	20	
Aroclor 1221	BQL	20	
Aroclor 1232	BQL	20	
Aroclor 1242	BQL	20	
Aroclor 1248	BQL	20	
Aroclor 1254	BQL	20	
Aroclor 1260	BQL	39	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-01A
Client ID: LS13-SB-WC3
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: 8151A TCLP
Units: ug/L

Analyst: JSB
Analyzed: 01/28/99
Prepared: 01/26/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
2,4-D	BQL	60	
Silvex	BQL	8.5	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-01
Client ID: LS13-SB-WC3

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Flash point	SW846 1010	N	100	deg. C			01/25/99 YA

GPL LABORATORIES, LLLP
METALS ANALYSIS RESULTSGP ID: 9901118-01
Client ID: LS13-SB-WC3Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
TCLP Silver	SW846 6010B	BQL	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Arsenic	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Barium	SW846 6010B	728	100	UG/L	1	01/28/99	02/03/99 DDH
TCLP Cadmium	SW846 6010B	BQL	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Chromium	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Mercury	SW846 7470T	BQL	2.0	UG/L	1	01/28/99	01/29/99 LCM
TCLP Lead	SW846 6010B	67.1	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Selenium	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTSGP ID: 9901118-01
Client ID: LS13-SB-WC3Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Reactive Cyanide	SW846 7.3.3	0.031	0.024	mg/Kg	1	01/22/99	01/27/99 AS
pH	SW846 9045C	7.02	0.010	pH	1		01/26/99 JH
Reactive Sulfide	SW846 7.3.4	BQL	9.44	mg/Kg	1	01/22/99	01/25/99 DCB
Percent Solids	MCAWW 160.3	87.0		%			01/26/99 DT

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTSGP ID: 9901118-02A
Client ID: LS13-SB-WC2
Collected: 01/20/99
Dilution: 2Matrix: SOIL
Method: 8270C TCLP
Units: ug/LAnalyst: MN
Analyzed: 01/27/99
Prepared: 01/26/99

SEMIVOLATILE TARGET COMPOUNDS

Parameter	Result	Rep.Lim.	Qualifier
1,4-Dichlorobenzene	BQL	100	
2,4,5-Trichlorophenol	BQL	100	
2,4,6-Trichlorophenol	BQL	100	
2,4-Dinitrotoluene	BQL	100	
Hexachlorobenzene	BQL	100	
Hexachlorobutadiene	BQL	100	
Hexachloroethane	BQL	100	
m + p-Cresol	BQL	100	
Nitrobenzene	BQL	100	
o-Cresol	BQL	100	
Pentachlorophenol	990	500	D
Pyridine	BQL	100	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-02
Client ID: LS13-SB-WC2

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Pentachlorophenol	SW846 8270	52000	37000	ug/Kg	20	01/24/99	01/27/99 MN

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTSGP ID: 9901118-02A
Client ID: LS13-SB-WC2
Collected: 01/20/99
Dilution: 10Matrix: SOIL
Method: 8260B TCLP
Units: ug/LAnalyst: WF
Analyzed: 02/04/99
Prepared:

VOLATILE TARGET COMPOUNDS

Parameter	Result	Rep.Lim.	Qualifier
1,1-Dichloroethene	BQL	100	
1,2-Dichloroethane	BQL	100	
1,4-Dichlorobenzene	BQL	100	
2-Butanone	BQL	100	
Benzene	BQL	100	
Carbon tetrachloride	BQL	100	
Chlorobenzene	BQL	100	
Chloroform	BQL	100	
Tetrachloroethene	BQL	100	
Trichloroethene	BQL	100	
Vinyl chloride	BQL	100	

GPL LABORATORIES, L.L.P.
ORGANIC ANALYSIS RESULTSGP ID: 9901118-02A
Client ID: LS13-SB-WC2
Collected: 01/20/99
Dilution: 1Matrix: SOIL
Method: 8081A TCLP
Units: ug/LAnalyst: JSB
Analyzed: 02/01/99
Prepared: 01/26/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
Chlordane	BQL	0.70	
Endrin	BQL	0.30	
gamma-BHC (Lindane)	BQL	0.20	
Heptachlor	BQL	0.15	
Heptachlor epoxide	BQL	4.2	
Methoxychlor	BQL	8.8	
Toxaphene	BQL	12	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-02B
Client ID: LS13-SB-WC2
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: SW846 8082
Units: ug/Kg

Analyst: JSB
Analyzed: 02/04/99
Prepared: 02/01/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
Aroclor 1016	BQL	19	
Aroclor 1221	BQL	19	
Aroclor 1232	BQL	19	
Aroclor 1242	BQL	19	
Aroclor 1248	BQL	19	
Aroclor 1254	BQL	19	
Aroclor 1260	BQL	38	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-02A
Client ID: LS13-SB-WC2
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: 8151A TCLP
Units: ug/L

Analyst: JSB
Analyzed: 01/28/99
Prepared: 01/26/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
2,4-D	BQL	60	
Silvex	BQL	8.5	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-02
Client ID: LS13-SB-WC2

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Flash point	SW846 1010	N	100	deg. C			01/25/99 YA

GPL LABORATORIES, LLLP
METALS ANALYSIS RESULTSGP ID: 9901118-02
Client ID: LS13-SB-WC2Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
TCLP Silver	SW846 6010B	BQL	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Arsenic	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Barium	SW846 6010B	1280	100	UG/L	1	01/28/99	02/03/99 DDH
TCLP Cadmium	SW846 6010B	BQL	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Chromium	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Mercury	SW846 7470T	BQL	2.0	UG/L	1	01/28/99	01/29/99 LCM
TCLP Lead	SW846 6010B	263	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Selenium	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTSGP ID: 9901118-02
Client ID: LS13-SB-WC2Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Reactive Cyanide	SW846 7.3.3	0.069	0.025	mg/Kg	1	01/22/99	01/27/99 AS
pH	SW846 9045C	7.54	0.010	pH	1		01/26/99 JH
Reactive Sulfide	SW846 7.3.4	BQL	10.0	mg/Kg	1	01/22/99	01/25/99 DCB
Percent Solids	MCAWW 160.3	89.3		%			01/26/99 DT

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTSGP ID: 9901118-03A
Client ID: LS13-SB-WC1
Collected: 01/20/99
Dilution: 2Matrix: SOIL
Method: 8270C TCLP
Units: ug/LAnalyst: MN
Analyzed: 01/27/99
Prepared: 01/26/99

SEMIVOLATILE TARGET COMPOUNDS

Parameter	Result	Rep.Lim.	Qualifier
1,4-Dichlorobenzene	BQL	100	
2,4,5-Trichlorophenol	BQL	100	
2,4,6-Trichlorophenol	BQL	100	
2,4-Dinitrotoluene	BQL	100	
Hexachlorobenzene	BQL	100	
Hexachlorobutadiene	BQL	100	
Hexachloroethane	BQL	100	
m + p-Cresol	BQL	100	
Nitrobenzene	BQL	100	
o-Cresol	BQL	100	
Pentachlorophenol	1000	500	D
Pyridine	BQL	100	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-03
Client ID: LS13-SB-WC1

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Pentachlorophenol	SW846 8270	49000	J 97000	ug/Kg	50	01/24/99	01/27/99 MN

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTSGP ID: 9901118-03A
Client ID: LS13-SB-WC1
Collected: 01/20/99
Dilution: 10Matrix: SOIL
Method: 8260B TCLP
Units: ug/LAnalyst: WF
Analyzed: 02/04/99
Prepared:

VOLATILE TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
1,1-Dichloroethene	BQL	100	
1,2-Dichloroethane	BQL	100	
1,4-Dichlorobenzene	BQL	100	
2-Butanone	BQL	100	
Benzene	BQL	100	
Carbon tetrachloride	BQL	100	
Chlorobenzene	BQL	100	
Chloroform	BQL	100	
Tetrachloroethene	BQL	100	
Trichloroethene	BQL	100	
Vinyl chloride	BQL	100	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-03A
Client ID: LS13-SB-WC1
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: 8081A TCLP
Units: ug/L

Analyst: JSB
Analyzed: 02/01/99
Prepared: 01/26/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
Chlordane	BQL	0.70	
Endrin	BQL	0.30	
gamma-BHC (Lindane)	BQL	0.20	
Heptachlor	BQL	0.15	
Heptachlor epoxide	BQL	4.2	
Methoxychlor	BQL	8.8	
Toxaphene	BQL	12	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-03B
Client ID: LS13-SB-WC1
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: SW846 8082
Units: ug/Kg

Analyst: JSB
Analyzed: 02/04/99
Prepared: 02/01/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
Aroclor 1016	BQL	20	
Aroclor 1221	BQL	20	
Aroclor 1232	BQL	20	
Aroclor 1242	BQL	20	
Aroclor 1248	BQL	20	
Aroclor 1254	BQL	20	
Aroclor 1260	BQL	40	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-03A
Client ID: LS13-SB-WC1
Collected: 01/20/99
Dilution: 1

Matrix: SOIL
Method: 8151A TCLP
Units: ug/L

Analyst: JSB
Analyzed: 01/29/99
Prepared: 01/26/99

GC TARGET COMPOUNDS

<u>Parameter</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Qualifier</u>
2,4-D	BQL	60	
Silvex	BQL	8.5	

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901118-03
Client ID: LS13-SB-WC1

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Flash point	SW846 1010	N	100	deg. C			01/25/99 YA

GPL LABORATORIES, LLLP
METALS ANALYSIS RESULTSGP ID: 9901118-03
Client ID: LS13-SB-WC1Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
TCLP Silver	SW846 6010B	BQL	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Arsenic	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Barium	SW846 6010B	1630	100	UG/L	1	01/28/99	02/03/99 DDH
TCLP Cadmium	SW846 6010B	BQL	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Chromium	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Mercury	SW846 7470T	BQL	2.0	UG/L	1	01/28/99	01/29/99 LCM
TCLP Lead	SW846 6010B	186	30.0	UG/L	1	01/28/99	02/03/99 DDH
TCLP Selenium	SW846 6010B	BQL	50.0	UG/L	1	01/28/99	02/03/99 DDH

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTSGP ID: 9901118-03
Client ID: LS13-SB-WC1Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Reactive Cyanide	SW846 7.3.3	0.045	0.023	mg/Kg	1	01/22/99	01/27/99 AS
pH	SW846 9045C	6.61	0.010	pH	1		01/26/99 JH
Reactive Sulfide	SW846 7.3.4	BQL	9.36	mg/Kg	1	01/22/99	01/25/99 DCB
Percent Solids	MCAWW 160.3	85.4		%			01/26/99 DT

GPL LABORATORIES, LLLP

Possible notes and definitions for this report:

- BQL** = Below Quantitation Limit
- J** = Value is less than the reporting limits but greater than zero
- P** = Indicates that there is greater than 25% difference for detected pesticide/Aroclor results between the two GC columns
- B** = Indicates that the compound was found in the associated blank
- E** = Indicates that the concentration exceeded the calibration range of the instrument
- U** = Indicates that the compound was analyzed for but not detected, number indicates the detection limit
- D** = Indicates that the compound was found in an analysis at a secondary dilution factor
- *** = Value obtained from a 1:5 dilution
- +** = Value obtained from a 1:10 dilution
- #** = Value obtained from a 1:20 dilution
- =** = Value obtained from a 1:25 dilution
- ^** = Value obtained from a 1:50 dilution
- ~** = Value obtained from a 1:100 dilution
- !** = Value obtained from a 1:250 dilution
- @** = Value obtained from a 1:125 dilution (medium level)
- \$** = Value obtained from a 1:500 dilution
- &** = Value obtained from a 1:1000 dilution
- N** = Flashpoint not observed; heated to specified limit
- R** = Flammable at room temperature
- TNTC** = Too numerous to count
- B.P.** = Detection limit taken from boiling point
- F.F.** = Sample gave off flammable fumes

SAMPLE RECEIPT CHECKLIST

W.O. No. 99-01-117
 Client Name CH 2 M. HISS
 Date Received 1/21/99
 Time Received 09:25
 Received By LYONS

Carrier Name FRD-ET
 Prepared (Logged In) By G 1/21/99
Initials Date
 Project N/A LITTLE CREEK
 Site _____
 VOA Holding Blank I.D. No. _____

	YES	NO
Airbill/Manifest Present? No. <u>SEE ATTACHED</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shipping Container in Good Condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custody Seals Present on Shipping Container? Condition: Good <input checked="" type="checkbox"/> Broken _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chain-of-Custody Present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chain-of-Custody Agrees with Sample Labels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chain-of-Custody Signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Packing Present in Shipping Container? Type of Packing <u>BUBBLE WRAP/BAGS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Custody Seals on Sample Bottles? Condition: Good _____ Broken _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total Number of Sample Bottles <u>6</u>		
Total Number of Samples <u>3</u>		
Samples Intact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sufficient Sample Volume for Indicated Test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Trip Blanks Received? No. of Sets _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VOA Vials Have Zero Headspace?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preservatives Added to Sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
pH Check Required? Performed By? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ice Present in Shipping Container? <u>(CUBES)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Container#	Temperature	
<u>#1</u>	<u>3.1</u>	
<u>2</u>	<u>3.1</u>	
<u>3</u>	<u>3.1</u>	
<u>[Signature]</u>		
Project Manager Contacted?		
Name: <u>PAKWOOD</u>		
Date Contacted: <u>1/21/99</u>		

Any **NQ** response must be detailed in the comments section below. If items are not applicable to particular samples or contracts, they should be marked **N/A**.

COMMENTS: _____

Checklist Completed by [Signature]
 Date 1/21/99

SMU 13 - PCP IN 2016
BOTTOM OF EXCAVATION

GP Work Order # 9901175

SAMPLE ANALYSIS REPORT

Prepared For:

CH2M HILL
13921 PARK CENTER ROAD
HERNDON, VA 20171

NAB LITTLE CREEK SITE 12 CTO54

Prepared By:

GPL Laboratories, LLLP
202 Perry Parkway
Gaithersburg, MD 20877

February 4, 1999

Cathy Blase for
Yemane Yohannes, Laboratory Director

GPL LABORATORIES, LLLP
ANALYTICAL RESULTS

Project: NAB LITTLE CREEK SITE 12 CT054

CH2M HILL
13921 PARK CENTER ROAD
HERNDON, VA 20171
Atten: ANN WEST

GPL LABORATORIES, LLLP
202 Perry Parkway
Gaithersburg, MD 20877

Atten: Client Services
Phone: (301) 926-6802

Certified by: CB

SAMPLE IDENTIFICATION

<u>GP ID</u>	<u>Client ID</u>
9901175-01A	LS13-SB301-04
9901175-01B	
9901175-02A	LS13-SB301-05
9901175-02B	
9901175-03A	LS13-SB302-04
9901175-04A	LS13-SB302-05
9901175-05A	LS13-SB303-04
9901175-06A	LS13-SB303-05
9901175-07A	LS13-SB304-04
9901175-08A	LS13-SB304-05

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901175-01
Client ID: LS13-SB301-04

Matrix: SOIL
Collected: 01/18/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	4300	2000	ug/Kg	1	01/29/99	02/02/99 AK

GP ID: 9901175-02
Client ID: LS13-SB301-05

Matrix: SOIL
Collected: 01/18/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	7200	3900	ug/Kg	2	01/29/99	02/02/99 AK

GP ID: 9901175-03
Client ID: LS13-SB302-04

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	22000	9800	ug/Kg	5	01/29/99	02/02/99 AK

GP ID: 9901175-04
Client ID: LS13-SB302-05

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	36000	17000	ug/Kg	10	01/29/99	02/03/99 AK

GP ID: 9901175-05
Client ID: LS13-SB303-04

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	36000	17000	ug/Kg	10	01/29/99	02/03/99 AK

GP ID: 9901175-06
Client ID: LS13-SB303-05

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	19000	8500	ug/Kg	5	01/29/99	02/02/99 AK

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901175-07
Client ID: LS13-SB304-04

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Pentachlorophenol	SW846 8270	16000	9700	ug/Kg	5	01/29/99	02/03/99 AK

GP ID: 9901175-08
Client ID: LS13-SB304-05

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Pentachlorophenol	SW846 8270	150	2000	ug/Kg	1	01/29/99	02/02/99 AK

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTS

GP ID: 9901175-01
Client ID: LS13-SB301-04

Matrix: SOIL
Collected: 01/18/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	84.3		%			02/01/99 DT

GP ID: 9901175-02
Client ID: LS13-SB301-05

Matrix: SOIL
Collected: 01/18/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	83.9		%			02/01/99 DT

GP ID: 9901175-03
Client ID: LS13-SB302-04

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	83.6		%			02/01/99 DT

GP ID: 9901175-04
Client ID: LS13-SB302-05

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	96.2		%			02/01/99 DT

GP ID: 9901175-05
Client ID: LS13-SB303-04

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	95.4		%			02/01/99 DT

GP ID: 9901175-06
Client ID: LS13-SB303-05

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	96.6		%			02/01/99 DT

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTSGP ID: 9901175-07
Client ID: LS13-SB304-04Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Percent Solids	MCAWW 160.3	85.2		%			02/01/99 DT

GP ID: 9901175-08
Client ID: LS13-SB304-05Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Percent Solids	MCAWW 160.3	84.0		%			02/01/99 DT

GPL LABORATORIES, LLLP

Possible notes and definitions for this report:

- BQL** = Below Quantitation Limit
- J** = Value is less than the reporting limits but greater than zero
- P** = Indicates that there is greater than 25% difference for detected pesticide/Aroclor results between the two GC columns
- B** = Indicates that the compound was found in the associated blank
- E** = Indicates that the concentration exceeded the calibration range of the instrument
- U** = Indicates that the compound was analyzed for but not detected, number indicates the detection limit
- D** = Indicates that the compound was found in an analysis at a secondary dilution factor
- *** = Value obtained from a 1:5 dilution
- +** = Value obtained from a 1:10 dilution
- #** = Value obtained from a 1:20 dilution
- =** = Value obtained from a 1:25 dilution
- ^** = Value obtained from a 1:50 dilution
- ~** = Value obtained from a 1:100 dilution
- !** = Value obtained from a 1:250 dilution
- @** = Value obtained from a 1:125 dilution (medium level)
- \$** = Value obtained from a 1:500 dilution
- &** = Value obtained from a 1:1000 dilution
- N** = Flashpoint not observed; heated to specified limit
- R** = Flammable at room temperature
- TNTC** = Too numerous to count
- B.P.** = Detection limit taken from boiling point
- F.F.** = Sample gave off flammable fumes

GPL LABORATORIES, LLLP

202 Pe... Parkway
Gaithersburg, MD 20877
(301) 926-6802
Fax (301) 840-1209

Contract #/Billing Reference: CTD-54 / 142506 SA SM 3 of 3 Pgs.

Project: <u>NAB LITTLE CREEK</u>					Turnaround Time: <u>Monday 1/18/00</u>									
Client: <u>CH2M HILL</u>					# of Containers: <u>1 sand / 1 sample</u>									
Send Results To: <u>SCOTT WILKINSON</u>					Container Type: <u>4oz Yom (100)</u>									
Address: <u>cell sheet of 3</u>					Preservative Used:									
Phone: <u>703-471-1441</u>					Type of Analysis:									
					Lab Cooler No.									
					CLIENT COMMENTS									
Sample ID#	Date Sampled	Time Sampled	Sample Matrix	Sampler's Initials	POB (MIXED) (P20) FOR CONC VOXS by CWT									
<u>LS13-SB304-01</u>	<u>1-20-99</u>	<u>955</u>	<u>SXL</u>	<u>AHE</u>										
<u>LS13-SB304-05</u>	<u>1-20-99</u>	<u>1010</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB305-01</u>	<u>1-19-99</u>	<u>1645</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB306-01</u>	<u>1-19-99</u>	<u>1740</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB307-01</u>	<u>1-19-99</u>	<u>1750</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB308-01</u>	<u>1-19-99</u>	<u>1800</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB309-01</u>	<u>1-20-99</u>	<u>1050</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB310-01</u>	<u>1-20-99</u>	<u>1100</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB311-01</u>	<u>1-20-99</u>	<u>1120</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB312-01</u>	<u>1-20-99</u>	<u>1110</u>	<u>"</u>	<u>"</u>										
<u>LS13-SB313-01</u>	<u>1-19-99</u>	<u>1730</u>	<u>"</u>	<u>"</u>										
<u>LS05-TR00079</u>	<u>1-28-99</u>	<u>1958</u>	<u>HAER</u>	<u>AHE</u>										
Relinquished By: <u>[Signature]</u>		Date/Time: <u>1-20-99</u>	Received By:											
Relinquished By:		Date/Time:	Received By:		Date/Time:	Shipper:	Airbill No.:							
Relinquished By:		Date/Time:	Received By:		Lab Comments:					Temp: <u>5.05</u> <u>9/10/00</u>				

G.P. W.O. 4/18/00
relogged as 9901175

relogged as 9901175 **SAMPLE RECEIPT CHECKLIST**

W.O. No. 44-01-120
 Client Name CH, M. HILL
 Date Received 1/21/91
 Time Received 09:25
 Received By LY. HZ

Carrier Name FED. R
 Prepared (Logged In) By G 1/21/91
Initials Date
 Project NAB LITTLE CREEK
 Site _____
 VOA Holding Blank I.D. No. _____

Airbill/Manifest Present? No. _____	YES NO — <input checked="" type="checkbox"/>
Shipping Container in Good Condition?	<input checked="" type="checkbox"/> —
Custody Seals Present on Shipping Container? Condition: Good <input checked="" type="checkbox"/> Broken _____	<input checked="" type="checkbox"/> —
Chain-of-Custody Present?	<input checked="" type="checkbox"/> —
Chain-of-Custody Agrees with Sample Labels?	<input checked="" type="checkbox"/> —
Chain-of-Custody Signed?	<input checked="" type="checkbox"/> —
Packing Present in Shipping Container? Type of Packing <u>PLASTIC WRAP / BAGS</u>	<input checked="" type="checkbox"/> —
Custody Seals on Sample Bottles? Condition: Good _____ Broken <input checked="" type="checkbox"/>	— <input checked="" type="checkbox"/>
Total Number of Sample Bottles <u>30</u>	
Total Number of Samples <u>19</u>	
Samples Intact?	<input checked="" type="checkbox"/> —
Sufficient Sample Volume for Indicated Test?	<input checked="" type="checkbox"/> —

Trip Blanks Received? No. of Sets _____	YES NO — <input checked="" type="checkbox"/>
VOA Vials Have Zero Headspace?	— <input checked="" type="checkbox"/>
Preservatives Added to Sample?	— <input checked="" type="checkbox"/>
pH Check Required? Performed By? _____	— <input checked="" type="checkbox"/>

Ice Present in Shipping Container? (urisy)

Container#	Temperature
<u>1</u>	<u>31</u>
<u>2</u>	<u>31</u>
<u>3</u>	<u>39</u>

G 1/21/91
 Project Manager Contacted?
 Name: PACKER
 Date Contacted: 1/21/91

Any **NO** response must be detailed in the comments section below. If items are not applicable to particular samples or contracts, they should be marked N/A.

COMMENTS: _____

Checklist Completed by G
 Date 1/21/91

SITE 13 - PCB IN SOIL
PERIMETER OF
EXCAVATION

GP Work Order # 9901120

SAMPLE ANALYSIS REPORT

Prepared For:

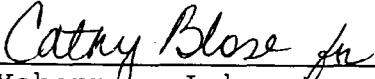
CH2M HILL
13921 PARK CENTER ROAD
HERNDON, VA 20171

NAB LITTLE CREEK SITE 12 CT054

Prepared By:

GPL Laboratories, LLLP
202 Perry Parkway
Gaithersburg, MD 20877

February 25, 1999



Yemane Yohannes, Laboratory Director

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901120-04
Client ID: LS13-SB302-04D

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	12000	9800	ug/Kg	5	01/30/99	02/03/99 AK

GP ID: 9901120-07
Client ID: LS13-SB303-04D

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	30000	9800	ug/Kg	5	01/30/99	02/03/99 AK

GP ID: 9901120-11
Client ID: LS13-SB305-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	BQL	1800	ug/Kg	1	01/30/99	02/03/99 AK

GP ID: 9901120-12
Client ID: LS13-SB306-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	990	2000	ug/Kg	1	01/30/99	02/03/99 AK

GP ID: 9901120-13
Client ID: LS13-SB307-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	BQL	2000	ug/Kg	1	01/30/99	02/04/99 AK

GP ID: 9901120-14
Client ID: LS13-SB308-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	510	2000	ug/Kg	1	01/30/99	02/03/99 AK

GPL LABORATORIES, LLLP
ORGANIC ANALYSIS RESULTS

GP ID: 9901120-15
Client ID: LS13-SB309-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	200000	90000	ug/Kg	50	01/30/99	02/04/99 AK

GP ID: 9901120-16
Client ID: LS13-SB310-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	300	2000	ug/Kg	1	01/30/99	02/03/99 AK

GP ID: 9901120-17
Client ID: LS13-SB311-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	BQL	2000	ug/Kg	1	01/30/99	02/04/99 AK

GP ID: 9901120-18
Client ID: LS13-SB312-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	18000	9600	ug/Kg	5	01/30/99	02/04/99 AK

GP ID: 9901120-19
Client ID: LS13-SB313-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Pentachlorophenol	SW846 8270	580	1900	ug/Kg	1	01/30/99	02/04/99 AK

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTS

GP ID: 9901120-02
Client ID: LS13-SB301-05

Matrix: SOIL
Collected: 01/18/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	83.9		%			02/01/99 DT
Total Petroleum Hydrocarbons	MCAWW 418.1	BQL	28.6	mg/Kg	1	01/26/99	01/26/99 AS
Biological Oxygen Demand	MCAWW 405.1	BQL	251	mg/Kg	1	02/19/99	02/24/99 SN
Chemical Oxygen Demand	MCAWW 410.4	3710	85.1	mg/kg	1	02/19/99	02/20/99 SN

GP ID: 9901120-04
Client ID: LS13-SB302-04D

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	84.1		%			02/15/99 DT

GP ID: 9901120-05
Client ID: LS13-SB302-05

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Total Petroleum Hydrocarbons	MCAWW 418.1	39.1	25.0	mg/Kg	1	01/26/99	01/26/99 AS
Biological Oxygen Demand	MCAWW 405.1	BQL	249	mg/Kg	1	02/19/99	02/24/99 SN
Chemical Oxygen Demand	MCAWW 410.4	11600	80.0	mg/kg	1	02/19/99	02/20/99 SN
Percent Solids	MCAWW 160.3	96.2		%			02/01/99 DT

GP ID: 9901120-07
Client ID: LS13-SB303-04D

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	84.2		%			02/15/99 DT

GP ID: 9901120-11
Client ID: LS13-SB305-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	91.3		%			02/15/99 DT

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTS

GP ID: 9901120-12
Client ID: LS13-SB306-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	84.3		%			02/15/99 DT

GP ID: 9901120-13
Client ID: LS13-SB307-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	82.3		%			02/15/99 DT

GP ID: 9901120-14
Client ID: LS13-SB308-01

Matrix: SOIL
Collected: 01/19/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	82.7		%			02/15/99 DT

GP ID: 9901120-15
Client ID: LS13-SB309-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	92.3		%			02/15/99 DT

GP ID: 9901120-16
Client ID: LS13-SB310-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	83.5		%			02/15/99 DT

GP ID: 9901120-17
Client ID: LS13-SB311-01

Matrix: SOIL
Collected: 01/20/99

Parameter	Method	Result	Rep.Lim.	Units	Dil.	Prepared	Analyzed By
Percent Solids	MCAWW 160.3	84.1		%			02/15/99 DT

GPL LABORATORIES, LLLP
WET CHEMISTRY ANALYSIS RESULTS

GP ID: 9901120-18
Client ID: LS13-SB312-01

Matrix: SOIL
Collected: 01/20/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Percent Solids	MCAWW 160.3	86.0		%			02/15/99 DT

GP ID: 9901120-19
Client ID: LS13-SB313-01

Matrix: SOIL
Collected: 01/19/99

<u>Parameter</u>	<u>Method</u>	<u>Result</u>	<u>Rep.Lim.</u>	<u>Units</u>	<u>Dil.</u>	<u>Prepared</u>	<u>Analyzed By</u>
Percent Solids	MCAWW 160.3	85.4		%			02/15/99 DT

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Possible notes and definitions for this report:

- BQL** = Below Quantitation Limit
- J** = Value is less than the reporting limits but greater than zero
- P** = Indicates that there is greater than 25% difference for detected pesticide/Aroclor results between the two GC columns
- B** = Indicates that the compound was found in the associated blank
- E** = Indicates that the concentration exceeded the calibration range of the instrument
- U** = Indicates that the compound was analyzed for but not detected, number indicates the ; detection limit
- D** = Indicates that the compound was found in an analysis at a secondary dilution factor
- *** = Value obtained from a 1:5 dilution
- +** = Value obtained from a 1:10 dilution
- #** = Value obtained from a 1:20 dilution
- =** = Value obtained from a 1:25 dilution
- ^** = Value obtained from a 1:50 dilution
- ~** = Value obtained from a 1:100 dilution
- !** = Value obtained from a 1:250 dilution
- @** = Value obtained from a 1:125 dilution (medium level)
- \$** = Value obtained from a 1:500 dilution
- &** = Value obtained from a 1:1000 dilution
- N** = Flashpoint not observed; heated to specified limit
- R** = Flammable at room temperature
- TNTC** = Too numerous to count
- B.P.** = Detection limit taken from boiling point
- F.F.** = Sample gave off flammable fumes

GPL LABORATORIES, LLLP

202 Perry Parkway
Gaithersburg, MD 20877
(301) 926-6802
Fax (301) 840-1209

Contract #/Billing Reference: CTD-54/142500.SA.SM 2 of 3 Pgs.

Project: <u>NAB LITTLE CREEK</u>	Turnaround Time: <u>28 day 14 day 14 day 14 day 14 day 14 day 14 day</u>
Client: <u>CH2M HILL</u>	# of Containers: <u>1/soil 1/soil 1/soil 1/soil 2/soil 2/soil 1/soil</u>
Send Results To: <u>SUTT MACEWEN</u>	Container Type: <u>40-mesh 4g 40g 4g 8oz 8oz 2oz</u>
Address: <u>See sheet 1073</u>	Preservative Used: <u>HCl</u>
Phone: <u>703-471-1441</u>	Type of Analysis: <u>WV CONTY VOLS IN CAR PCB (Method 8270) TPH (Method 8270) COD (Method 8270) TOC (Method 8270) Full TCLP (Sorbent) PCBs (Sorbent) PCBs (Sorbent) Full TCLP (Sorbent) PCBs (Sorbent)</u>

Sample ID#	Date Sampled	Time Sampled	Sample Matrix	Sampler's Initials	WV CONTY VOLS	IN CAR	PCB (Method 8270)	TPH (Method 8270)	COD (Method 8270)	TOC (Method 8270)	Full TCLP (Sorbent)	PCB (Sorbent)	PCB (Sorbent)	Full TCLP (Sorbent)	PCB (Sorbent)	CLIENT COMMENTS
LS11-DR309-17	1-19-99	9:40	WATER	AHC	3	—	—	—	—	—	—	—	—	—	—	*ignitibility
LS13-SB-WC3	1-20-99	1200	SOIL	"	—	—	—	—	2	—	—	—	—	—	—	(use Method 1010)
LS13-SB-WC2	1-20-99	1150	"	"	—	—	—	—	2	—	—	—	—	—	—	corrosivity
LS13-SB-WC1	1-20-99	1140	"	"	—	—	—	—	2	—	—	—	—	—	—	(use Method 9045)
LS13-SB301-04	1-18-99	1010	"	"	—	—	—	—	—	2	—	—	—	—	—	reactivity
LS13-SB301-05	1-18-99	1015	"	"	—	—	—	—	—	2	4	—	—	—	—	(use methods
LS13-SB302-04	1-20-99	900	"	"	—	1	—	—	—	—	—	—	—	—	—	846 chs. 7.3.3 and
LS13-SB302-05	1-20-99	900	"	"	—	1	—	—	—	—	—	—	—	—	—	7.3.4)
LS13-SB302-06	1-20-99	915	"	"	—	1	1	1	—	—	—	—	—	—	—	Full TCLP
LS13-SB303-04	1-20-99	1000	"	"	—	1	—	—	—	—	—	—	—	—	—	(use SW 846
LS13-SB303-04D	1-20-99	1015	"	"	—	1	—	—	—	—	—	—	—	—	—	Method 1311)
LS13-SB303-05	1-20-99	1035	"	"	—	1	—	—	—	—	—	—	—	—	—	PCBs (use TCL PCB by

Relinquished By: <u>Michelle Ewald</u>	Date/Time: <u>1-28-99</u>	Received By:	Relinquished By:	Received for Laboratory By: <u>C. G. Oza</u>	Date/Time: <u>1/11/99</u>
Relinquished By:	Date/Time:	Received By:	Date/Time:	Shipper:	Airbill No.:
Relinquished By:	Date/Time:	Received By:	Lab Comments:	Temp: <u>5°C</u>	<u>check it</u>

G.P. W.O. 44-11-120

GPL LABORATORIES, LLLP

202 P. Parkway
Gaithersburg, MD 20877
(301) 926-6802
Fax (301) 840-1209

Contract #/Billing Reference: CTD-54/142506 SL SM 3 of 3 Pgs.

Project: <u>NAB LITTLE CREEK</u>					Turnaround Time: <u>14 days / 18 days</u>				
Client: <u>CITIZEN HILL</u>					# of Containers: <u>1/ sand / 1 sample</u>				
Send Results To: <u>SCOTT UKEWEN</u>					Container Type: <u>403 / 40ml lab</u>				
Address: <u>see sheet of 3</u>					Preservative Used:				
Phone: <u>703-471-1441</u>					Type of Analysis:				

Sample ID#	Date Sampled	Time Sampled	Sample Matrix	Sampler's Initials	LABORATORY USE ONLY					Lab Cooler No.	CLIENT COMMENTS	
LS13-SB304-01	1-20-99	955	SOL	AHE	1	1						
LS13-SB304-05	1-20-99	1010	"	"	1	1						
LS13-SB305-01	1-19-99	1645	"	"	4	1						DO QA/QC
LS13-SB306-01	1-19-99	1740	"	"	1	1						
LS13-SB307-01	1-19-99	1750	"	"	1	1						
LS13-SB308-01	1-19-99	1800	"	"	1	1						
LS13-SB309-01	1-20-99	1050	"	"	1	1						
LS13-SB310-01	1-20-99	1100	"	"	1	1						
LS13-SB311-01	1-20-99	1130	"	"	1	1						
LS13-SB312-01	1-20-99	1110	"	"	1	1						
LS13-SB313-01	1-19-99	1730	"	"	1	1						
LS05-TB01001	1-20-99	1958	WATER	AHE	-	1						

Relinquished By: <u>[Signature]</u>	Date/Time: <u>1-20-99</u>	Received By:	Relinquished By:	Received for Laboratory By: <u>[Signature]</u>	Date/Time: <u>1-21-99 12:45</u>
Relinquished By:	Date/Time:	Received By:	Date/Time:	Shipper:	Airbill No.:
Relinquished By:	Date/Time:	Received By:	Lab Comments:		Temp: <u>528</u>

G.P. W.O. 99.01-120

SAMPLE RECEIPT CHECKLIST

W.O. No. 44-01-120
 Client Name CH. M. HILL
 Date Received 1/24/91
 Time Received 07:25
 Received By by [signature]

Carrier Name FED-2
 Prepared (Logged In) By [signature] 1/24/91
Initials Date
 Project NAB LITTLE CREEK
 Site _____
 VOA Holding Blank I.D. No. _____

Airbill/Manifest Present? No. _____	YES NO — <input checked="" type="checkbox"/>
Shipping Container in Good Condition?	<input checked="" type="checkbox"/> —
Custody Seals Present on Shipping Container? Condition: Good <input checked="" type="checkbox"/> Broken _____	<input checked="" type="checkbox"/> —
Chain-of-Custody Present?	<input checked="" type="checkbox"/> —
Chain-of-Custody Agrees with Sample Labels?	<input checked="" type="checkbox"/> —
Chain-of-Custody Signed?	<input checked="" type="checkbox"/> —
Packing Present in Shipping Container? Type of Packing <u>PLASTIC WRAP / BAG</u>	<input checked="" type="checkbox"/> —
Custody Seals on Sample Bottles? Condition: Good _____ Broken <input checked="" type="checkbox"/>	— <input checked="" type="checkbox"/>
Total Number of Sample Bottles <u>30</u>	
Total Number of Samples <u>19</u>	
Samples Intact?	<input checked="" type="checkbox"/> —
Sufficient Sample Volume for Indicated Test?	<input checked="" type="checkbox"/> —

Trip Blanks Received? No. of Sets _____	YES NO — <input checked="" type="checkbox"/>
VOA Vials Have Zero Headpage?	— <input checked="" type="checkbox"/>
Preservatives Added to Sample?	— <input checked="" type="checkbox"/>
pH Check Required? Performed By? _____	— <input checked="" type="checkbox"/>
Ice Present in Shipping Container? <input checked="" type="checkbox"/> <u>(used)</u>	
Container# Temperature	
<u>41</u> <u>311</u>	
<u>2</u> <u>311</u>	
<u>3</u> <u>31</u>	
<u>[signature]</u>	
Project Manager Contacted? Name: <u>PACKER [signature]</u> Date Contacted: <u>1/24/91</u>	

Any **NO** response must be detailed in the comments section below. If items are not applicable to particular samples or contracts, they should be marked N/A.

COMMENTS: _____

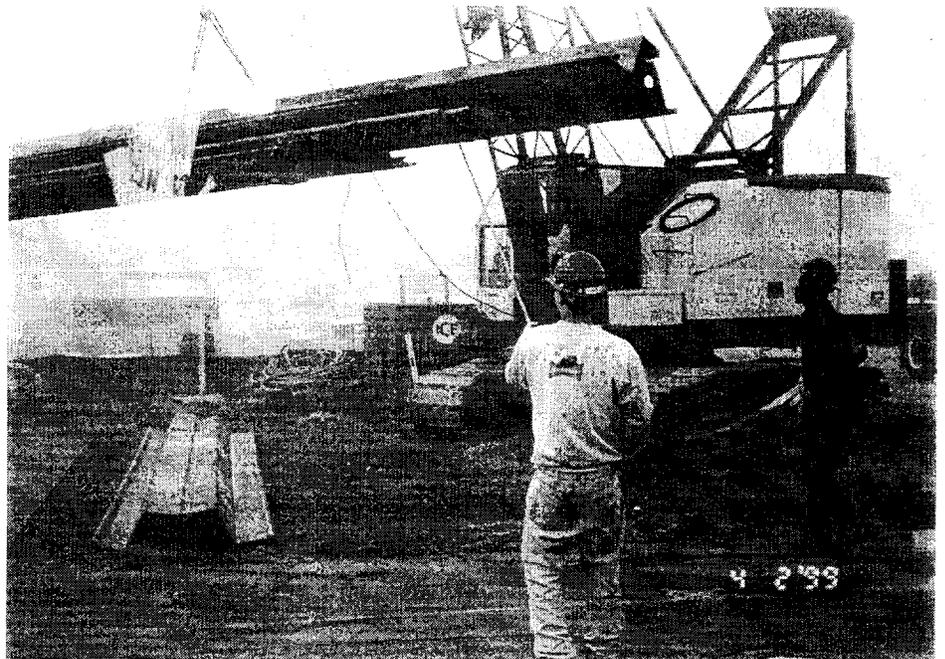
Checklist Completed by [signature]
 Date 1/24/91

APPENDIX B
SITE PHOTOGRAPHS

Photographic Log: NAB Little Creek, OHM Project No. 777941

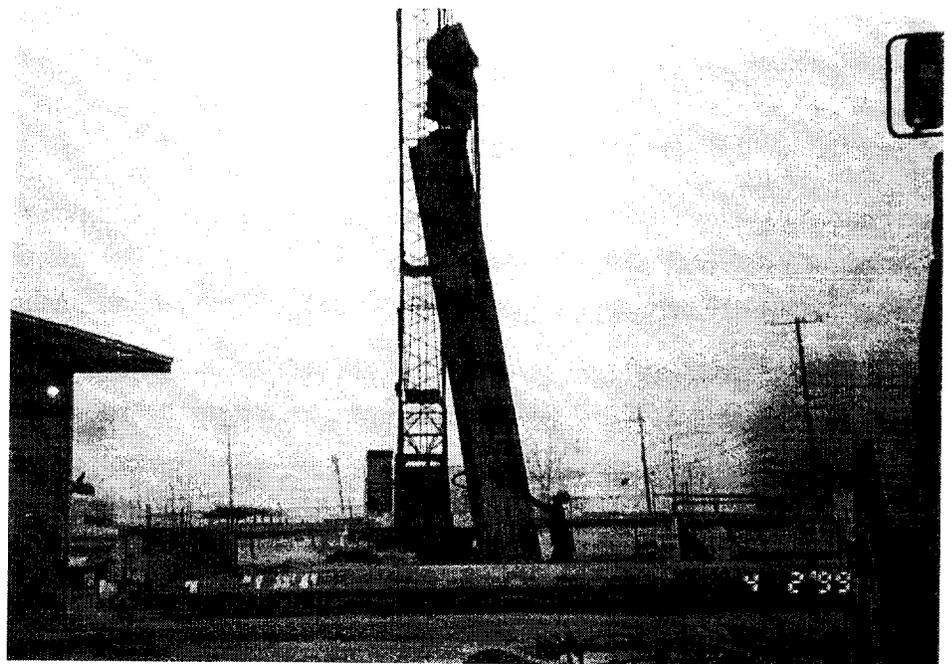
P1
4/2/99

Photo depicts the unloading of the sheet piling.



P2
4/2/99

Setting up to drive sheet piling

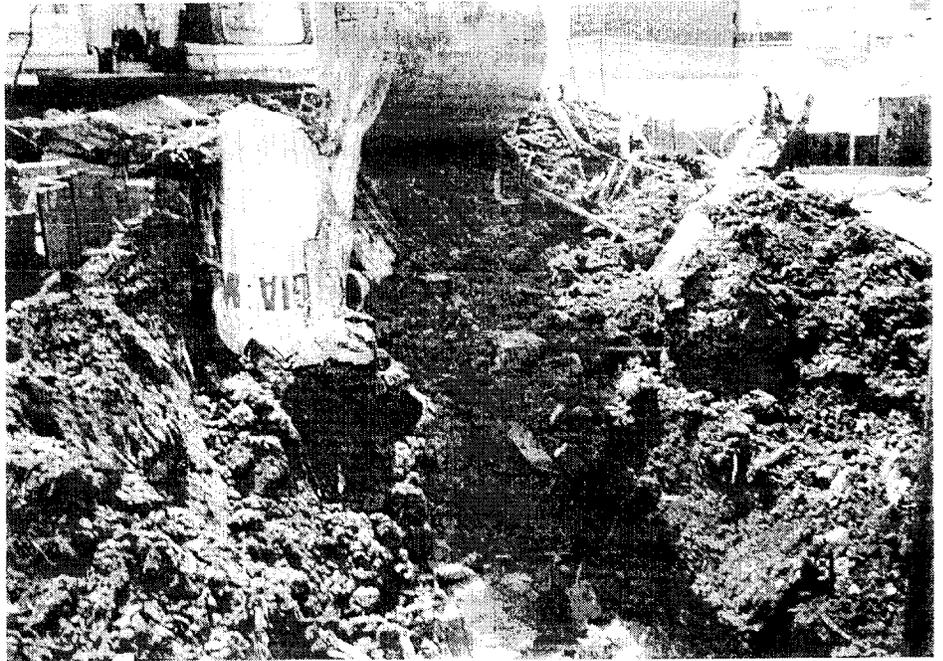


Photographic Log: NAB Little Creek, OHM Project No. 777941

P3

4/7/99

Inside excavation, timbers that were encountered that were cause for sheet piling halting during installation of span across excavation area. Buried timbers.



P4

4/7/99

Another photograph of the timbers encountered in the excavation.



Photographic Log: NAB Little Creek, OHM Project No. 777941

P5

4/12/99

Bottom of excavation at approximately 6.0 feet depicting the top of the groundwater table. Note the high content of clay in soil at the 6.0 foot level.



P6

4/12/99

Another photograph of the excavation at the 6.0 foot level.



Photographic Log: NAB Little Creek, OHM Project No. 777941

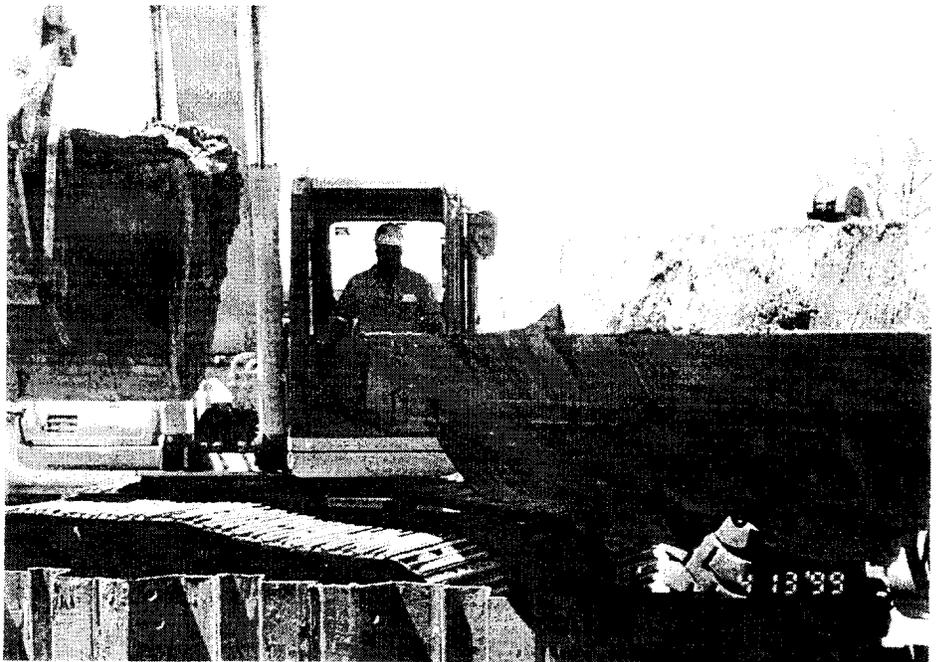
P7
4/13/99

Excavator working outside of the sheet piling perimeter.



P8
4/13/99

Excavator loading into loader to facilitate loading of the drying rolloffs.



Photographic Log: NAB Little Creek, OHM Project No. 777941

P9

4/13/99

Loader receiving soil from excavator for transfer to drying roll off.



P10

4/13/99

Bottom of excavation showing groundwater infiltration.



Photographic Log: NAB Little Creek, OHM Project No. 777941

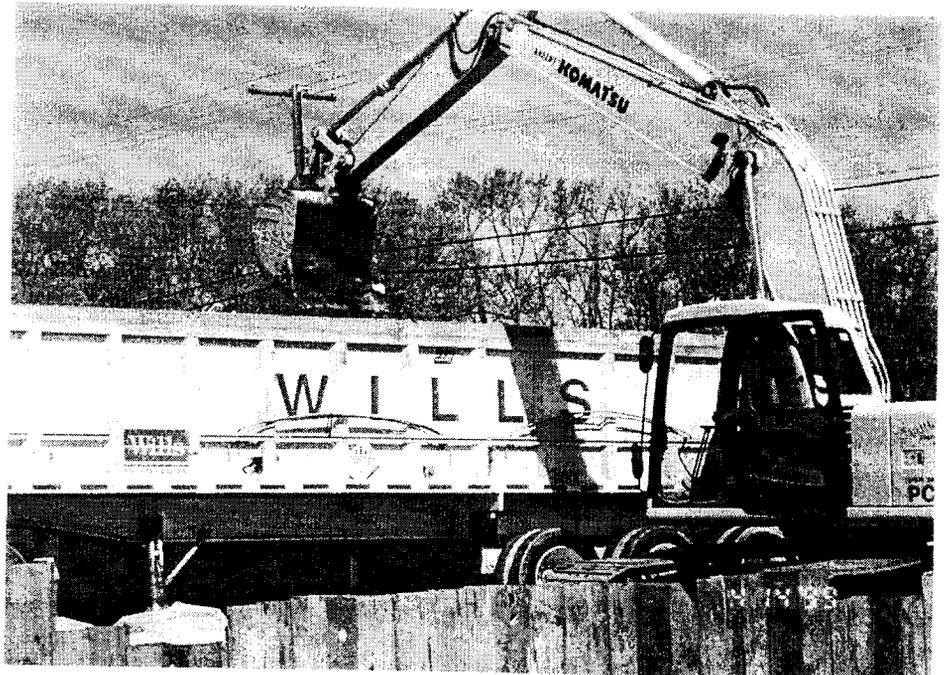
P11
4/14/99

Photo of bottom of excavation, note the soil staining.



P12
4/14/99

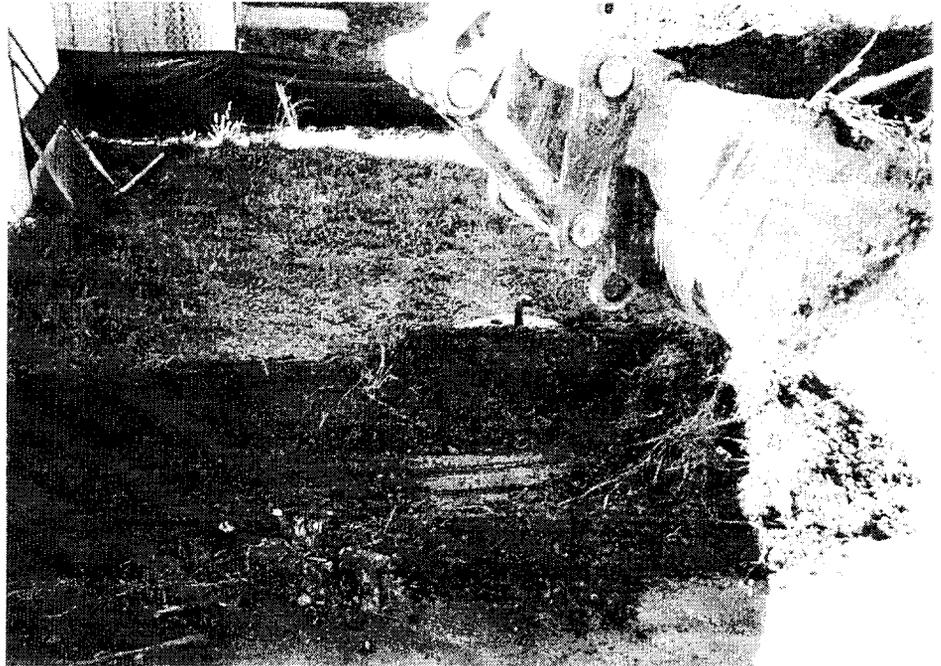
Loading of the excavated soils into end dump for transportation to disposal facility.



Photographic Log: NAB Little Creek, OHM Project No. 777941

P13
4/14/99

Excavating down to the 1.0 foot level in area "D".



P14
4/14/99

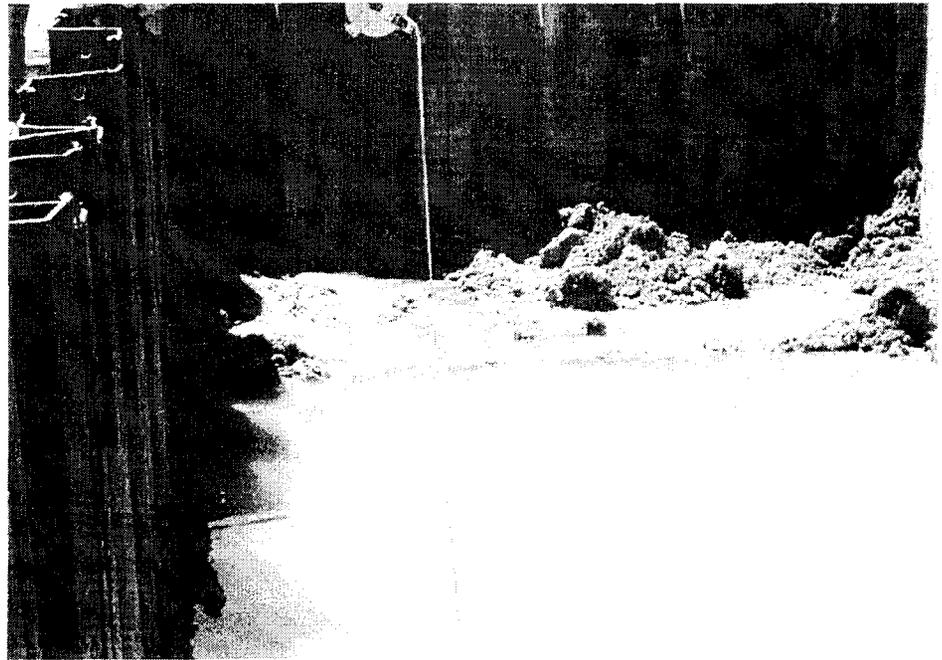
Excavator loading loader bucket for transfer of soil to drying roll off.



Photographic Log: NAB Little Creek, OHM Project No. 777941

P15
4/14/99

Accumulation of water in the bottom of excavation.



P16
4/14/99

Looking towards the south, measurement of the excavation depth being taken.



Photographic Log: NAB Little Creek, OHM Project No. 777941

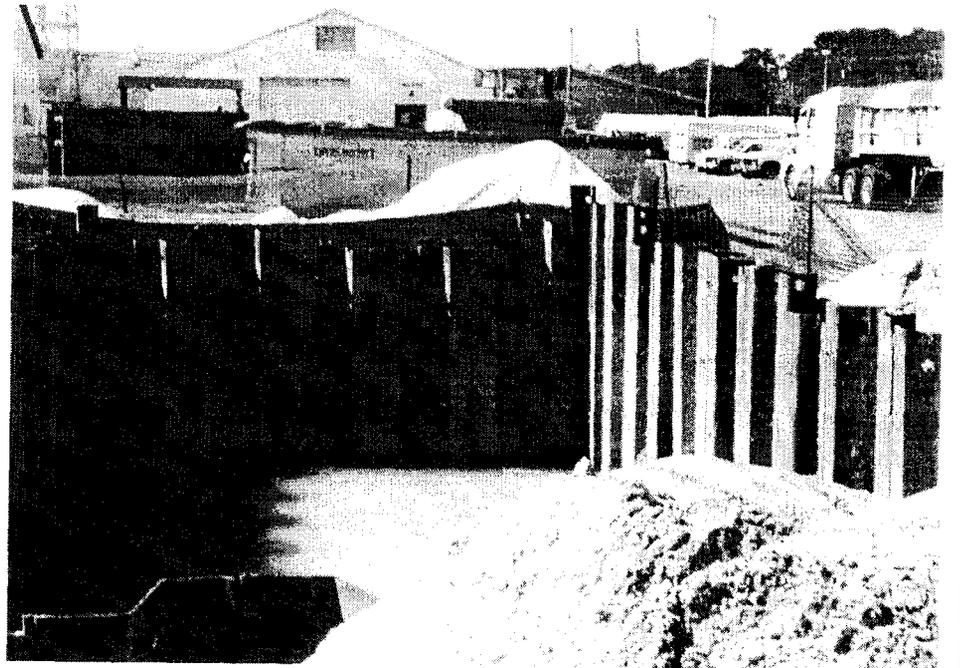
P17
4/16/99

Loading of transport for soil disposal.



P18
4/16/99

Staging of backfill material in the foreground of photo. Note the accumulation of water in the excavation. Precipitation event prior to backfilling accounted for additional accumulation of water in excavation.



Photographic Log: NAB Little Creek, OHM Project No. 777941

P19
4/16/99

Cleaning of the drying roll off activities.



P20
4/16/99

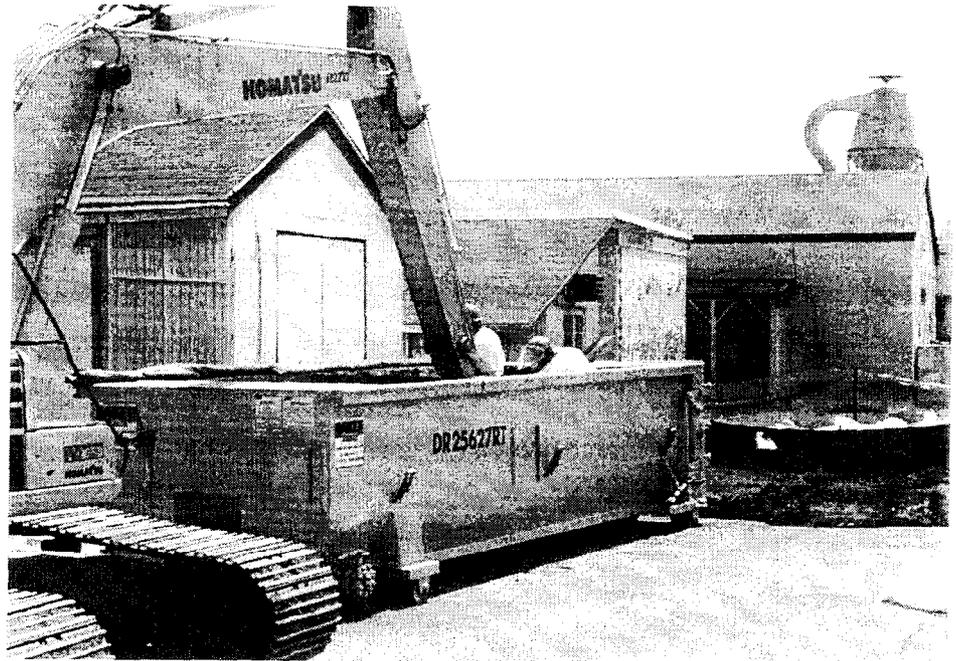
Cleaning and decontamination of the drying roll off boxes.



Photographic Log: NAB Little Creek, OHM Project No. 777941

P21
4/16/99

Cleaning of the drying roll
off activities.



P22
4/16/99

Backfilling of the
excavation.

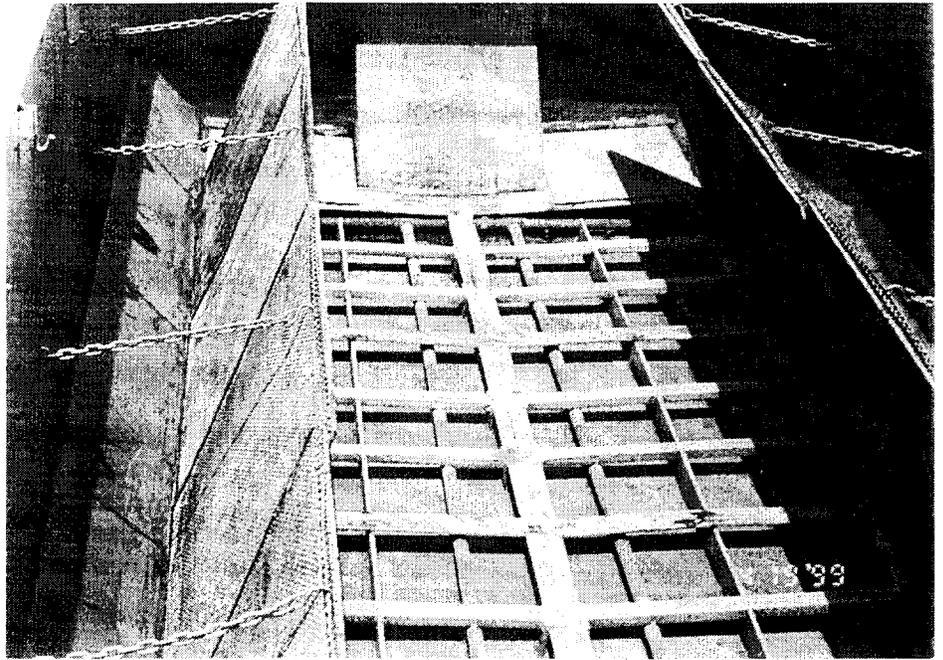


Photographic Log: NAB Little Creek, OHM Project No. 777941

P23

4/19/99

Photograph of the bottom of a drying roll off box. Note the framework for the false bottom partition of the roll off.



**APPENDIX C
CONTRACTOR DAILY REPORT
COPIES**

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 43
--	--	--------------------------

CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 5/11/99 Tuesday
--	---	--------------------------

AM WEATHER:	PM WEATHER:	MAX. TEMP: (Deg. F)	MIN. TEMP: (Deg. F)
-------------	-------------	---------------------	---------------------

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	0.0
					0.0
					0.0
					0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0



YES N WAS A JOB SAFETY MEETING HELD THIS DATE?
(If YES attach copy of the meeting minutes)
 YES N WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?
(If YES attach copy of completed OSHA report)
 YES N WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE?
(If YES attach statement or checklist showing inspection performed.)
 YES N 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	0.0
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	953.0
TOTAL WORK HOURS FROM START OF CONSTRUCTION	953

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
--	--

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS:
There was no work performed on this date.

 CONTRACTOR/SUPERINTENDENT

5-12-99

 Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/11/99

Tuesday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

There was no work performed on site today.


 E.E. Chitra - AUTHORIZED QC MANAGER AT SITE DATE 5-11-99

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 42
CONTRACTOR: OHM Remediation Services Corp.		SUPERINTENDENT: Charles L. Crenshaw
AM WEATHER: Clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 75
		MIN. TEMP: (Deg. F) 50

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	4.0
					0.0
					0.0
					0.0
					0.0
					0.0
	Subcontractors				0.0
	prepared area to be asphalted	Con. Paving	1	Supervisor	4.0
	prepared area to be asphalted	Con. Paving	1	Equipment oper.	4.0
	prepared area to be asphalted	Con. Paving	1	laborer	4.0
	prepared area to be asphalted	Con. Paving	1	laborer	4.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	20.0	
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT		
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	933.0		
	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"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION		
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED				<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.		

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

f-250 pick up

REMARKS:
Restored the asphalt pad that was removed to do the excavation activity.

_____ Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/10/99

Monday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C. Crenshaw - supervisor Contractor paving Supervisor equip. ope restored asphalt at site 13. 2 - laborers
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

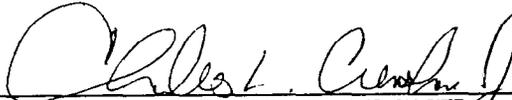
None

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Asphalt resoration at site 13.


 E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 5-11-99

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 40 & 41
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 5/8 & 9/99 Sat. & Sun.
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AM WEATHER:	PM WEATHER:	MAX. TEMP: (Deg. F)	MIN. TEMP: (Deg. F)
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	0.0
					0.0
					0.0
					0.0
					0.0
	Subcontractors				0.0
	prepared area to be asphalted	Con. Paving	1	Supervisor	0.0
	prepared area to be asphalted	Con. Paving	1	Equipment oper.	0.0
	prepared area to be asphalted	Con. Paving	1	Equipment oper./laborer	0.0
	prepared area to be asphalted	Con. Paving	1	laborer	0.0



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

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

YES N WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE?
(If YES attach statement or checklist showing inspection performed.)

YES N 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	0.0
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	933.0
TOTAL WORK HOURS FROM START OF CONSTRUCTION	933

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS:
There was no work performed on the dates listed above.

 CONTRACTOR/SUPERINTENDENT

5-10-99

 Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/8&9/99

Sat. Sun.

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST

TESTING PERFORMED & WHO PERFORMED TEST

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

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

There was no work performed on the dates listed above.

E.E. Cintra 5-10-99

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 39
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 5/7/99 Friday
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AM WEATHER: Clear	PM WEATHER: Sunny	MAX. TEMP: (Deg. F) 74	MIN. TEMP: (Deg. F) 55
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
					0.0
					0.0
					0.0
					0.0
	Subcontractors				0.0
	prepared area to be asphalted	Con. Paving	1	Supervisor	8.0
	prepared area to be asphalted	Con. Paving	1	Equipment oper.	8.0
	prepared area to be asphalted	Con. Paving	1	Equipment oper./laborer	8.0
	prepared area to be asphalted	Con. Paving	1	laborer	8.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (if YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	40.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (if YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	893.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (if YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	933
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
--	--

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS:
 The asphalt contractor was on site today to grade and place the stone base in the area that is to be asphalted.
 The area was compacted with a smooth drum roller.
 The asphalt contractor hauled all of the asphalt that was removed to do the excavation work.

5-7-99
 _____ Date

CONTRACTOR/SUPERINTENDENT

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/7/99

Friday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw -OHM Superintendent Contractor paving 1-Supervisor 2-Equipment operators , 1 laborer Prepared the area to be asphalted.
	THE SUBMITTALS HAVE BEEN APPROVED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST
TESTING PERFORMED & WHO PERFORMED TEST

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

None On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Contractor paving was on site to prepare the area to be asphalted by grading the area and placing the bedding stone. A preparatory meeting was held before work was started.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 5-7-99

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

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 36,37,&38
CONTRACTOR: OHM Remediation Services Corp.		SUPERINTENDENT: Charles L. Crenshaw
AM WEATHER:	PM WEATHER:	MAX. TEMP: (Deg. F) MIN. TEMP: (Deg. F)

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	0.0
					0.0
					0.0
					0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <i>(If YES attach copy of the meeting minutes)</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	0.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <i>(If YES attach copy of completed OSHA report)</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	893.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <i>(If YES attach statement or checklist showing inspection performed.)</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	893
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <i>(If YES attach description of incident and proposed action.)</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS:
There was no work performed on the dates listed above.

_____ 5-7-99

CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/4,5,&6/99

Tues.thru Thurs

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

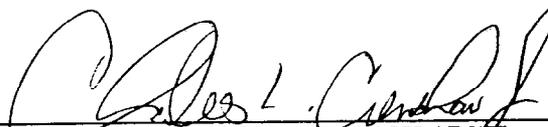
None

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

There was no work performed on the dates listed above.

 5-7-99
 E.E. Ciria - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 35
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 5-3-99 Monday
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AM WEATHER: clear	PM WEATHER: Sunny	MAX. TEMP: (Deg. F) 73	MIN. TEMP: (Deg. F) 55
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	5.0
baker		OHM	1	Laborer	3.0
Reed					0.0
Mathis					0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0



YES N WAS A JOB SAFETY MEETING HELD THIS DATE?
(If YES attach copy of the meeting minutes)
 YES N WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?
(If YES attach copy of completed OSHA report)
 YES N WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE?
(If YES attach statement or checklist showing inspection performed.)
 YES N 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	8.0
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	885.0
TOTAL WORK HOURS FROM START OF CONSTRUCTION	893

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY
 F-250 PICK UP-OHM 3-29-99 8- hours

REMARKS:
 On site to meet with the asphalt contractor to show the site.
 Also did some final site clean up.
 C.crenshaw demobed from the project because of the asphalt contractor will not be available until the end of the week.

5-3-99

 CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/3/99

Monday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
Final site clean up and showed the asphalt contractor the site to be restored.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 5-3-99

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 33 & 34
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 5-1 & 5-2/99 Sat. & Sun
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AM WEATHER:	PM WEATHER:	MAX. TEMP: (Deg. F)	MIN. TEMP: (Deg. F)
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	0.0
baker		OHM	1	Laborer	0.0
Reed					0.0
Mathis					0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0



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

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

YES N WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE?
(If YES attach statement or checklist showing inspection performed.)

YES N 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	0.0
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	885.0
TOTAL WORK HOURS FROM START OF CONSTRUCTION	885

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

3,000 psi pressure washer

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 0- hours

REMARKS:

There was no work performed on these dates listed above.

_____ Date 5-3-99
 CONTRACTOR/SUPERINTENDENT

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 5/1 & 2 /99
Sat. & Sun.

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
There was no work performed on the dates listed above.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 5-3-99

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 32
CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/30/99 Friday
AM WEATHER: Clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 73
		MIN. TEMP: (Deg. F) 53

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
baker	site 13 /water disposal/tank decon	OHM	1	Laborer	8.0
Reed	site 13 /water disposal/tank decon	OHM	1	Laborer	8.0
Mathis	site 13 /water disposal/tank decon	OHM	1	Laborer	8.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(if YES attach copy of the meeting minutes)</small>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE <div style="border-top: 1px solid black; text-align: right;">32.0</div>
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(if YES attach copy of completed OSHA report)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT <div style="border-top: 1px solid black; text-align: right;">853.0</div>
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <small>(if YES attach statement or checklist showing inspection performed.)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION <div style="border-top: 1px solid black; text-align: right;">885</div>
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(if YES attach description of incident and proposed action.)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED			<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB
 3,000 psi pressure washer

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours
 Chevy pickup 4-13-99 8 hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use (off rent 4/30/99 C.O.B)
 LEL 02 meter 3-29-99 OHM 5-hours
 P.I.D meter 3-29-99-OHM 5-hours

Porto John 3-29-99 -Eure rentals
 computer 3-29-99 OHM 1 hour

REMARKS:

Today's activities consisted of pumping 8,155 gallons of water from the 21,000 gallon storage tank into 2- tankers to be disposed of at Dupont in Deepwater N.J.
 This water was generated from the excavation activity and from deconning equipment.
 Once the water was pumped out of the tank , proper monitoring was performed to make a confined entry to decon the inside of the t
 The crew was demobed from the project with the exception of C.Crenshaw.
 C.Crenshaw will remain to oversee the asphalt construction and the fence installation.
 In the event that there is a delay in these task , C. Crenshaw will demobe also.
 The 21,000 gallon tank has been called off rent and will be picked up on Monday.

5-3-99

Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: ~~4/29/99~~ 4/30/99
Thursday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervised activities V.Reed Tank decon C.Mathis tank decon B.Baker tank decon
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
Pumped 8,155 gallons of water into 2-tankers from the 21,000 gallon storage tank to be disposed of at Dupont in Deepwater N.J.
Also did a confined entry into the storage tank to decon the inside walls and floor.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

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

 5-3-99
GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 32
CONTRACTOR: OHM Remediation Services Corp.		SUPERINTENDENT: Charles L. Crenshaw
AM WEATHER: Clear	PM WEATHER: Sunny	MAX. TEMP: (Deg. F) 73
		MIN. TEMP: (Deg. F) 53

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
baker	site 13 /water disposal/tank decon	OHM	1	Laborer	8.0
Reed	site 13 /water disposal/tank decon	OHM	1	Laborer	8.0
Mathis	site 13 /water disposal/tank decon	OHM	1	Laborer	8.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	32.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	853.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	885
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB
 3,000 psi pressure washer

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours
 Chevy pickup 4-13-99 8 hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use (off rent 4/30/99 C.O.B)
 LEL 02 meter 3-29-99 OHM 5-hours
 P.I.D meter 3-29-99-OHM 5-hours

Porto John 3-29-99 -Eure rentals
 computer 3-29-99 OHM 1 hour

REMARKS:

Today's activities consisted of pumping 8,155 gallons of water from the 21,000 gallon storage tank into 2- tankers to be disposed of at Dupont In Deepwater N.J.
 This water was generated from the excavation activity and from deconning equipment.
 Once the water was pumped out of the tank , proper monitoring was performed to make a confined entry to decon the inside of the t
 The crew was demobed from the project with the exception of C.Crenshaw.
 C.Crenshaw will remain to oversee the asphalt construstion and the fence installation.
 In the event that there is a delay in these task , C. Crenshaw will demobe also.
 The 21,000 gallon tank has been called off rent and will be picked up on Monday.

5-3-99

 CONTRACTOR/SUPERINTENDENT

 Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/29/99 4/30/99
Thursday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervised activities V.Reed Tank decon C.Mathis tank decon B.Baker tank decon
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
None	

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
Pumped 8,155 gallons of water into 2-tankers from the 21,000 gallon storage tank to be disposed of at Dupont in Deepwater N.J.
Also did a confined entry into the storage tank to decon the inside walls and floor.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE 5-3-99

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 31
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/29/99 Thursday
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AM WEATHER: Rain	PM WEATHER: Rain	MAX. TEMP: (Deg. F) 60	MIN. TEMP: (Deg. F) 38
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
baker	site 13/ equipment demobilization	OHM	1	Laborer/equip operator	5.0
Reed	site 13/ equipment demobilization	OHM	1	Laborer /equip operator	5.0
Mathis	site 13/ equipment demobilization	OHM	1	Laborer	5.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	23.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	830.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	853
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
--	--

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours
Chevy pickup 4-13-99 8 hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use
LEL 02 meter 3-29-99 OHM 0-hours
P.I.D meter 3-29-99-OHM 0-hours
Office Trailer 3-29-99-OHM 8-hours
Porto John 3-29-99 -Eure rentals
computer 3-29-99 OHM 3-hour

REMARKS:

The Cat 950 front end loader was demobilized off site today. (Off Bill)
The rolloff containers were picked up today . (Previously off the bill.)
The crew was sent home early because of lack of enough work to justify staying to complete a work shift.
The water in the holding tank is scheduled for pick up and disposal on tomorrow. (4/30/99)

4-30-99
 Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/29/99

Thursday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT	
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervised activities V.Reed equipment demobe C.Mathis equipment demobe B.Baker equipment demobe	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>		
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>		
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>		
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>		
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>		
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>		
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>		TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>		
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>		
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>		
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>		
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>		TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

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

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Today the rollofs were picked up and the 950 Cat front end loader was picked up as well
The water in the holding tank is scheduled to go out on tomorrow and the tank will be deconned and called off of rent.


 E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 4-30-99

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 30
CONTRACTOR: OHM Remediation Services Corp.		SUPERINTENDENT: Charles L. Crenshaw
AM WEATHER: Clear		Date: 4/28/99 Wednesday
PM WEATHER: sunny	MAX. TEMP: (Deg. F) 68	MIN. TEMP: (Deg. F) 41

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
baker	site 13/site restoration	OHM	1	Laborer/equip operator	3.0
Reed	site 13 /site restoration	OHM	1	Laborer /equip operator	3.0
Mathis	site 13 /site restoration	OHM	1	Laborer	3.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE <hr style="border: 1px solid black;"/> 17.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <small>(If YES attach statement or checklist showing inspection performed.)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action.)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED			<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours
 Chevy pickup 4-13-99 8 hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use
 LEL O2 meter 3-29-99 OHM 0-hours
 P.I.D meter 3-29-99-OHM 0-hours
 Office Trailer 3-29-99-OHM 8-hours
 Porto John 3-29-99 -Eure rentals
 computer 3-29-99 OHM 3-hour

REMARKS:

The areas that were disturbed during the PCP remediation were covered with topsoil and seeded. Richard Howard has said that there is no need to place straw or mulch over the seeded areas. The crew was sent home early today because of not having enough work on site until the water is ready to be transported off site that was generated durring the excavation activities. Once the water is pumped from the tank, the crew will decon the inside of the tank. Chaz Crenshaws time was spent assisting with setting up the fencing contractor and the asphalt contractor.

4-29-99

 CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/28/99

Wednesday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervised activities V.Reed site restoration C.Mathis site restoration B.Baker site restoration
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Continued site restoration.
Site was shut down early because of not enough work to justify staying.
The holding tank decon should be done on Thursday or Friday.

 E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 4-29-99

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 29
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/27/99 Tuesday
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AM WEATHER: Clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 65	MIN. TEMP: (Deg. F) 43
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
baker	site 13/site restoration	OHM	1	Laborer/equip operator	8.0
Reed	site 13 /demobe equip .&supplies	OHM	1	Laborer /equip operator	8.0
Mathis	site 13 /demobe equip .&supplies	OHM	1	Laborer	8.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE <hr/> CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT <hr/> TOTAL WORK HOURS FROM START OF CONSTRUCTION <hr/>	
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N		32.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N		813.0
	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"/> N		845

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

9 cyds topsoil-for site restoration

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

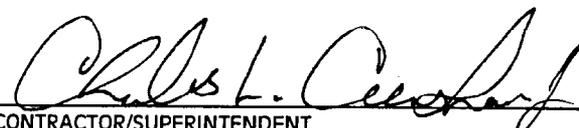
F-250 PICK UP-OHM 3-29-99 8 hours
Chevy pickup 4-13-99 8 hours

CAT 950-FRONT END LOADER OHM 3-29-99 8-hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use
LEL 02 meter 3-29-99 OHM 0-hours
P.I.D meter 3-29-99-OHM 0-hours
Office Trailer 3-29-99-OHM 8-hours
Porto John 3-29-99 -Eure rentals
computer 3-29-99 OHM 3-hour

REMARKS:

Began demobilizing supplies and equipment off site.
The areas that were disturbed during the project were dressed up and covered with topsoil.
The areas will also be seeded.
The analytical results for the water has returned and arrangements are being made to dispose of it ASAP.



 CONTRACTOR/SUPERINTENDENT 4-28-99
Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/27/99

Tuesday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervised activities V.Reed demobe equipment and supplies C.Mathis demobe equipment and supplies B.Baker site restoration
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
Demobed equipment and supplies that are no longer needed on site.
Continued site restoration.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 4-28-99

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 28
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/26/99 Monday
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AM WEATHER: Clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 68	MIN. TEMP: (Deg. F) 41
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
baker	site 13/site restoration/prep for demobe	OHM	1	Laborer/equip operator	8.0
Reed	site 13 /site restoration/prp for demobe	OHM	1	Laborer /equip operator	8.0
Mathis	site 13 /site restoration /prepf for demobe	OHM	1	Laborer	8.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					0.0



WAS A JOB SAFETY MEETING HELD THIS DATE? YES N
(If YES attach copy of the meeting minutes)
 WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? YES N
(If YES attach copy of completed OSHA report)
 WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? YES N
(If YES attach statement or checklist showing inspection performed.)
 WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? YES N
(If YES attach description of incident and proposed action.)

TOTAL WORK HOURS ON JOB SITE THIS DATE	32.0
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	781.0
TOTAL WORK HOURS FROM START OF CONSTRUCTION	813

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

9 cyds topsoil-for site restoration

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours
Chevy pickup 4-13-99 8 hours

CAT 950-FRONT END LOADER OHM 3-29-99 2-hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use

LEL 02 meter 3-29-99 OHM 0-hours
P.I.D meter 3-29-99-OHM 0-hours
Office Trailer 3-29-99-OHM 8-hours
Porto John 3-29-99 -Eure rentals
computer 3-29-99 OHM 1-hour

REMARKS:

Began breaking the ste down and preparing for demobilization.
Continued site clean up.

4-27-99
 CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/26/99

Monday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervised activities V.Reed demobe equipment and supplies C.Mathis demobe equipment and supplies B.Baker site restoration
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

None

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Continued site restoration.


 E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 26 & 27
CONTRACTOR: OHM Remediation Services Corp.		SUPERINTENDENT: Charles L. Crenshaw
AM WEATHER:	PM WEATHER:	MAX. TEMP: (Deg. F) MIN. TEMP: (Deg. F)

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	0.0
baker	site 13/backfil excavation/rolloff decon	OHM	1	Laborer/equip operator	0.0
Reed	site 13 traffic control and Rolloff decon	OHM	1	Laborer /equip operator	0.0
Mathis	site 13 traffic control and Rolloff decon	OHM	1	Laborer	0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0
					8.0
					0.0



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

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

YES N
 WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE?
(If YES attach statement or checklist showing inspection performed.)

YES N
 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	0.0
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	781.0
TOTAL WORK HOURS FROM START OF CONSTRUCTION	781

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 0 hours
Chevy pickup 4-13-99 0 hours

CAT 950-FRONT END LOADER OHM 3-29-99 0-hours

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use

LEL 02 meter 3-29-99 OHM 0-hours
P.I.D meter 3-29-99-OHM 0-hours
Office Trailer 3-29-99-OHM 8-hours
Porto John 3-29-99 -Eure rentals
computer 3-29-99 OHM 0-hour

REMARKS:
There was no work performed on site on 4/24 & 25/99

4-27-99

 CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

DATE: 4/24 & 25/99

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Friday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
TESTING PERFORMED & WHO PERFORMED TEST				
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PERFORMED & WHO PERFORMED TEST			

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

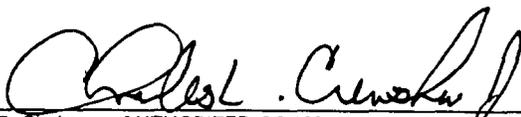
REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

There was no work performed on 4/24 & 25/99


 E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 4-27-99

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 25
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/23/99 Friday
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AM WEATHER: clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 68	MIN. TEMP: (Deg. F) 50
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	0.0
baker	site 13/backfill excavation/rolloff decon	OHM	1	Laborer/equip operator	0.0
Reed	site 13 traffic control and Rolloff decon	OHM	1	Laborer /equip operator	8.0
Mathis	site 13 traffic control and Rolloff decon	OHM	1	Laborer	8.0
					0.0
	Subcontractors				0.0
Harris	crane operator	Waterfront Marine		Supervisor	8.0
Snowden	remove sheetpile	Waterfront Marine		Laborer	8.0
Swanteck	remove sheetpile	Waterfront Marine		laborer	8.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: 0 auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> N (If YES attach copy of the meeting minutes)	TOTAL WORK HOURS ON JOB SITE THIS DATE	40.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> N (If YES attach copy of completed OSHA report)	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	741.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	TOTAL WORK HOURS FROM START OF CONSTRUCTION	781
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed action.)		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours	25KW generator 3-29-99 8-hours Sunbelt rental
Chevy pickup 4-13-99 8 hours	off rent 4/23/99 C.O.B
CAT 950-FRONT END LOADER OHM 3-29-99 2-hours	3,000 psi pressure washer -4/16/99 5 hours off rent 4/23/
	3" dry prime pump 4/16/99 -3 hours off rent 4/23/99

1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use
 LEL O2 meter 3-29-99 OHM 0-hours
 P.I.D meter 3-29-99-OHM 0-hours
 Office Traller 3-29-99-OHM 8-hours
 Porto John 3-29-99 -Eure rentals
 computer 3-29-99 OHM 2-hour

REMARKS:
 Continued and completed the removal/decon of sheetpile.
 Also all of the sheetpile has been hauled offsite and the equipment used was broken down in preparation of demobilization.
 Chaz Crenshaw was not on site today. Vincent Reed was acting in his absence. Chaz is generating this report from Mr. Reeds notes as well as verbal information.
 Mr. Howard has given the direction to call off rent the 25KW generator, 3,000 psi pressure washer ,and the 4" dry prime pump.

 CONTRACTOR/SUPERINTENDENT 4-27-99
Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

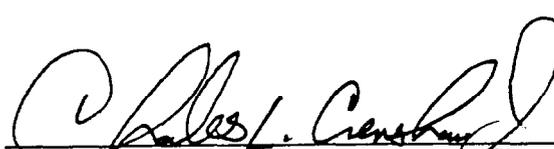
DATE: ~~4/23/99~~ **4/23/99**
~~Thursday~~ **Friday**

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	V.Reed -Decon sheetpiles/prepare for demobe C.Mathis- Decon rolloff containers		
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>		<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
		SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>		<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>			
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>			

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

None On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Completed the removal of sheetpiles and decon.
 Began preparation to demobe the crane .


 E.E. Chitpa - AUTHORIZED QC MANAGER AT SITE DATE **4-27-99**

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

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 24
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/22/99 Thursday
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AM WEATHER: clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 68	MIN. TEMP: (Deg. F) 50
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	9.0
baker	site 13/backfil excavation/rolloff decon	OHM	1	Laborer/equip operator	8.0
Reed	site 13 traffic control and Rolloff decon	OHM	1	Laborer /equip operator	8.0
Mathis	site 13 traffic control and Rolloff decon	OHM	1	Laborer	8.0
					0.0
	Subcontractors				0.0
Harris	crane operator	Waterfront Marine		Supervisor	8.0
Snowden	remove sheetpile	Waterfront Marine		Laborer	8.0
Swanteck	remove sheetpile	Waterfront Marine		laborer	8.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	57.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	684.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	741
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED

SAFETY REQUIREMENTS HAVE BEEN MET.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours	25KW generator 3-29-99 8-hours Sunbelt rental
Chevy pickup 4-13-99 8 hours	3,000 psi pressure washer -4/16/99 5 hours
CAT 950-FRONT END LOADER OHM 3-29-99 2-hours	3" dry prime pump 4/16/99 -3 hours
1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use	
LEL 02 meter 3-29-99 OHM 0-hours	
P.I.D meter 3-29-99-OHM 0-hours	
Office Trailer 3-29-99-OHM 8-hours	
Porto John 3-29-99 -Eure rentals	
computer 3-29-99 OHM 2-hour	

REMARKS:

Completed deconning the rolloff containers today.

Continued the removal of sheetpiling and deconning sheeting.

Richard Howard is making arrangements for the flyash that was never used to be picked up on tomorrow.

He did mention once agin that it would not be necessary to have compaction testing performed in the area that was backfilled.

Chaz Crenshaw informed R. Howard that he would not be on site on Friday because of having to serve as a juror.

He was informed of the possibility on Tuesday 4/20/99. He has authorized Vincent Reed to act as the superintendent in the absense of C.Crenshaw.

4-23-99

CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/22/99

Thursday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw supervise activities V.Reed -Decon sheetpiles/prepare for demobe C.Mathis- Decon rolloff containers
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

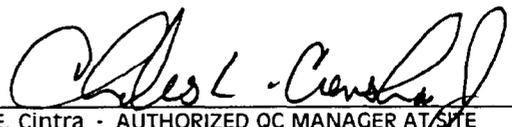
REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Completed deconning rolloff containers .
Continued the removal of sheetpiles and decon.


 E.E. Cintra - AUTHORIZED QC MANAGER AT SITE 4-23-99 DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER

DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 23
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/21/99 Wednesday
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AM WEATHER: clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 65	MIN. TEMP: (Deg. F) 48
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	9.0
baker	site 13/backfill excavation/rolloff decon	OHM	1	Laborer/equip operator	8.0
Reed	site 13 traffic control and Rolloff decon	OHM	1	Laborer /equip operator	8.0
Mathis	site 13 traffic control and Rolloff decon	OHM	1	Laborer	8.0
Parsons	site 13/ collect water sample from storage tank	OHM		Field tech.	1.5
					0.0
	Subcontractors				0.0
Ashsield	crane operator	Waterfront Marine		Supervisor	8.0
Snowden	remove sheetpile	Waterfront Marine		Laborer	8.0
Swanteck	remove sheetpile	Waterfront Marine		laborer	8.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	58.5
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	625.5
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	684
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours	25KW generator 3-29-99 8-hours	Sunbelt rental
Chevy pickup 4-13-99 8 hours		
KAMATSU PC -200 EXCAVATOR 3-29-99 -GATEWAY RENTAL 8-hours	3,000 psi pressure washer -4/16/99 5 hours	
CAT 950-FRONT END LOADER OHM 3-29-99 8-hours	3" dry prime pump 4/16/99 -3 hours	
4-30cyd dewatering rolloff boxes 3-29-99 Baker Tank rental 3-in use as of 4-9-99 4th rolloff in use 4/13/99 2-off rent 4/19/99 2-off rent 4/21/99		
1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use		
LEL 02 meter 3-29-99 OHM 0-hours		
P.I.D meter 3-29-99-OHM 0-hours		
Office Trailer 3-29-99-OHM 8-hours		
Porto John 3-29-99 -Eure rentals		
computer 3-29-99 OHM 2-hour		

REMARKS:

The last load of PCP contaminated soil was transported off site today. The material that was loaded today was generated from the area at the NW corner, outside of the original excavation and from the rolloff that residual material from the three other rolloff boxes was placed in while deconning was performed.

Waterfront marine began the removal of sheetpiling today and OHM scraped the sheets free of soil attached to the sheets. Most of the sheets came out with very little material on them. Poly liner was placed on the inside of the area that the excavation was backfilled and the sheetpiles were staged there while the extraction was being conducted.

There was a sample of water from the 21,000 gallon water storage tank taken today to prepare for disposal.(3 day turn around)

The Kamatsu excavator was deconned and called off of rent at the end of today's work shift. Also the last 2 Dewatering rolloff boxes have been called off rent.

4-22-99
 _____ Date

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/21/99

Wednesday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw -supervise site activities V.Reed -Decon rolloff containers C.Mathis- Decon rolloff containers B.Baker -decon sheetpile		
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">TESTING PERFORMED & WHO PERFORMED TEST</th> </tr> <tr> <td>Water sample taken from the 21,000 gallon storage tank. Mike Parsons</td> </tr> </table>
TESTING PERFORMED & WHO PERFORMED TEST						
Water sample taken from the 21,000 gallon storage tank. Mike Parsons						
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE.		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>			
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">TESTING PERFORMED & WHO PERFORMED TEST</th> </tr> <tr> <td> </td> </tr> </table>	TESTING PERFORMED & WHO PERFORMED TEST	
	TESTING PERFORMED & WHO PERFORMED TEST					
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Continued deconning rolloff containers .
 Began the removal of sheetpiles and decon.
 There was a water sample taken of the water in the 21,000 gallon storage to prepare for disposal.(3 day turn around for res

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/20/99

Tuesday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw -supervise site activities V.Reed -Decon rolloff containers C.Mathis- Decon rolloff containers B.Baker -backfill and compact excavation.
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Continued backfilling the excavation.
 Waterfront marine began mobilizing the crane & equipment to remove sheetpile.
 Continued deconning rolloff containers.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/19/99

Monday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	C.Crenshaw -supervise site activities V.Reed -Decon rolloff containers C.Mathis- Decon rolloff containers B.Baker -backfill and compact excavation.
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Continued backfilling the excavation.
 There was 297.01 tons of select fill material received on site today.
 Continued deconning rolloff containers.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE

DATE

GOVERNMENT QUALITY ASSURANCE REPORT DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 19&20
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/17&18/99 Sat. & Sun.
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AM WEATHER:	PM WEATHER:	MAX. TEMP: (Deg. F)	MIN. TEMP: (Deg. F)
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	
baker	site 13 / Traffic control and excavate PCP soil	OHM	1	Laborer/equip operator	
Reed	site 13 traffic control and Rolloff decon	OHM	1	Laborer /equip operator	
Mathis	site 13 traffic control and Rolloff decon	OHM	1	Laborer	
					0.0
					0.0
	Subcontractors				0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: 80px; margin: auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">TOTAL WORK HOURS ON JOB SITE THIS DATE</td> <td style="width: 20%; text-align: right;">0.0</td> </tr> <tr> <td>CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT</td> <td style="text-align: right;">559.5</td> </tr> <tr> <td>TOTAL WORK HOURS FROM START OF CONSTRUCTION</td> <td style="text-align: right;">559.5</td> </tr> </table>	TOTAL WORK HOURS ON JOB SITE THIS DATE	0.0	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	559.5	TOTAL WORK HOURS FROM START OF CONSTRUCTION	559.5
	TOTAL WORK HOURS ON JOB SITE THIS DATE	0.0							
	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	559.5							
	TOTAL WORK HOURS FROM START OF CONSTRUCTION	559.5							
WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N								
WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N								
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"/> N								

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
--	--

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 0 hours	25KW generator 3-29-99 0-hours	Sunbelt rental
Chevy pickup 4-13-99 0hours	2" submersible pump 4/12/99 0 hours	Sunbelt rental
KAMATSU PC -200 EXCAVATOR 3-29-99 -GATEWAY RENTAL 0-hours	3,000 psi pressure washer -4/16/99 0 hours	
CAT 950-FRONT END LOADER OHM 3-29-99 0-hours	3" dry prime pump 4/16/99 -0 hours	
4-30cyd dewatering rolloff boxes 3-29-99 Baker Tank rental 3-in use as of 4-9-99 4th rolloff in use 4/13/99		
1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use		
LEL 02 meter 3-29-99 OHM 0-hours		
P.I.D meter 3-29-99-OHM 0-hours		
Office Trailer 3-29-99-OHM 0-hours		
Porto John 3-29-99 -Eure rentals 0-hours		
computer 3-29-99 OHM 0-hour		

REMARKS:
There was no work performed on site on 4/17/99 & 4/18/99

_____ CONTRACTOR/SUPERINTENDENT	_____ Date
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CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/17&18/99

Sat. & Sun.

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST
TESTING PERFORMED & WHO PERFORMED TEST

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
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None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
There was no work performed on 4/17/99 7 4/18/99.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
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CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 18
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/16/99 Friday
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AM WEATHER: clear	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 70	MIN. TEMP: (Deg. F) 48
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	9.0
baker	site 13 / Traffic control and excavate PCP soil	OHM	1	Laborer/equip operator	8.0
Reed	site 13 traffic control and Rolloff decon	OHM	1	Laborer /equip operator	8.0
Mathis	site 13 traffic control and Rolloff decon	OHM	1	Laborer	8.0
					0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (if YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	33.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (if YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	526.5
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (if YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	559.5
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

3,000 psi pressure washer -sunbelt rental 4/16/99 2hours
 131.8 tons backfill material
 3" dry prime pump sunbelt rental 4/16/99

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours	25KW generator 3-29-99 8-hours Sunbelt rental
Chevy pickup 4-13-99 8hours	2" submersible pump 4/12/99 4 hours Sunbelt rental
KAMATSU PC -200 EXCAVATOR 3-29-99 -GATEWAY RENTAL 8-hours	3,000 psi pressure washer -4/16/99 2 hours
CAT 950-FRONT END LOADER OHM 3-29-99 4-hours	3" dry prime pump 4/16/99 -0 hours
4-30cyd dewatering rolloff boxes 3-29-99 Baker Tank rental 3-in use as of 4-9-99 4th rolloff in use 4/13/99	
1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use	
LEL 02 meter 3-29-99 OHM 8-hours	
P.I.D meter 3-29-99-OHM 8-hours	
Office Trailer 3-29-99-OHM 8-hours	
Porto John 3-29-99 -Eure rentals 8-hours	
computer 3-29-99 OHM 8-hour	

REMARKS:

There were 2 truck loads of PCP contaminated soil transported off site today with an estimated 23 tons of material in each. Richard Howard has given direction backfill the excavated area without pumping the water out of it. There is close to 2 feet of water in the excavation in sections A & B. He does not want to place in 8 to 10 inch lifts and compact. Direction is to compact with the excavator and there will be no need to compaction test performed with a denseometer. The deconning of the rolloff containers is ongoing. The containers are scraped free of as much of the residual material to reduce sediment from getting into the 21,000 gallon water storage tank. Once the container has been scraped ,it will be pressure washed. Backfilling of the excavated area began today and there was 131.83 tons imported ,placed, and compacted with the excavator. The material provider has been notified that more trucks are need to bring in the material because of the long turn around times.

_____ CONTRACTOR/SUPERINTENDENT	_____ Date
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CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 17
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CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw	Date: 4/15/99 Thursday
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AM WEATHER: Heavy rain/late evening	PM WEATHER:	MAX. TEMP: (Deg. F)	MIN. TEMP: (Deg. F)
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
Crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	9.0
baker	site 13 / Traffic control and excavate PCP soil	OHM	1	Laborer/equip operator	8.0
Mathis	site 13 traffic control and excavate PCP soil	OHM	1	Laborer /equip operator	8.0
Reed	site 13 traffic control and excavate PCP soil	OHM	1	Laborer	8.0
					0.0
					0.0
	Subcontractors				0.0
					0.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N		TOTAL WORK HOURS ON JOB SITE THIS DATE	33.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N		CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	493.5
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <small>(If YES attach statement or checklist showing inspection performed.)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N		TOTAL WORK HOURS FROM START OF CONSTRUCTION	526.5
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action.)</small>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N			

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
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EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99 8 hours	25KW generator 3-29-99 8-hours	Sunbelt rental
Chevy pickup 4-13-99 8hours	2" submersible pump 4/12/99 4 hours	Sunbelt rental
KAMATSU PC -200 EXCAVATOR 3-29-99 -GATEWAY RENTAL 8-hours		
CAT 950-FRONT END LOADER OHM 3-29-99 4-hours		
4-30cyd dewatering rolloff boxes 3-29-99 Baker Tank rental 3-in use as of 4-9-99 4th rolloff in use 4/13/99		
1-21,000gallon storage tank 3-29-99 Baker Tank rental -4/12 /99 in use		
LEL 02 meter 3-29-99 OHM 8-hours		
P.I.D meter 3-29-99-OHM 8-hours		
Office Trailer 3-29-99-OHM 8-hours		
Porto John 3-29-99 -Eure rentals 8-hours		
computer 3-29-99 OHM 8-hour		

REMARKS:

There were 2 truck loads of PCP contaminated soil transported off site today with an estimated 23 tons of material in each. Direction has been given to stop all excavation in the original excavation area.

There were 5 composit samples taken from the first 6 inches of the floor of the excavation.

Backfilling is scheduled for tomorrow's activities.

The rolloff boxes that have been emptied are in the process of being deconned.

The residual material will be scraped from the containers and consolidated into the last rolloff to be emptied last. Once this has been done the containers will be pressure washed.

CONTRACTOR/SUPERINTENDENT Date

CONTRACTOR QUALITY CONTROL REPORT

DATE: 4/15/99

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Thursday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	OHM Chaz Crenshaw Superintendent V.Reed C.Mathis B.Baker Loaded contaminated soil to be disposed of. P.Cavanaugh collected samples from the bottom of the final excavation. (5 composit
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)
None

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Loaded 2 truckloads of PCP contaminated soil and transported it off site to Pinewood S.C. for disposal.
 Collected 5composit samples of the bottom of the final excavation.
 The rolloff containers that have been emptied are in the process of being deconned.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

DATE: 4/14/99
Wednesday

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	OHM Chaz Crenshaw Superintendent V.Reed C.Mathis B.Baker Loaded contaminated soil to be disposed of.		
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>		<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">TESTING PERFORMED & WHO PERFORMED TEST</th> </tr> <tr> <td style="height: 40px;"> </td> </tr> </table>
TESTING PERFORMED & WHO PERFORMED TEST						
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>			
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>				
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>				
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">TESTING PERFORMED & WHO PERFORMED TEST</th> </tr> <tr> <td style="height: 40px;"> </td> </tr> </table>	TESTING PERFORMED & WHO PERFORMED TEST	
	TESTING PERFORMED & WHO PERFORMED TEST					
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>				

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

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Loaded 2 truckloads of PCP contaminated soil and transported it off site to Pinewood S.C. for disposal.
Continued pumping ground water from the excavation to attempt excavating material with the least amount of water as p
Sections A & B are at 8' depth from grade.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

DATE: 4/13/99

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Tuesday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	OHM Chaz Crenshaw Superintendent V.Reed C.Mathis Loaded contaminated soil to be disposed of.
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
None	

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
 Loaded 2 truckloads of PCP contaminated soil and transported it off site to Pinewood S.C. for disposal.
 Continued pumping ground water from the excavation to attempt excavating material with the least amount of water as possible.
 Direction was given to load all of the rolloff containers with material from the excavation by R.Howard .

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/12/99
Monday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	OHM Chaz Crenshaw Superintendent Brian Baker - equipment operator/ laborer Loaded contaminated soil to be disposed of.
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

None

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Heavy rainfall from the past weekend caused ponding inside the excavation area and water had to be pumped into the 21,0 storage tank.
Two truck loads of material was transported off site for disposal today.
The three rolloff containers that were filled with dry material on Friday were emptied into the transportation trailers .
Once the excavation was free of water , the rolloff's were refilled with wet material.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/10 & 11/99
Sat & Sun

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	OHM Chaz Crenshaw Superintendent Brian Baker - equipment operator/ laborer
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
There was no work performed on the dates listed above.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT	DATE
--	------

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

GOVERNMENT QUALITY ASSURANCE MANAGER	DATE
--------------------------------------	------

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/5/99

Monday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	Site 13 sheet pile installation. Water Front Marine - Don Ashfield -Supervisor Ricky Snowden-Laborer Nick Swantel -Labor
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

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

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

None

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:

Water Front Marine was on site today and installed 26 feet of sheet pile. There is a total of 50 feet installed to date.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

GOVERNMENT QUALITY ASSURANCE REPORT

DATE

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

GOVERNMENT QUALITY ASSURANCE MANAGER DATE

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/3 & 4/99
Sat. & Sun.

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS) None	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
--	---

On behalf of the contractor, I certify that this report is completed 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.

REMARKS:
There was no work performed on site today.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

CONTRACTOR QUALITY CONTROL REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE: 4/2/99

Friday

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
FOLLOW-UP		WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

TESTING PERFORMED & WHO PERFORMED TEST
TESTING PERFORMED & WHO PERFORMED TEST

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

None

REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)

REMARKS:

There was 24 feet of sheetpiling installed today.
 Also the perimeter confirmation sampling of the area to be excavated was completed today.
 Samples were collected from 1' to 5'.

On behalf of the contractor, I certify that this report is completed 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.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

CONTRACTOR QUALITY CONTROL REPORT

DATE: 4/1/99

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	SAMPLE HAS BEEN PREPARED/APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	
	WORKMANSHIP IS SATISFACTORY	<input type="checkbox"/>	<input type="checkbox"/>	
	TEST RESULTS ARE ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS) None	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
--	---

REMARKS:
There was no work performed that required testing on site today.

On behalf of the contractor, I certify that this report is completed 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.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

CONTRACTOR QUALITY CONTROL REPORT

DATE: 3-31-99

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	
	THE SUBMITTALS HAVE BEEN APPROVED.	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input type="checkbox"/>	<input type="checkbox"/>	
	MATERIALS STORED PROPERLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input type="checkbox"/>	<input type="checkbox"/>	
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>	
	WORK METHOD AND SCHEDULE DISCUSSED.	<input type="checkbox"/>	<input type="checkbox"/>	
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input type="checkbox"/>	<input type="checkbox"/>	
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>	
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>	
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>	
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK IS IN COMPLIANCE WITH THE CONTRACT.		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH SAFETY REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	
WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE		<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input type="checkbox"/>	<input type="checkbox"/>	TESTING PERFORMED & WHO PERFORMED TEST
	WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS) None	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
--	---

REMARKS:
 There was no work performed that required testing on site today.

On behalf of the contractor, I certify that this report is completed 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.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE

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

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 2
--	--	-------------------------

CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw
--	---

AM WEATHER: sunny	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 75	MIN. TEMP: (Deg. F) 48
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WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
reed	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	LABORER	8.0
bergener	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	LABORER	8.0
rainey	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	equipment operator	8.0
baker	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	equipment operator	8.0
crowly	site/13 monitoring well abandonment	OHM	1	hydro geologist	4.0
	Subcontractors				0.0
	site 13/well abandonment	engineering&environm	2		4.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	48.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	53.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	101.0
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED Reviewed the health and safety plan with the crew and subcontractors. Held safety meetings and conducted preparatory meetings to cover asphalt cutting and well abandonment.	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
---	--

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

5hp asphalt cutter 3-30-99 sunbelt rental
 2-dewatering boxes**** total of 4 on site to date.

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99	25KW generator 3-29-99
CHEVY 2500 PICK UP -OHM 3-29-99	asphalt cutter 3/30/99 sunbelt rental off rent at the end of th
KAMATSU PC -200 EXCAVATOR 3-29-99 -GATEWAY RENTAL	
CAT 950-FRONT END LOADER OHM 3-29-99	
2-30cyd dewatering rolloff boxes 3-29-99 Baker Tank rental	
1-21,000gallon storage tank 3-29-99 Baker Tank rental	
LEL 02 meter 3-29-99 OHM	
P.I.D meter 3-29-99-OHM	
Office Trailer 3-29-99-OHM	
Porto John 3-29-99 -Eure rentals	
computer 3-29-99 OHM	

REMARKS:

Today's activities consisted of installing silt fencing to reduce the risk of erosion around the work area. Also high visibility fence was installed to delineate the working area. The 2 monitoring wells were removed and grouted today by Engineering environment, INC. The wells piping and screens were secured and covered with poly liner. OHM will attempt to dispose of it with the soil that is being shipped off site. The asphalt was cut and removed from the area where the excavation will be done. The asphalt has been staged on and covered with poly liner. The sheetpile sub contractor was scheduled to mobilize today and did not show. They have expressed that they were working on getting permits to mobe a crane over the highway.

CONTRACTOR/SUPERINTENDENT

Date

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CONTRACT NO.: N62470-93-D-3032	TITLE AND LOCATION: SITE 13 NAB LITTLE CREEK	REPORT NO.: 2
--	--	-------------------------

CONTRACTOR: OHM Remediation Services Corp.	SUPERINTENDENT: Charles L. Crenshaw
--	---

AM WEATHER: Sunny	PM WEATHER: sunny	MAX. TEMP: (Deg. F) 75	MIN. TEMP: (Deg. F) 48
-----------------------------	-----------------------------	----------------------------------	----------------------------------

WORK PERFORMED TODAY

NAME	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
crenshaw	site 13 / management	OHM	1	SUPERINTENDENT	8.0
reed	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	LABORER	8.0
bergener	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	LABORER	8.0
rainey	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	equipment operator	8.0
baker	site13/ site set up/erosion control/ asphalt cuttin	OHM	1	equipment operator	8.0
crowly	site/13 monitoring well abandonment	OHM	1	hydro geologist	4.0
	Subcontractors				0.0
	site 13/well abandonment	engineering&environm	2		4.0
					0.0

<div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: auto;"> JOB SAFETY </div>	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> N	TOTAL WORK HOURS ON JOB SITE THIS DATE	48.0
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	53.0
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? (If YES attach statement or checklist showing inspection performed.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N	TOTAL WORK HOURS FROM START OF CONSTRUCTION	101.0
	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"/> N		

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED Reviewd the health and safety plan with the crew and subcontractors. Held safety meetings and conducted preparatory meetings to cover asphalt cutting and well abandonment.	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
--	--

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

5hp asphalt cutter 3-30-99 sunbelt rental
 2-dewatering boxes**** total of 4 on site to date.

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

F-250 PICK UP-OHM 3-29-99	25KW generator 3-29-99
CHEVY 2500 PICK UP -OHM 3-29-99	asphalt cutter 3/30/99 sunbelt rental off rent at the end of th
KAMATSU PC -200 EXCAVATOR 3-29-99 -GATEWAY RENTAL	
CAT 950-FRONT END LOADER OHM 3-29-99	
2-30cyd dewatering rolloff boxes 3-29-99 Baker Tank rental	
1-21,000gallon storage tank 3-29-99 Baker Tank rental	
LEL 02 meter 3-29-99 OHM	
P.I.D meter 3-29-99-OHM	
Office Trailer 3-29-99-OHM	
Porto John 3-29-99 -Eure rentals	
computer 3-29-99 OHM	

REMARKS:

Today's activities consisted of installing silt fencing to reduce the risk of erosion around the work area. Also high visibility fence was installed to delineate the working area. The 2 monitoring wells were removed and grouted today by Engineering environment, INC. The wells piping and screens were secured and covered with poly liner. OHM will attempt to dispose of it with the soil that is being shipped off site. The asphalt was cut and removed from the area where the excavation will be done. The asphalt has been staged on and covered with poly liner. The sheetpile sub contractor was scheduled to mobilize today and did not show. They have expressed that they were working on getting permits to mobe a crane over the highway.

_____ CONTRACTOR/SUPERINTENDENT	_____ Date
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CONTRACTOR QUALITY CONTROL REPORT

DATE: 3-29-99

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

PHASE	(BLANK - NOT APPLICABLE)	YES	NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION AND LIST PERSONNEL PRESENT		
PREPARATORY	PLANS AND SPECS HAVE BEEN REVIEWED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	THE SUBMITTALS HAVE BEEN APPROVED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS COMPLY WITH APPROVED SUBMITTALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	MATERIALS STORED PROPERLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	PRELIMINARY WORK WAS DONE CORRECTLY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	TESTING PLAN HAS BEEN REVIEWED.	<input type="checkbox"/>	<input type="checkbox"/>			
	WORK METHOD AND SCHEDULE DISCUSSED.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	JOB SAFETY / HAZARD ANALYSIS ADDRESSED	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	INITIAL	PRELIMINARY WORK WAS DONE CORRECTLY	<input type="checkbox"/>		<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">TESTING PERFORMED & WHO PERFORMED TEST</td> </tr> <tr> <td style="text-align: center;">Utility survey/ Spectra Group</td> </tr> </table>
TESTING PERFORMED & WHO PERFORMED TEST						
Utility survey/ Spectra Group						
SAMPLE HAS BEEN PREPARED/APPROVED		<input type="checkbox"/>	<input type="checkbox"/>			
WORKMANSHIP IS SATISFACTORY		<input type="checkbox"/>	<input type="checkbox"/>			
TEST RESULTS ARE ACCEPTABLE.		<input type="checkbox"/>	<input type="checkbox"/>			
WORK IS IN COMPLIANCE WITH THE CONTRACT.	<input type="checkbox"/>	<input type="checkbox"/>				
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>				
FOLLOW-UP	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">TESTING PERFORMED & WHO PERFORMED TEST</td> </tr> <tr> <td style="height: 50px;"></td> </tr> </table>	TESTING PERFORMED & WHO PERFORMED TEST	
	TESTING PERFORMED & WHO PERFORMED TEST					
WORK COMPLIES WITH SAFETY REQUIREMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)	REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)
None	

REMARKS:
 Today was used to mobilize crew and equipment.
 Preparatory meetings were held to cover fence removal ,site setup , and asphalt cutting.
 There was no work performed on site today that required specifications.

On behalf of the contractor, I certify that this report is completed 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.

E.E. Cintra - AUTHORIZED QC MANAGER AT SITE DATE 3-30-99

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

APPENDIX D
COPIES OF SOIL WASTE MANIFESTS
RECEIVED AT SAFETY KLEEN FACILITY

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VA517002248210619 Manifest Document No. 18
2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Tom Shafer Norfolk, VA 23521-2616 Bldg. 3165

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name Wills Trucking Inc. 6. U.S. EPA ID Number OH D 06 8 9 1 3 4 0 9

7. Transporter 2 Company Name _____ 8. U.S. EPA ID Number _____

9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125 10. U.S. EPA ID Number SC D 0 7 0 3 7 5 9 8 5

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
	No.	Type			
a. <u>RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)</u>	<u>0 0 1</u>	<u>D T</u>	<u>2 2</u>	<u>Y</u>	<u>F 0 3 2</u>
b. _____					
c. _____					
d. _____					

J. Additional Descriptions for Materials Listed Above
a. PW-03785-3102 c. _____
b. _____ d. _____

K. Handling Codes for Wastes Listed Above
DO NOT WRITE IN THESE SPACES
Additional information is estimated to average 30 minutes for generator, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate and reviewing suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

15. Special Handling Instructions and Additional Information
Emergency Response Number: (619) 677-0150
RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.
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Printed/Typed Name Martin D. Costello Signature Martin P. Costello Month 04 Day 16 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Jerry Smith Signature Jerry Smith Month 04 Day 16 Year 99

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

Discrepancy Indication Space
a. 39000 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Corporation Signature Corporation Month 04 Day 16 Year 99

GENERATOR

TRANSPORTER

FACILITY

South Carolina Department of Health and Environmental Control

64160
Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-9

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VIA 15 11 17 10 10 12 12 14 18 12 1 0 5 1 6 Manifest Document No. 0516

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law

3. Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46 **ATTN: TOM SHAFER Bldg 3165**
Norfolk, VA 23521-2616

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name WIKHS TACKLING 6. U.S. EPA ID Number 10 H 0 0 6 8 9 1 3 4 0 9

7. Transporter 2 Company Name _____ 8. U.S. EPA ID Number _____

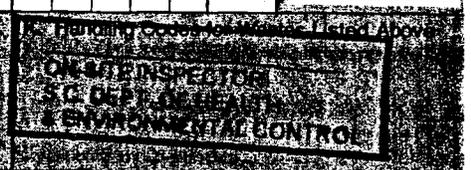
9. Designated Facility Name and Site Address
Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125 S C D 0 7 0 3 7 5 9 8 5

State Manifest Document Number
State Generator's ID
State Transporter's ID
State Facility's ID
State Facility's Phone (803) 253-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit W/Vol	15. Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	0 0 1 D T	2 2	Y	F 0 3 2
b. _____				
c. _____				

13. Additional Descriptions for Materials Listed Above

a. P 1 W - 1 0 1 3 7 B 5 - 3 1 1 0 2 c. _____
b. _____ d. _____



15. Special Handling Instructions and Additional Information

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

Emergency Response Number: (619) 677-0150

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

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Printed/Typed Name MARTIN D. COSTELLO Signature Martin D. Costello Month Day Year 04 13 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name J. R. SPEIGHTS (192) Signature J. R. Speights (192) Month Day Year 10 4 11 5 99

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

Discrepancy Indication Space

233546 a. 38520 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name M. J. ... Signature M. J. ... Month Day Year 04 11 99

GENERATOR
TRANSPORTER
FACILITY

South Carolina Department of Health and Environmental Control

181600
Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. Manifest Document No. 110618
VIA 15 11 17 10 10 12 12 14 18 12 11 0 6 1 8

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Tom Shafer Norfolk, VA 23521-2616 Bldg 3165	A. State Manifest Document Number
4. Generator's Phone (757) 462-4571	B. State Generator's ID
5. Transporter 1 Company Name WILKS Trucking	C. State Transporter's ID
6. U.S. EPA ID Number OKD 068913409	D. Transporter's Phone 1 800 423 4181
7. Transporter 2 Company Name	E. State Transporter's ID
8. U.S. EPA ID Number	F. Transporter's Phone
9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125	G. State Facility's ID
10. U.S. EPA ID Number SCD070375985	H. Facility's Phone (803) 452-5003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Hazard Class
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001	22	Y	F 0 9 2
b.				
c.				

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
a. P1W-10137 B 6 -3 11 10 12	
b.	
c.	
d.	

15. Special Handling Instructions and Additional Information

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

Emergency Response Number: (619) 677-0150

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Printed/Typed Name: Martin D. Costello Signature: Martin D. Costello Month: 04 Day: 16 Year: 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Don Houston Signature: Don Houston Month: 04 Day: 16 Year: 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

19. Discrepancy Indication Space

a. 46580 lbs. c. _____ lbs.

b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: M. Williams Signature: M. Williams Month: 04 Day: 16 Year: 99

GENERATOR FACILITY

South Carolina Department of Health and Environmental Control

77940
Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VIA 15 11 17 10 10 12 12 14 18 12 9 7 9 - 1
Manifest Document No. 979-1

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46 *ATTN: Mr. Shafer*
Norfolk, VA 23521-2616

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name *Wills Trucking INC* 6. U.S. EPA ID Number *OH D 0689 13409*

7. Transporter 2 Company Name 8. U.S. EPA ID Number

9. Designated Facility Name and Site Address
Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125 S C D 0 7 0 3 7 5 9 8 5
10. U.S. EPA ID Number

State Manifest Document Number
VA 0170027460
OH D 0689 13409
800-473-8141
OH D 0689 13409
1-800-423-8141
SC 1037 5985
(803) 452-6000

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit	15. Other
	No.	Type			
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001	D T	22	Y	F 0 3 2
b.					
c.					

J. Additional Descriptions for Materials Listed Above
a. *P W - 1 0 3 7 B 6 - 3 1 1 0 2*
b.
c.
d.
K. Handling Code for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Emergency Response Number: (619) 677-0150
RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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Printed/Typed Name *MARTIN D. COSTELLO* Signature *Martin D. Costello* Month Day Year *09 07 99*

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name *CARL BURGESS* Signature *Carl Burgess* Month Day Year *09 07 99*

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

19. Discrepancy Indication Space
233530 manifest # 97901
a. *45880* lbs. c. lbs.
b. lbs. d. lbs.

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name *M. L. ...* Signature *M. L. ...* Month Day Year

GENERATOR FACILITY

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

SRM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VIA 15 117101021214812111119

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is by State law.

Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46
Norfolk, VA 23521-2616

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name
Wills Trucking

6. U.S. EPA ID Number
014D068913409

7. Transporter 2 Company Name

8. U.S. EPA ID Number

9. Designated Facility Name and Site Address
Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

10. U.S. EPA ID Number
SCD070375985

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001	DT	22	Y
b.				
c.				

GENERATOR

a. PW-03786-3102

c. _____

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TON JOYNER-IT CORP.
92 N. MAIN STREET BLDG.. 20
WINDSOR, NJ 08561

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Printed/Typed Name Tom SHAFER Signature Tom Shafer Month Day Year 04 21 98

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Tom McCandle Signature Tom McCandle Month Day Year 04 21 98

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

Discrepancy Indication Space

235013

a. 40820 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Charles Signature Charles Month Day Year 04 21 98

TRANSPORTER

FACILITY OWNER

South Carolina Department of Health and Environmental Control

82700
Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is by State law.

VIA 15 11 17 10 10 12 12 14 18 12 11 0414
3. Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46
Norfolk, VA 23521-2616

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name

WILLS Trucking

6. U.S. EPA ID Number

OKD 068913409

7. Transporter 2 Company Name

8. U.S. EPA ID Number

9. Designated Facility Name and Site Address

Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

10. U.S. EPA ID Number

SCD 070375985

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

a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III
(Pentachlorophenol)

12. Containers No. Type

001 DT

13. Total Quantity

22

14. Unit Wt/Vol

Y

J. Additional Descriptions for Materials Listed Above

a. P1W-013786-31102

b. - - - - -

c. - - - - -

d. - - - - -

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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Printed/Typed Name

TOM SHAFER

Signature

Tom Shafer

Month Day Year

04 14 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Don Houston

Signature

Don Houston

Month Day Year

04 14 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

04 14 99

19. Discrepancy Indication Space

233544

a. 51020 lbs. c. lbs.

b. lbs. d. lbs.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Tom Shafer

Signature

Tom Shafer

Month Day Year

04 14 99

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

13

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

HAZARDOUS MANIFEST	1. Generator's U.S. EPA ID No. VA 5 1 7 0 0 2 2 4 8 2 1 0 5 1 7	Manifest Document No. 10517	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.
3. Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616 <i>ATTN: TOM SHAFER Bldg 3165</i>		A. State Manifest Document Number		
4. Generator's Phone (757) 462-4571		B. State Generator's ID		
5. Transporter 1 Company Name <i>Wills Trucking</i>		C. State Transporter's ID		
6. U.S. EPA ID Number <i>0411068913409</i>		D. Transporter's Phone <i>800-423-8181</i>		
7. Transporter 2 Company Name		E. State Transporter's ID		
8. U.S. EPA ID Number		F. Transporter's Phone <i>800-423-8181</i>		
9. Designated Facility Name and Site Address <i>Safety-Kleen (Pinewood), Inc.</i> Route 1, Box 255 Pinewood, South Carolina 29125		G. State Facility's ID		
10. U.S. EPA ID Number S C 0 0 7 0 3 7 5 9 8 5		H. Facility's Phone <i>803-457-8003</i>		

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	0 0 1	D T	2 2	Y	4 0 3 2
b.					
c.					
d.					

Additional Descriptions for Materials Listed Above	Handling Codes for Wastes Listed Above
a. <i>PW</i> - <i>03786</i> - <i>3102</i>	c. _____ - _____
b. _____ - _____	d. _____ - _____

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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Printed/Typed Name <i>MARTIN D. COSTELLO</i>	Signature <i>Martin D. Costello</i>	Month Day Year <i>10 4 15 99</i>
7. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name <i>Tom McCardle</i>	Signature <i>Tom McCardle</i>	Month Day Year <i>10 4 15 99</i>
8. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year

3. Discrepancy Indication Space

a. *43640* lbs. c. _____ lbs.

b. _____ lbs. d. _____ lbs.

2. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name <i>Charles Harris</i>	Signature <i>Charles Harris</i>	Month Day Year <i>04 11 99</i>
---	------------------------------------	-----------------------------------

South Carolina Department of Health and Environmental Control

11100
Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

732

13

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST	1. Generator's U.S. EPA ID No. VA517002248210313	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.
Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616		A. State Manifest Document Number		
4. Generator's Phone (757) 462-4571		B. State Generator's ID		
5. Transporter 1 Company Name Wills Trucking		C. State Transporter's ID		
6. U.S. EPA ID Number DHD068913409		D. Transporter's Phone (800) 423-8181		
7. Transporter 2 Company Name		E. State Transporter's ID		
8. U.S. EPA ID Number		F. Transporter's Phone (800) 423-8181		
9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125		G. State Facility's ID		
10. U.S. EPA ID Number SCD070375985		H. Facility's Phone (803) 522-5003		

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001	D T	22	Y	032
b.					
c.					
d.					

Additional Descriptions for Materials Listed Above

a. P W - 10317 B 6 - 3102	c.
b.	d.

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Tom SHAFER	Signature <i>Tom Shafer</i>	Month Day Year 04 13 99
---	--------------------------------	----------------------------

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name TOM McCadle	Signature <i>Tom McCadle</i>	Month Day Year 04 13 99

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

19. Discrepancy Indication Space

a. 45080 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name CHARIS	Signature <i>Corey Harris</i>	Month Day Year 04 14 99

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

1600

47

11000

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

HAZARDOUS WASTE MANIFEST	1. Generator's U.S. EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.
	VIA 151171010121214812110312			
Generator's Name and Mailing Address		Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616		A. State Manifest Document Number
Generator's Phone (757) 462-4571				B. State Generator's ID
Transporter 1 Company Name		6. U.S. EPA ID Number		C. State Transporter's ID
Wilks Trucking		10H0068913409		D. Transporter's Phone
Transporter 2 Company Name		8. U.S. EPA ID Number		E. State Transporter's ID
				F. Transporter's Phone
Designated Facility Name and Site Address		10. U.S. EPA ID Number		G. State Facility's ID
Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125		S C D 0 7 0 3 7 5 9 8 5		H. Facility's Phone
				(803) 452-5003

J.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001	D T	22	Y	1032

Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
P1W-03785-31102	

Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 W. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

Public reporting burden for this collection of information is estimated to average 27 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.

I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Tom SHAFER
Signature: Tom Shafer
Month Day Year: 10/4/99

Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: F.R. Speights (192)
Signature: F.R. Speights (192)
Month Day Year: 10/4/99

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

Disc. Capacity Indication Space

a. 46820 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Charles
Signature: Charles
Month Day Year: 04/3/99



18:16
70640

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

41

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VA051171012124812110211
Manifest Document No.

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 AHN: TOM Shafer Norfolk, VA 23521-2616 Bldg 3165

A. State Manifest Document Number

4. Generator's Phone (757) 462-4571

B. State Generator's ID

5. Transporter 1 Company Name WILLS 6. U.S. EPA ID Number OH0068913909

C. State Transporter's ID

7. Transporter 2 Company Name

D. Transporter's Phone 800-23-8181

9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125 10. U.S. EPA ID Number SCD070375985

E. State Transporter's ID

F. Transporter's Phone
G. State Facility's ID 800-423-8181
H. Facility's Phone (803) 452-6003

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001 DT	22	Y	0032
b.				
c.				

J. Additional Descriptions for Materials Listed Above
a. PW-103786-3102
b. _____
c. _____
d. _____

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Emergency Response Number: (619) 677-0150
RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Martin D. Costello Signature Martin D. Costello Month Day Year 04.12.99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name FRANK ROACH Signature Frank Roach Month Day Year 04.12.99

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

J. Discrepancy Indication Space
a. 35500 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.
233540

20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19:
Printed/Typed Name Tom Justice Signature Tom Justice Month Day Year 04.12.99

GENERATOR
FACILITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. VIA 15 1 1 7 10 10 12 12 14 18 12 11 0 2 1 0		Manifest Document No. 0210		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is by State law.			
3. Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616						A. State Manifest Document Number					
4. Generator's Phone (757) 462-4571						B. State Generator's ID					
5. Transporter 1 Company Name Wills Trucking Inc						6. U.S. EPA ID Number OH D 0 6 8 9 1 3 4 0 9					
7. Transporter 2 Company Name						8. U.S. EPA ID Number					
9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125						10. U.S. EPA ID Number S C D 0 7 0 3 7 5 9 8 5					
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	15. Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)						0 0 1 D T		2 2		Y	F 0 3 2
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a. P W 0 3 7 B 6 - 3 1 0 2						c.					
b.						d.					
15. Special Handling Instructions and Additional Information Emergency Response Number: (619) 677-0150						RETURN MANIFESTS TO: TOM JOYNER-IT CORP. 92 N. MAIN STREET BLDG. 20 WINDSOR, NJ 08561					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations at the laws of the State of South Carolina. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 1 minute for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.					
Printed/Typed Name Tom SHAFFER				Signature Tom Shaffer				Month Day Year 04 12 99			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name Jerry Smith				Signature Jerry Smith				Month Day Year 04 12 99			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space						a. 40100 lbs. c.					
						b. lbs. d.					
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Month Day Year 04 12 99					

GENERATOR

TRANSPORTER

FACILITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

1632

45

14400

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VIA 511710102124812198002

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46
Norfolk, VA 23521-2616

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name
WILLS

6. U.S. EPA ID Number
OH D 0 6 8 9 1 3 4 0 9

7. Transporter 2 Company Name

8. U.S. EPA ID Number

9. Designated Facility Name and Site Address
Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

10. U.S. EPA ID Number
S C D 0 7 0 3 7 5 9 8 5

State Manifest Document Number

Generator's ID

Transporter's Phone 300-723-8181

Transporter's ID

Transporter's Phone 300-723-8181

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	0 0 1	D T	2 2	Y
b.				
c.				

Additional Descriptions for Materials Listed Above

15. Handling Codes for Wastes Listed Above

a. P W - 0 1 3 7 R 6 - 3 1 1 0 2

b. _____

c. _____

d. _____

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TON JOYNER-IT CORP.
92 W. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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

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Printed/Typed Name Martin D. Costello Signature Martin D. Costello Month 04 Day 08 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Tom McCordle Signature Tom McCordle Month 04 Day 08 Year 99

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

Discrepancy Indication Space

233531

a. 48000 lbs. c. _____ lbs.

b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name L Harris Signature L Harris Month 04 Day 08 Year 99

GENERATOR TRANSPORTER FACILITY



South Carolina Department of Health and Environmental Control

82040
 Bureau of Solid & Hazardous Waste Mgt.
 2600 Bull Street, Columbia, SC 29201
 Phone: (803) 896-4000
 Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. **VA 5 1 7 0 0 2 2 4 8 2 9 8 0 0 4**
 Manifest Document No. **11**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address **Naval Amphibious Base-Little Creek Environmental N46 Bldg 3165 Norfolk, VA 23521-2616**

4. Generator's Phone (**757**) **462-4571** **ATTN: Tom Stafer**

5. Transporter 1 Company Name **WILLS - Super** 6. U.S. EPA ID Number **10HD068913409**

7. Transporter 2 Company Name _____ 8. U.S. EPA ID Number _____

9. Designated Facility Name and Site Address **Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125** 10. U.S. EPA ID Number **SCD070375985**

A. State Manifest Document Number
 B. State Generator's ID
 C. State Transporter's ID
 D. Transporter's Phone **800-423-8181**
 E. State Transporter's ID
 F. Transporter's Phone
 G. State Facility's ID
 H. Facility's Phone **(803) 452-5003**

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	0 0 1 D T	2 2	Y	50700-3-2
b.				
c.				

J. Additional Descriptions for Materials Listed Above
 a. **PW-03786-3102** c. _____
 b. _____ d. _____

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Emergency Response Number: (619) 677-0150
RETURN MANIFESTS TO: TOM JOYNER-IT CORP. 92 N. MAIN STREET BLDG. 20 WINDSOR, NJ 08561

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

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Printed/Typed Name **MARTIN D. COSTELLO**

Signature **Martin D. Costello** Month **04** Day **08** Year **99**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **Can I Payne**

Signature **Can I Payne** Month **10** Day **41** Year **9899**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name _____

Signature _____ Month _____ Day _____ Year _____

Discrepancy Indication Space
233532 a. **50700** lbs. c. _____ lbs.
 b. _____ lbs. d. _____ lbs.

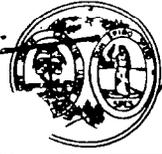
20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest, except as noted in Item 19.
 Printed/Typed Name **Whitaker**

Signature **Whitaker** Month **04** Day **09** Year **99**

GENERATOR

TRANSPORTER

FACILITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

11580

13

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. VIA 15 117101012141812198005
Manifest Document No. 98005

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46 ATTN: Tom Shafer
Norfolk, VA 23521-2616

State Manifest Document Number
State Generator's ID

4. Generator's Phone (757) 462-4571
Bldg # 3165

5. Transporter 1 Company Name Wills
6. U.S. EPA ID Number 040068913409

State Transporter's ID
Transporter's Phone 800-425-8181

7. Transporter 2 Company Name
8. U.S. EPA ID Number

9. Designated Facility Name and Site Address
Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125
10. U.S. EPA ID Number SCD070375985

State Transporter's ID
Transporter's Phone 800-425-8181
EPA ID

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001 D T	22	Y
b.			
c.			
d.			

Additional Descriptions for Materials Listed Above

a. PW-1037B6-3102 c. _____
b. _____ d. _____

15. Special Handling Instructions and Additional Information
Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

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

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Printed/Typed Name Martin D. Costello Signature Martin D. Costello Month 09 Day 08 Year 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Matthew S Fisher Signature Matthew S Fisher Month 04 Day 08 Year 99

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

19. Discrepancy Indication Space
233534
a. 44640 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

GENERATOR
HAZARDOUS WASTE
ACTIVITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

736

14

10000

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No.
VA517002248298006

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address
Naval Amphibious Base-Little Creek
Environmental N46 Attn: Tom Shafer
Norfolk, VA 23521-2616 Bldg 3165

4. Generator's Phone (757) 462-4571

5. Transporter 1 Company Name
Wills

6. U.S. EPA ID Number
OH0268913409

7. Transporter 2 Company Name

8. U.S. EPA ID Number

9. Designated Facility Name and Site Address
Safety-Kleen (Pinewood), Inc.
Route 1, Box 255
Pinewood, South Carolina 29125

10. U.S. EPA ID Number
SCD070375985

State Manifest Document Number

Generator ID

Generator's Phone 800-923-5557

Transporter 1 Phone 800-923-5557

Transporter 2 Phone

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit	15. Additional Descriptions for Materials Listed Above
	No.	Type			
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	001	DT	22	Y	P 0 3 2
b.					
c.					

Additional Descriptions for Materials Listed Above

a. P W - 0 1 3 7 B 6 - 3 1 0 2

b.

c.

d.

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08562

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

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: MARTIN D. Costello Signature: Martin D. Costello Month: 04 Day: 08 Year: 99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: FRANK ROACH Signature: Frank Roach Month: 04 Day: 08 Year: 99

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

Discrepancy Indication Space

a. 43020 lbs. c. lbs.

b. lbs. d. lbs.

233535

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: HARRIS Signature: Harris Month: 04 Day: 09 Year: 99

GENERATOR

TRANSPORTER

FACILITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

FORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. **VA 5 1 7 0 0 2 2 4 8 2 99 0 0 9**
Manifest Document No. **99 0 0 9**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

3. Generator's Name and Mailing Address **Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616**

4. Generator's Phone (**757**) **462-4571**

5. Transporter 1 Company Name **Wills Trucking** 6. U.S. EPA ID Number **OH D 0 6 8 9 1 3 4 0 9**

7. Transporter 2 Company Name 8. U.S. EPA ID Number

9. Designated Facility Name and Site Address **Safety-Rite (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125** 10. U.S. EPA ID Number **S C D 0 7 0 3 7 5 9 8 5**

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone **1-800-423-8181**
E. State Transporter's ID
F. Transporter's Phone **1-800-423-8181**
G. State Transporter's ID
H. Transporter's Phone **(803) 452-5003**

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)	0 0 1	D T	2 2 Y	F U 3 2
b.				
c.				

Additional Descriptions for Materials Listed Above
a. **P W - 0 3 7 8 5 - 3 1 0 2** c.
b. d.

15. Special Handling Instructions and Additional Information
Emergency Response Number: (619) 677-0150
RETURN MANIFESTS TO: TOM JOYNER-IT CORP. 92 N. MAIN STREET BLDG. 20 WINDSOR, NJ 08561

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

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **TOM SHAFER** Signature **Tom Shafer** Month Day Year **04 09 99**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **Tom McCordle** Signature **Tom McCordle** Month Day Year **04 09 99**

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

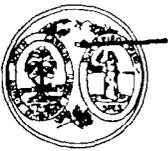
Discrepancy Indication Space
233536 a. **47720** lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name **James DeJames** Signature **James DeJames** Month Day Year **04 10 99**

GENERATOR

TRANSPORTER

FACILITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2056-0039 Expires 9-30-99

HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. VA 5 1 7 0 0 2 2 4 8 2	Manifest Document No. 99008	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.	
3. Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616			A. State Manifest Document Number			
4. Generator's Phone (757) 462-4571			B. State Generator's ID			
5. Transporter 1 Company Name Wills Trucking Inc.		6. U.S. EPA ID Number OH D 0 6 8 9 1 3 4 0 9		C. State Transporter's ID		
7. Transporter 2 Company Name		8. U.S. EPA ID Number		D. Transporter's Phone 800-523-5181		
9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125		10. U.S. EPA ID Number S C D 0 7 0 3 7 5 9 8 5		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (803) 452-5003		
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)			0 0 1	D T	2 2	Y
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above			
a. P W - 0 3 7 B 6 - 3 1 0 2			c.			
b.			d.			
15. Special Handling Instructions and Additional Information Emergency Response Number: (619) 677-0150			RETURN MANIFESTS TO: TOM JOYNER-IT CORP. 92 N. MAIN STREET BLDG. 20 WINDSOR, NJ 08561		Public reporting burden for this collection of information is estimated to average 32 minutes per response, including the time for reviewing instructions, gathering data, reviewing the form, sending comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Tom SHAFER		Signature Tom Shafer		Month Day Year 04 09 99		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Jerry Smith		Signature Jerry Smith		Month Day Year 04 09 99		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space 233537			a. 39440 lbs.		c.	
			b.		d.	
20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Jeffery DeLams		Signature Jeffery DeLams		Month Day Year 04 10 99		

GENERATOR'S



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 896-4000
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's U.S. EPA ID No. VA 5170022482	Manifest Document No. 99007	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.	
3. Generator's Name and Mailing Address Naval Amphibious Base-Little Creek Environmental N46 Norfolk, VA 23521-2616				A. State Manifest Document Number		
4. Generator's Phone (757) 462-4571				B. State Generator's ID		
5. Transporter 1 Company Name WILKS TRUCKING		6. U.S. EPA ID Number OH0068912409		C. State Transporter's ID		
7. Transporter 2 Company Name		8. U.S. EPA ID Number		D. Transporter's Phone 700 423 9181		
9. Designated Facility Name and Site Address Safety-Kleen (Pinewood), Inc. Route 1, Box 255 Pinewood, South Carolina 29125		10. U.S. EPA ID Number SC0070375985		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (803) 452-5003		
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	Waste Number	
a. RQ Hazardous Waste Solid N.O.S., 9, NA3077, PG III (Pentachlorophenol)		0 0 1 D T	2 2	Y	F 0 3 2	
b.						
c.						
d.						

Additional Descriptions for Materials Listed Above		M. Handling Codes for Various Hazardous Waste	
a. PIW-03786-31102	c.		
b.	d.		

15. Special Handling Instructions and Additional Information

Emergency Response Number: (619) 677-0150

RETURN MANIFESTS TO:
TOM JOYNER-IT CORP.
92 N. MAIN STREET BLDG. 20
WINDSOR, NJ 08561

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding this burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

6. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name TOM SHAFER	Signature <i>Tom Shafer</i>	Month Day Year 04 09 99
7. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name J.R. Speights (192)	Signature <i>J.R. Speights (192)</i>	Month Day Year 04 10 99
8. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name TOM SHAFER	Signature <i>Tom Shafer</i>	Month Day Year 04 09 99
Disposal Indication Space		
a. 46080 lbs. c. lbs.		
b. lbs. d. lbs.		
233538		
Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name Settrey DeJames	Signature <i>Settrey DeJames</i>	Month Day Year

**APPENDIX E
COPIES OF BILL OF LADING
FOR WASTE WATER DISPOSAL
AT DUPONT FACILITY**

STRAIGHT BILL OF LADING
Short Form - Original - Not Negotiable

Driver Name Rich
S&J TRANSPORTATION CO.
1176 U.S. Route 40
P.O. Box 169
Woodstown, N.J. 08098
(809) 769-2741

71662

Carrier's No. 137437
Manifest No. NJA 2769450
Code No. 5816
Date 04/30/99

TO CONSIGNEE	DUPONT	FROM SHIPPER	NAB LITTLE CREEK
STREET	CHAMBERWORKS, ROUTE 138	STREET	ENVIRONMENTAL #46
DESTINATION	DEEPWATER STATE NJ ZIP 08823	ORIGIN	NORFOLK STATE VA ZIP 23521
Contact	VINCE GIOIA	Contact	
Phone No.	(609) 540-2584	Phone No.	
		Vehicle Number	1812

No Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	ID Number	WEIGHT (adjusted to correction)
TT X		RQ HAZARDOUS WASTE LIQUID N.D.S. PG III (F032)	9	NAB082	4.385g
		*****VACUUM***** DN-5893 RE-001 NJ - 3217 DECAL - 81647 ID # 930			(21" dia)

Consignee	<u>PR</u>	Date	<u>4/30/99</u>	Cost	
Trailer Type	<u>TRAC</u>	P/U Date	<u>04/30/99</u>	Del. Date	<u>04/30/99</u>
		P/U Time	<u>8 AM</u>	Del. Time	<u>BY 10PM</u>
		In	<u>800</u>	In	<u>915</u>
		Out	<u>1230</u>	Out	<u>1100</u>
Special Instruction & Explain Delay	UPS: SEND RINSED OUT VAC TRAILER WITH 100' HOSE		BIH To:	1861	P.O. No.
	DRIVER: WRITE IN DESCRIPTION OF MATERIALS				REIFSNIEDER ENVIRONMENTAL SERV
	ON SITE CONTACT WITH IT/DM IS CHAR CRENSHAM 609888-540-5659				P.O. BOX 756
ACCT:	RICH HOWARD (ROINC) P#757-402-7713				223 FELLOWSHIP ROAD
ORD BY JIM	P#610-458-9333 F#2577		Contact:	RICHARD	Phone No. (610) 458-9333

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

DATE: 4-30-99

EMERGENCY RESPONSE TELEPHONE NUMBER: ()

PER: Richard Howard

CARRIER: S&J Transportation Co. Woodstown, NJ 08098

DATE: 4/30/99

Manned 24 hours/day by a person with knowledge of the hazards of the material and emergency response information or who has access to a person with that knowledge.

State of New Jersey
Department of Environmental Protection
Hazardous Waste Regulation Program
Manifest Section
CN 421, Trenton, NJ 08625-0421

Type or print in block letters. (Form designed for use on all 12-pitch dot-matrix printers.) Form Approved. OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

WAS 170022889
NAB (LITTLE CREEK) ENVIRONMENTAL H46
NORFOLK, VA 23521-2616

A. State Manifest Document Number
NJAR 289450

4. Generator's Phone (757) 463-4571

5. Transporter 1 Company Name

6. US EPA ID Number

B. State Facility ID - NUDEP

E-J TRANSPORTATION COMPANY

H 10071630570

C. State Trans. ID - NUDEP
703217
Decal No. 81697

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone (609) 769-2741
E. State Trans. ID - NUDEP

9. Designated Facility Name and Site Address

K.I. DUPONT DE BEMOURS & CO., INC
CHAMBERS WORKS, RT 130
DEERWATER, NJ 08023

10. US EPA ID Number

F. Transporter's Phone ()
G. State Facility's ID

H. Facility's Phone (609) 940-2773

11. US DOT Description (Including Proper Shipping Name, Hazard Class or Division, ID Number and Packing Group)

12. Containers: No. Type 13. Total Quantity 14. Unit: WT/Vol 15. Waste No.

a. 1 X RQ, HAZARDOUS WASTE LIQUID, N.O.S.
9, NA-3082, PG III (P032)

0011104385 a b p 3 2

GENERATOR

J. Additional Descriptions for Materials Listed Above:

DETACHLOROPHENOL (3PK) L
WATER-BALANCE L

K. Handling Codes for Wastes Listed Above:

15. Special Handling Instructions and Additional Information

DUPONT CONTRACT FOWO 5093 REL#0021
IN CASE OF EMERGENCY CALL (800) 424-9300
KRO 171

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: MARTIN D. [Signature] Month Day Year: 10/30/99

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: RICHARD FLITCRAFT [Signature] Month Day Year: 04/30/99

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

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18

Printed/Typed Name: [Signature] Month Day Year: [Signature]

TRANSPORTER

S-J TRANSPORTATION CO.
P.O. BOX 169
WOODSTOWN, NEW JERSEY

DELAY TIME DOCUMENTATION SHEET

PICKUP:

Facility: NAB LITTLE CREEK VA.

Date: 4/30/99

BL#: 137437

Manifest #: NJA2769450

Driver: Rick

Time of Arrival: 800

Start Loading: 1015

Time of Departure: 1230

Finish Loading: 11:00

Notes: Could not load until Civilian^{environmental} consultant gave OK
as per insufficient (she said) information on land lease +
manifests

Customer Signature: _____

DELIVERY:

Facility: Depot

Date: 1

BL#: ^

Manifest#: ^

Driver: 1

Time of Arrival: 9:15

Start Unloading: 1000

Time of Departure: 11:00

Finish Unloading: 1045

Notes: RE 001 GC - RINSE OUT

Customer Signature: Mari P. Castells

STRAIGHT BILL OF LADING
Short Form - Original - Not Negotiable

Driver Name Walt
TRANSPORTATION CO.
1176 U.S. Route 40
P.O. Box 169
Woodstown, N.J. 08098
(609) 769-2741

Carrier's No 137438
Manifest No ATA-2769451
Code No 5816-1
Date 04/30/99

TO CONSIGNEE	DUPONT	FROM SHIPPER	NAB LITTLE CREEK
STREET	CHAMBERWORKS, ROUTE 130	STREET	ENVIRONMENTAL #46
DESTINATION	DEEPAWATER STATE NJ ZIP 08023	ORIGIN	NORFOLK STATE VA ZIP 23521
Contact	VINCE GIOIA (609) 540-2584	Contact	
Phone No		Vehicle Number	1849

No Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	ID Number	WEIGHT (subject to correction)
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1	X	RQ. Hazardous Waste Liquid, NOS. P6 III (F032)	9	NA 3082	3,770.64K
		*****VACUUM***** DN-5093 RE-2			
		#42948			
		DN 25"			
		03212/81700			

Consignee	Date	Cost			
Trailer Type	P/U Date	Del. Date	Gross Wt.		
TRAC	04/30/99	04/30/99			
	P/U Time	Del. Time	Tare Wt.		
	9 AM	BY 10PM			
	In 9:00 AM, Out 1:30	In 2:00, Out 24:30	Net. Wt.		
Special Instruction & Explain Delay	Bill To	P.O. No.			
UPS: SEND RINSED OUT VAC TRAILER WITH 100' HOSE	1061				
DRIVER: WRITE IN DESCRIPTION OF MATERIALS	REIFSNIDER ENVIRONMENTAL SERV				
ON SITE CONTACT WITH IT/DNA IS CRAZ CHENSHAW 609-515-9859	P.O. BOX 756				
MOCT: RTCH HOWARD (ROINCT) 607-462-7718	223 FELLOWSHIP ROAD				
ORD BY JIM 609-458-9333 F02577	ERGLE PA 19480				
	Contact: RICHARD	Phone No. (610) 458-9333			

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

SHIPPER: Man... D. ... CARRIER: Transportation Co. - Woodstown, NJ 08098
 DATE: 4-30-99 PER: Walt ...
 EMERGENCY RESPONSE Manned 24 hours/day by a person with knowledge of the hazards of the material and emergency response information or who has access to a person with that knowledge.
 TELEPHONE NUMBER: ()



State of New Jersey Department of Environmental Protection Hazardous Waste Regulation Program Manifest Section CN 421, Trenton, NJ 08625-0421

Form Approved OMB No. 2050-0039 Expires 9-30-97

Type or print in block letters. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No VA5170022483911201	Manifest Document No. 11201	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address HAB (LITTLE CREEK) ENVIRONMENTAL N46 NORFOLK, VA 23521-2616		A. State/County/Department/Association NJA 2789151		B. State Generator's ID (Gen. Site Address)			
4. Generator's Phone (757) 462-4571		C. State Trans-ID-NJDEP X03217		Decal No. X87700			
5. Transporter 1 Company Name S-J TRANSPORTATION COMPANY		6. US EPA ID Number NJ D 0 7 1 6 2 9 9 7 6		D. Transporter's Phone 709-2741			
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Trans-ID-NJDEP			
9. Designated Facility Name and Site Address E.I. DUPOUT DE NEMOURS & CO., INC CHAMBERS WORKS, RT 130 DEERPARKE, NJ 08023		10. US EPA ID Number NJ D 0 0 2 3 8 5 7 3 0		F. Facility's Phone 609-440-2775			
11. US DOT Description (including Proper Shipping Name, Hazard Class or Division ID Number and Packing Group) HM		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. <input checked="" type="checkbox"/> EQ, HAZARDOUS WASTE LIQUID, N.O.S. 9, NA-3082, PG III (P032)		No. Type					
		0 0 1 T T		X 3 7 7 0 G		F 1 0 3 2	
b.							
c.							
d.							
16. Additional Descriptions for Materials Listed Above PENTACHLOROPHENOL (3PPM) L WATER-BALANCE L		17. Handling Codes for Wastes Listed Above					
a.		b.		c.			
b.		c.		d.			
18. Special Handling Instructions and Additional Information DUPOUT CONTRACT F0WQ 50922 Ref 002 IN CASE OF EMERGENCY CALL (800) 424-4091 REG 171 1-800-7424-4500							
19. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name MARTIN D. WISSE		Signature <i>[Signature]</i>		Month Day Year 11 29 99			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Walter D. Loveland JR		Signature <i>[Signature]</i>		Month Day Year 12 4 3 9 99	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19							
Printed/Typed Name		Signature		Month Day Year			