

N60200.AR.001809  
NAS CECIL FIELD, FL  
5090.3a

SOURCE REMOVAL REPORT FOR UNDERGROUND STORAGE TANK 607 REVISION 1  
NAS CECIL FIELD FL  
4/1/1999  
CH2MHILL CONSTRUCTORS INC

**SOURCE REMOVAL REPORT**

Revision No.: 01

**UST 607**

**NAVAL AIR STATION CECIL FIELD  
JACKSONVILLE, FLORIDA**

Unit Identification Code: N60200

Contract Task Order No. 0002  
Remedial Action Contract No. N62467-98-D-0995

Prepared by:

CH2M HILL Constructors, Inc.  
115 Perimeter Center Place, N.E., Suite 700  
Atlanta, Georgia 30346

Prepared for:

Department of the Navy, Southern Division  
Naval Facilities Engineering Command  
2155 Eagle Drive  
North Charleston, South Carolina 29418

Bryan Kizer, Engineer-in-Charge

**April 1999**

**DISTRIBUTION LIST**

	<u>Copies</u>
Southern Division, Naval Facilities Engineering Command	3
NAS Cecil Field	2
Florida Department of Environmental Protection	1
U.S. Environmental Protection Agency	1
CH2M HILL Constructors, Inc.	4
CH2M HILL	2
Harding Lawson Associates	1

FINAL DRAFT

**SOURCE REMOVAL REPORT**

Revision No.: 00

**UST 607**

**NAVAL AIR STATION CECIL FIELD  
JACKSONVILLE, FLORIDA**

Unit Identification Code: N60200  
Contract No. N62467-98-D-0995, CTO No. 0002

Prepared by:

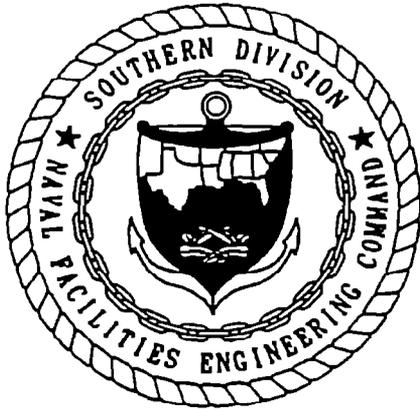
CH2M HILL Constructors, Inc.  
115 Perimeter Center Place, N.E., Suite 700  
Atlanta, Georgia 30346

Prepared for:

Department of the Navy, Southern Division  
Naval Facilities Engineering Command  
2155 Eagle Drive  
North Charleston, South Carolina 29418

Bryan Kizer, Engineer-in-Charge

**March 1999**



**CERTIFICATION OF TECHNICAL  
DATA CONFORMITY (APRIL 1999)**

The contractor, CH2M HILL Constructors, Inc., hereby certifies that, to the best of its knowledge and belief, the technical data delivered herewith under Contract No. N62467-98-D-0995, Contract Task Order (CTO) No. 0002 are complete and accurate and comply with all requirements of this contract.

DATE: April 6, 1999

NAME AND TITLE OF CERTIFYING OFFICIAL:

*Norman N. Hatch, Jr.*  
Norman N. Hatch, Jr., P.E.

Contract Task Order Manager

NAME AND TITLE OF CERTIFYING OFFICIAL:

*Charles A. Radford*  
Charles A. Radford

Project Technical Lead

**TABLE OF CONTENTS**

<b>Chapter</b>	<b>Title</b>	<b>Page No.</b>	<b>Revision No.</b>	<b>Date</b>
<b>GLOSSARY</b>				
<b>SOURCE REMOVAL CHECKLIST</b>				
1.0	Introduction .....	1-1	00	03/05/99
1.1	Site Background .....	1-1	00	03/05/99
1.2	Project Objectives .....	1-1	00	03/05/99
2.0	Source Removal Activities.....	2-1	00	03/05/99
2.1	Site Preparation .....	2-1	00	03/05/99
2.2	Soil Excavation and Disposal.....	2-1	00	03/05/99
2.2.1	Soil Excavation.....	2-1	00	03/05/99
2.2.2	Soil Transportation and Disposal .....	2-1	00	03/05/99
2.2.3	Backfilling and Site Restoration .....	2-3	00	03/05/99
2.3	Sampling and Analysis .....	2-3	00	03/05/99
2.3.1	Headspace Analysis.....	2-3	00	03/05/99
2.3.2	KAG Analysis .....	2-3	00	03/05/99
3.0	Conclusions .....	3-1	00	03/05/99

**REFERENCES**

**APPENDICES**

Appendix A: Photographs

Appendix B: Well Abandonment Report

Appendix C: Soil Disposal Manifests

Appendix D: Clean Fill Certification

**LIST OF FIGURES**

<b>Figure</b>	<b>Title</b>	<b>Page No.</b>	<b>Revision No.</b>	<b>Date</b>
1-1	Existing Conditions .....	1-1	00	03/05/99
2-1	Soil Excavation Area.....	2-2	01	04/06/99

**LIST OF TABLES**

<b>Table</b>	<b>Title</b>	<b>Page No.</b>	<b>Revision No.</b>	<b>Date</b>
2-1	Summary of Manifests for Soil Disposal.....	2-1	00	03/05/99
2-2	Summary of Headspace Screening Results.....	2-3	00	03/05/99

GLOSSARY

ABB	ABB Environmental Services, Inc.
bls	below land surface
CCI	CH2M HILL Constructors Inc.
CTO	Contract Task Order
FAC	Florida Administrative Code
FDEP	Florida Department of Environmental Protection
FDOT	Florida Department of Transportation
FID	flame ionization detector
HLA	Harding Lawson Associates
KAG	kerosene analytical group
NAS	Naval Air Station
OVA	organic vapor analyzer
PAHs	polynuclear aromatic hydrocarbons
PID	photoionization detector
ppm	parts per million
SA	Site Assessment
SCTLs	selected soil cleanup target levels
SJRWMD	St. Johns River Water Management District
SOUTHNAV- FACENCOM	Southern Division, Naval Facilities Engineering Command
TRPH	total recoverable petroleum hydrocarbons
UST	underground storage tank
VOCs	volatile organic compounds

**SOURCE REMOVAL REPORT REQUIREMENTS - CHECKLIST**

Per FAC 62-770.300(3) the Source Removal Report shall contain the following information in detail, as applicable:

**Site Name: UST 607**

**Date(s) of Source Removal: 1/14/99**

<b>Required Information</b>	<b>Response</b>
1. Volume of product that was discharged, if known	<i>Unknown</i>
2. Volume of free product and the volume of groundwater recovered	<i>No free product found</i>
3. Volume of contaminated soil excavated and treated or properly disposed	<i>335 tons of soil excavated and disposed of offsite</i>
4. Disposal or recycling methods for free product and contaminated soil	<i>Contaminated soils recycled at Kedesh, Inc., Kingsland, Georgia</i>
5. Disposal methods for other contaminated media	<i>No other contaminated media</i>
6. Scaled site map (including a graphical representation of the scale used) showing location(s) of free product recovered and the area of soil removed or treated and the approximate locations of all samples taken	<i>See Figure 2-1</i>
7. Table summarizing free product thickness in each monitoring well or piezometer and the dates the measurements were made	<i>No free product found</i>
8. Type of field screening instrument or method used	<i>OVA/FID and PID</i>
9. Dimensions of the excavation(s) and location(s), integrity, capacities and last known contents of storage tanks, integral piping, dispensers, or appurtenances removed	<i>Excavation area: 45 feet long x 22.5 feet wide x 7 feet deep (see Figure 2-1)</i>  <i>1000-gallon UST, contained fuel oil for onsite heating (see Figure 1-1)</i>
10. Dimensions of the excavation(s) and location(s) and capacities of replacement underground storage tanks	<i>Not Applicable. No replacement UST installed</i>
11. Table indicating the identification, depth and field soil screening results of each sample collected	<i>See Table 2-2</i>
12. Depth to groundwater at the time of each excavation, measurement locations and method used to obtain that information	<i>Depth to groundwater approximately 6 feet bls. Measured in monitoring well CEF-607-1S and by visual observation (See Section 2.2.1)</i>
13. Type of petroleum or petroleum products discharged	<i>Fuel oil</i>
14. Documentation confirming the proper treatment or proper disposal of the free product or contaminated soil, including disposal manifests for free product, a copy of the treatment or acceptance of the contaminated soil and results of analyses, if performed	<i>See Table 2-1 and Appendix C</i>
15. For land farmed soil, a copy of the pre-treatment and post-treatment analytical results	<i>Not Applicable. Soil disposed of offsite</i>

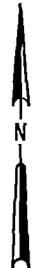
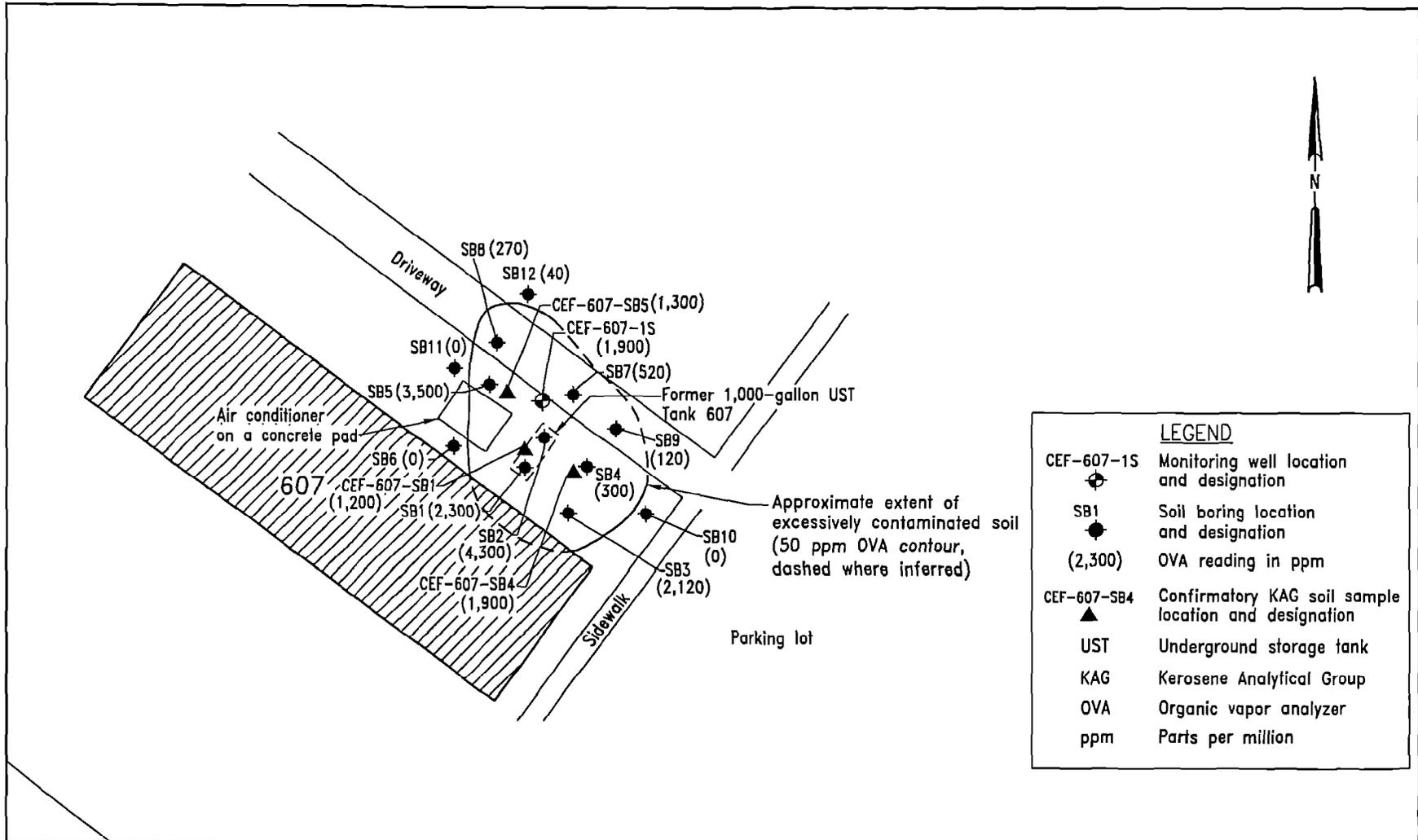
## **1.0 INTRODUCTION**

CH2M HILL Constructors, Inc. (CCI) was contracted by the Southern Division Naval Facilities Engineering Command (SOUTHNAVFACENGCOM) to excavate petroleum-contaminated soil and prepare a Source Removal Report for the Underground Storage Tank (UST) Site 607 at Naval Air Station (NAS) Cecil Field in Jacksonville, Florida. The Source Removal was conducted in accordance with the Florida Department of Environmental Protection (FDEP) Petroleum Contamination Site Cleanup rule 62-770, Florida Administrative Code (FAC).

The scope of services for excavation of petroleum-contaminated soils at UST 607 is described in detail in the NAS Cecil Field Basewide Work Plan, Revision 1 (CCI, 1998a) and the Work Plan Addendum No. 1, Revision 1 (CCI, 1998b). This work was authorized under the Remedial Action Contract No. N62467-98-D-0995, Contract Task Order (CTO) No. 0002.

**1.1 SITE BACKGROUND.** UST 607 was a 1,000-gallon fuel oil tank located in the Yellow Waters Weapons Complex. The tank was used to store fuel for onsite heating of Building 607, the Yellow Waters Weapons Department Administration Building. UST 607 was installed in 1959 and removed in 1992. (No removal or closure information is available for UST 607 [ABB, 1997]). Subsequently, excessively contaminated soils were identified around UST 607 during the Site Assessment (SA) and a Source Removal was recommended (HLA, 1998). The proposed limits of the excavation area were determined during the SA by using both headspace analysis and laboratory analyses. A site plan showing the results of the SA soil delineation and the site conditions prior to the Source Removal is presented in Figure 1-1.

**1.2 PROJECT OBJECTIVES.** The primary objective of the soil excavation at UST 607 was to remove petroleum-contaminated soils that exceed the Selected Soil Cleanup Target Levels (SCTLs) outlined in FAC 62-770. FDEP allows the use of headspace analysis as a screening tool in evaluating whether the soil samples exceed the SCTLs. Under headspace analysis, soil samples are screened using an organic vapor analyzer (OVA) equipped with a flame ionization detector (FID) in accordance with the procedures outlined in FAC 62-770.200(8). Soils with an OVA reading exceeding 50 part per million (ppm), based on the kerosene analytical group (KAG), are considered to be excessively contaminated and are expected to contain constituents exceeding the SCTLs. Confirmatory sampling is required under FAC 62-770.200(8), where the OVA results are confirmed by laboratory analysis for the KAG. The KAG analysis for soils includes volatile organic compounds (VOCs), polynuclear aromatic hydrocarbons (PAHs), and total recoverable petroleum hydrocarbons (TRPH) by the FLO-PRO method.



LEGEND	
CEF-607-1S	Monitoring well location and designation
SB1	Soil boring location and designation
(2,300)	OVA reading in ppm
CEF-607-SB4	Confirmatory KAG soil sample location and designation
UST	Underground storage tank
KAG	Kerosene Analytical Group
OVA	Organic vapor analyzer
ppm	Parts per million

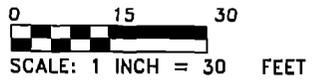


FIGURE 1-1  
TANK 607  
EXISTING CONDITIONS



SOURCE REMOVAL REPORT  
BUILDING 607, TANK 607

NAVAL AIR STATION CECIL FIELD  
JACKSONVILLE, FLORIDA

**2.0 SOURCE REMOVAL ACTIVITIES**

A Source Removal was conducted at UST 607 on January 14, 1999. Petroleum-contaminated soil was excavated from the area around the former location of the UST and disposed of offsite. No free product was found during the excavation. Photographs showing the site during and after the Source Removal are presented in Appendix A.

**2.1 SITE PREPARATION.** In preparation for excavation, monitoring well CEF-607-1S was abandoned on January 5, 1999. The well, abandoned in accordance with St. Johns River Water Management District (SJRWMD) regulations, was filled with a cement-bentonite grout. The well abandonment report is presented in Appendix B.

**2.2 SOIL EXCAVATION AND DISPOSAL.** Soils were initially excavated based on the limits of the excessively contaminated soil delineated as part of the SA. The walls of the excavation were screened using headspace analysis to determine if additional soil should be excavated.

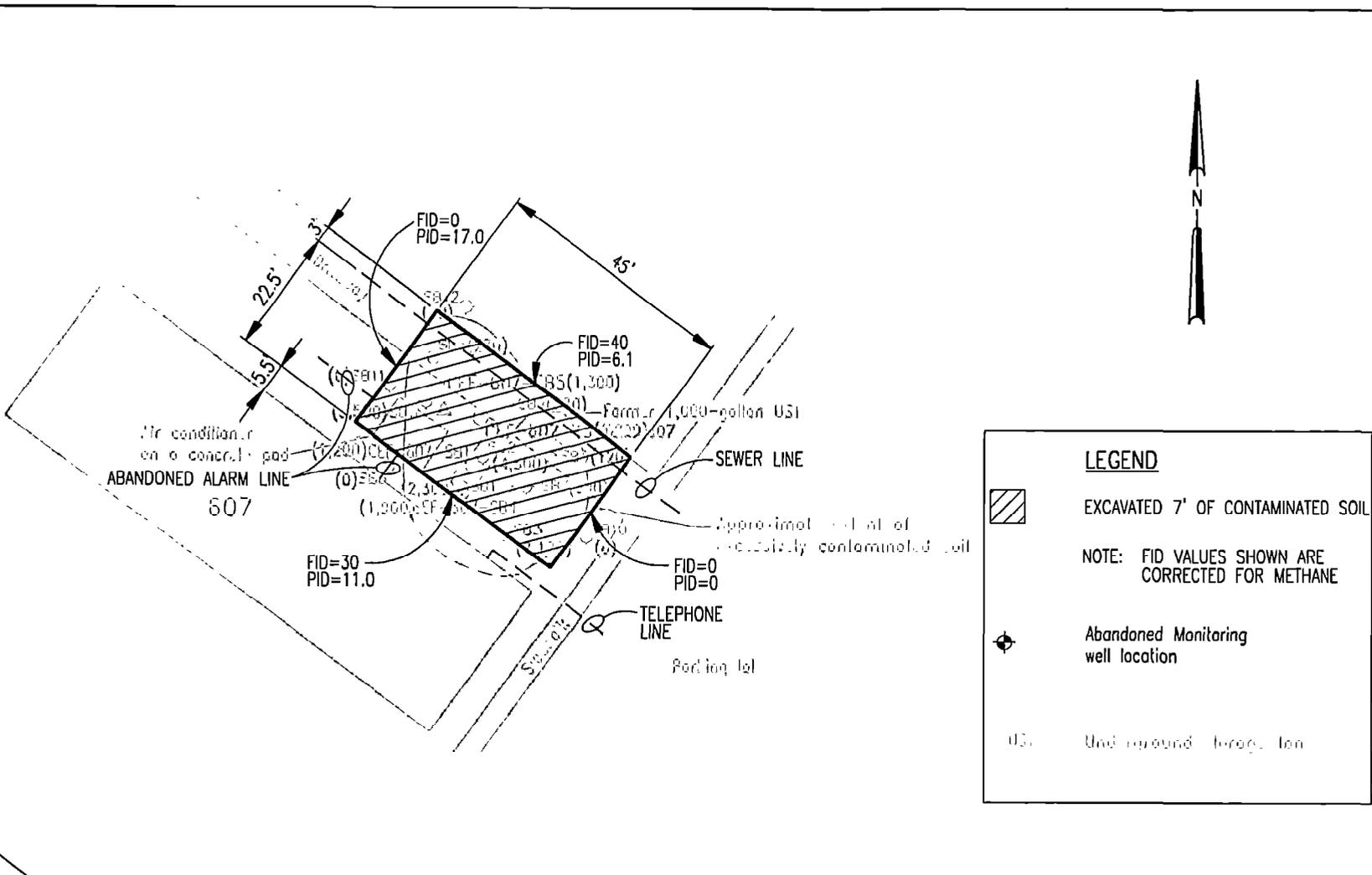
**2.2.1 Soil Excavation.** The soil was excavated to approximately 1 foot below the water table, to a depth of approximately 7 feet below land surface (bls). The depth to groundwater was originally estimated from the monitoring well CEF-607-1S, which was later abandoned. Immediately prior to excavation, the water table was determined by hand augering bore holes and measuring the depth to water. The groundwater level was confirmed by visual observation during the excavation.

The soil was excavated using a trackhoe and was immediately loaded into waiting trucks. No contaminated soil was stockpiled onsite. Based on the manifests, 335 tons of petroleum-contaminated soil were excavated and disposed of offsite. The excavation was approximately 45 feet long, 22.5 feet wide, and 7 feet deep, corresponding to approximately 297.5 cubic yards. The excavation area is shown in Figure 2-1.

**2.2.2 Soil Transportation and Disposal.** The petroleum-contaminated soil was transported offsite by truck to the Kedesh, Inc. soil thermal treatment facility in Kingsland, Georgia. A summary of the manifests is presented in Table 2-1 and copies of the manifests are presented in Appendix C.

**Table 2-1  
Summary of Manifests for Soil Disposal**

Date	Truck #	Company	Manifest #	Weight (pounds)	Tare (pounds)	Net (pounds)
1/14/99	202	Modlin	CF 1172	18960	0	18960
1/14/99	602	Modlin	CF 1173	61900	23160	38740
1/14/99	9802	Modlin	CF 1174	63800	23200	40600
1/14/99	209	Modlin	CF 1175	65160	23200	41960
1/14/99	9800	Modlin	CF 1176	57960	22600	35360
1/14/99	9803	Modlin	CF 1177	63640	22600	41040
1/14/99	9801	Modlin	CF 1178	68680	22600	46080
1/14/99	9808	Modlin	CF 1179	63940	22580	41360
1/14/99	210	Modlin	CF 1180	65120	23500	41620
1/14/99	9809	Modlin	CF 1181	64860	23360	41500
1/14/99	202	Modlin	CF 1182	70500	22700	47800
1/14/99	602	Modlin	CF 1183	64660	23160	41500
1/14/99	9802	Modlin	CF 1184	69680	23200	46480
1/14/99	209	Modlin	CF 1185	67900	23680	44220
1/14/99	9800	Modlin	CF 1186	69280	22600	46680
1/14/99	9803	Modlin	CF 1187	63560	22600	40960
1/14/99	9801	Modlin	CF 1188	37220	22600	14620
Number of Truck Loads = 17					Total Weight (lbs.) =	669480
					Total Weight (tons) =	334.74



**LEGEND**

 EXCAVATED 7' OF CONTAMINATED SOIL

NOTE: FID VALUES SHOWN ARE CORRECTED FOR METHANE

 Abandoned Monitoring well location

 Undersound Installation

0 15 30  
SCALE: 1 INCH = 30 FEET

FIGURE 2-1  
TANK 607  
SOIL EXCAVATION AREA



SOURCE REMOVAL REPORT  
BUILDING 607, TANK 607

NAVAL AIR STATION CECIL FIELD  
JACKSONVILLE, FLORIDA

**2.2.3 Backfilling and Site Restoration.** The material used to backfill the excavation was clean fill brought in from a borrow pit operated by Anderson-Columbia, Inc. in Maxville, Florida. A copy of the letter certifying that the material was clean fill is presented in Appendix D.

Once the excavation area was backfilled, the site was graded and seeded with Bahia grass.

**2.3 SAMPLING AND ANALYSIS.** Soil samples were collected from the walls of the excavation at a depth of 4.5 feet bls. Because soils were excavated to 1 foot below the water table, no samples were collected from the floor of the excavation. The sampling locations are shown in Figure 2-1.

**2.3.1 Headspace Analysis.** Soil samples collected from the UST 607 excavation were screened using an OVA equipped with an FID in accordance with the procedures outlined in 62-770.200(8) FAC. A methane filter was used to correct the results. Samples were also screened using a photoionization detector (PID). The results of the headspace analyses are shown in Table 2-2. All headspace results were below 50 ppm.

**Table 2-2  
Summary of Headspace Screening Results**

Station ID	Depth (feet bls)	FID Unfiltered (ppm)	FID with Filter (ppm)	FID Corrected (ppm)	PID (ppm)
North	4.5	420	380	40	6.1
South	4.5	60	30	30	11.0
East	4.5	440	440	0	0
West	4.5	1000	1000	0	17

**2.3.2 KAG Analysis.** Because all of the headspace results (OVA with FID) were below 50 ppm and KAG analysis had previously been used at this site to delineate the limits of the excavation, no additional KAG analyses were conducted at UST 607.

### 3.0 CONCLUSIONS

A total of 335 tons of petroleum-contaminated soils at UST 607 that were identified during the SA have been removed and disposed of offsite. The soil was excavated to approximately 1 foot below the water table, to a depth of approximately 7 feet bls. The horizontal limits of the excavation had headspace results (OVA with FID) of less than 50 ppm. No free product was found during the excavation.

**REFERENCES**

ABB Environmental Services, Inc., 1997, Confirmatory Sampling Report, Building 607, Tank 607, BRAC UST and AST Grey Sites, NAS Cecil Field, Jacksonville, Florida, November.

CH2M HILL Constructors, Inc., 1998a, Basewide Work Plan, Revision No. 1, NAS Cecil Field, Jacksonville, Florida: prepared for Southern Division Naval Facilities Engineering Command, November.

CH2M HILL Constructors, Inc., 1998b, Work Plan Addendum No. 1 Revision No. 1, Excavation of Petroleum-Contaminated Soil from 11 Former UST Sites and the Day Tank 2 Area, NAS Cecil Field, Jacksonville, Florida: prepared for Southern Division Naval Facilities Engineering Command, November.

Harding Lawson Associates (HLA), 1998, Site Assessment Report, Building 607, Tank 607, BRAC UST and AST Grey Sites, NAS Cecil Field, Jacksonville, Florida, September.

Southern Division Naval Facilities Engineering Command Quality Improvement Forum, 1998, A Guideline for the Preparation of Remedial Action Reports/Closure Reports, Revision 0, May 11.

Southern Division Naval Facilities Engineering Command, 1996, Environmental Report Format Guidance Manual, Revision No. 5, October 9.

**APPENDIX A  
PHOTOGRAPHS**



EXCAVATION IN PROGRESS

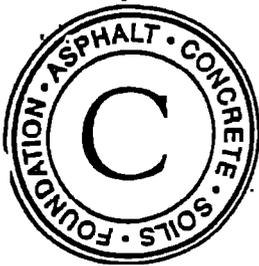


SITE RESTORATION

UST SITE  
BUILDING 607  
YELLOW WATER

**CH2MHILL**

**APPENDIX B**  
**WELL ABANDONMENT REPORT**



# CAL-TECH TESTING, INC.

## ENGINEERING & TESTING LABORATORY

P.O. Box 1625, Lake City, FL 32056-1625  
6900 Phillips Hwy., Ste. 3, Jacksonville, FL 32216  
7850 Rex Drive, Milton, FL 32570

Lake City • (904) 755-3633  
Fax • (904) 752-5456

Jacksonville • (904) 296-7201  
Fax • (904) 296-7202

Milton • (904) 626-0080  
Fax • (904) 626-0190

January 6, 1999

NAS Cecil Field  
Attn: CH2M Hill Constructors, Inc.  
13200 Normandy Blvd.  
1<sup>st</sup> Street, Bldg. 884  
Jacksonville, Florida 32215  
Attn: Mr. Charlie Radford

Subject: Report of Monitoring Well Abandonment  
Various UST Sites  
NAS Cecil Field  
Jacksonville, Florida  
Cal-Tech Project No. 98-313

Dear Mr. Radford,

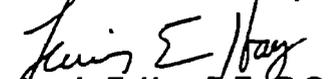
Cal-Tech Testing abandoned eleven monitoring wells for the subject project on January 5, 1999. These wells were all 2 inches in diameter. The wells were filled with a cement-bentonite grout which was tremmed to the bottom of each. The grout displaced the groundwater to the top of the well where it was captured and containerized. The table below shows the depth and diameter of each well:

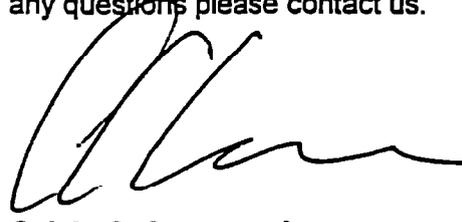
Monitoring Well No.	Diameter	Depth, Ft.
CEF-605-1S	2"	12' 1"
CEF-605-5D	2"	30' 3"
CEF-607-1S	2"	12' 4"
CEF-639-1S	2"	13' 2"
CEF-623-4D	2"	29' 6"
CEF-623-1S	2"	12' 2"
CEF-F-15	2"	14' 5"
CEF-880-1S	2"	14' 7"
CEF-502-5D	2"	30' 0"
CEF-502-2S	2"	13' 2"
CEF-502-1S	2"	10' 6"
TOTAL		192' 2"

Copies of the well abandonment reports are attached. These reports will be provided to the St. Johns Water Management District and The City of Jacksonville.

We have enjoyed serving you thus far. If you have any questions please contact us.

Very truly yours,  
CAL-TECH TESTING, INC.

  
Lewis E. Hay, P.E., P.G.  
Sr. Engineer



Calvin C. Creamer, Jr.  
General Manager

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

ERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

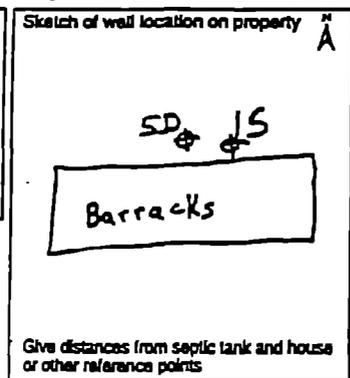
permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_  
 indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S  
 SIGNATURE [Signature] License # 11026  
 I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (FL)	To (FL)
Neat Cement	1/3	0	12.1
Bentonite:			

WELL LOCATION: County Duval  
W 1/4 of NE 1/4 of Section 10 Twp: 35 Rge: 24E  
 altitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP \_\_\_\_\_  
 Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED  
 Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm  
 Chloride: \_\_\_\_\_ ppm  
 Lab Test  Field Test Kit

Pump Type  
 Centrifugal  Jet  Submersible  Turbine  
 Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_  
 Pump Depth \_\_\_\_\_ Ft. Intake Depth \_\_\_\_\_ Ft.

Form 408-3-3 Rev. 12/85

OWNER'S NAME US Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor   
 HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination  
 Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
 After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (Describe): \_\_\_\_\_  
 Which is \_\_\_\_\_ FL  Above  Below Land Surface  
 Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Casing Diameter & Depth (FL)	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Diameter <u>3"</u> From <u>0</u> To <u>12.1</u>	0	12.1	Cement-bentonite grout
			Abandoned Well
Diameter _____ From _____ To _____			No CEF-605-1S
Liner <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter _____ From _____ To _____			

Driller's Name: Frank Linehan  
 (print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

ERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

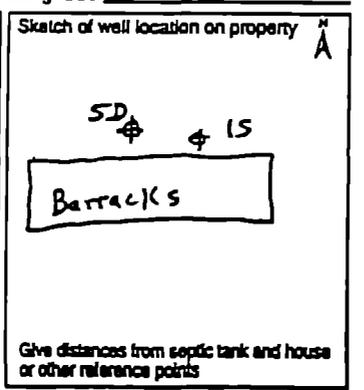
permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_  
 indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S  
 SIGNATURE [Signature] License # 11026  
 I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (FL)	To (FL)
Neat Cement	1	0	30.2
Bentonite:	1/4		

WELL LOCATION: County Duval  
W 1/4 of NE 1/4 of Section 10 Twp: 35 Rge: 24E  
 altitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP \_\_\_\_\_  
 Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED  
 Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm  
 Chloride: \_\_\_\_\_ ppm  
 Lab Test  Field Test Kit

Pump Type  
 Centrifugal  Jet  Submersible  Turbine  
 Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_  
 Pump Depth \_\_\_\_\_ FL Intake Depth \_\_\_\_\_ FL

OWNER'S NAME US Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor   
 HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination  
 Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
 After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (Describe): \_\_\_\_\_  
 Which is \_\_\_\_\_ FL  Above  Below Land Surface  
 Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Casing Diameter & Depth (FL)	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Diameter <u>2"</u> From <u>0</u> To <u>30.2</u>	0	30.2	Cement-bentonite grout
			Abandoned Well
Diameter _____ From _____ To _____			No CEF-605-SD
Liner <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter _____ From _____ To _____			

Driller's Name: Frank Linehan  
 (print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE [Signature] License # 11024

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (FL)	To (FL)
Neat Cement:	1/3	0	12.3
Bentonite:			

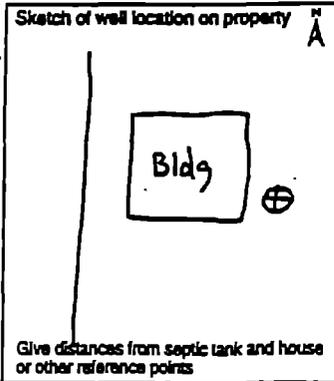
WELL LOCATION: County Duval

NW 14 of NE 14 of Section 10 Twp: 3S Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ FL Intake Depth \_\_\_\_\_ FL

Form 408-3-3 Rev. 12/95

OWNER'S NAME U S Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
 After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (describe): \_\_\_\_\_  
 Which is \_\_\_\_\_ FL  Above  Below Land Surface  
 Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Casing Diameter & Depth (FL)	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Diameter <u>2"</u> From <u>0</u> To <u>12.3</u>	0	12.3	Cement Bentonite grout
			Abandoned Well No
Diameter _____ From _____ To _____			CEF-607-15
Liner <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter _____ From _____ To _____			

Driller's Name: Frank Linehan  
(print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE [Signature] License # \_\_\_\_\_

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (FL)	To (FL)
Neat Cement:	1/3	0	13.2
Bentonite:			

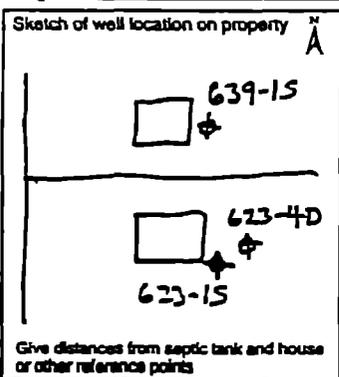
WELL LOCATION: County Duval

SE 14 of NE 14 of Section 3 Twp: 3S Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ FL Intake Depth \_\_\_\_\_ FL

Form 408-3-3 Rev. 12/95

OWNER'S NAME U S Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
 After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (describe): \_\_\_\_\_  
 Which is \_\_\_\_\_ FL  Above  Below Land Surface  
 Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Casing Diameter & Depth (FL)	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Diameter <u>2"</u> From <u>0</u> To <u>13.2</u>	0	13.2	CEMENT-Bentonite grout
			Abandoned Well No
Diameter _____ From _____ To _____			CEF-639-15
Liner <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter _____ From _____ To _____			

Driller's Name: Frank Linehan  
(print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP# \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE Frank Linehan License # 11026

I certify that the information provided in this report is accurate and true.

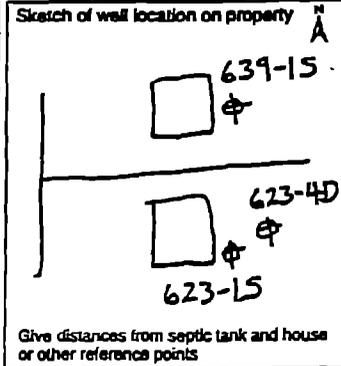
Grout	No. of Bags	From (FL)	To (FL)
Neat Cement	1/3	0	12.2
Bentonite:			

WELL LOCATION: County Duval  
SE 1/4 of NE 1/4 of Section 3 Twp: 35 Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ Ft. Intake Depth \_\_\_\_\_ Ft.

Form 408-3-3 Rev. 12/95

OWNER'S NAME US Navy - NTP Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level _____	Measured Pumping Water Level _____	
After _____ Hours at _____ G.P.M. Measuring Pt. (describe): _____		
Which is _____ FL <input type="checkbox"/> Above <input type="checkbox"/> Below Land Surface		
Casing: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galv. <input checked="" type="checkbox"/> PVC Other _____		
<input type="checkbox"/> Open Hole	Depth (FL)	DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
<input type="checkbox"/> Screen		
Casing Diameter & Depth (FL)	From To	
Diameter <u>2"</u>	From <u>0</u>	<u>Cement Bentonite grout</u>
From <u>0</u>	To <u>12.2</u>	
To <u>12.2</u>		
Diameter _____		<u>Abandoned Well No</u>
From _____		<u>CEF-623-15</u>
To _____		
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>		
Diameter _____		
From _____		
To _____		

Driller's Name: (print or type) Frank Linehan

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP# \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE Frank Linehan License # 11026

I certify that the information provided in this report is accurate and true.

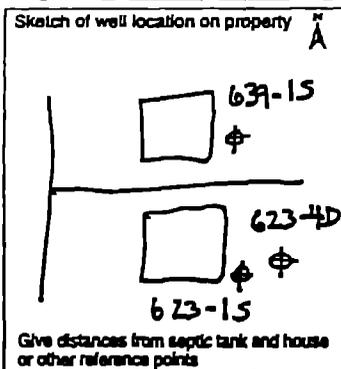
Grout	No. of Bags	From (FL)	To (FL)
Neat Cement	1	0	29.5
Bentonite:	1/4		

WELL LOCATION: County Duval  
SE 1/4 of NE 1/4 of Section 3 Twp: 35 Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ Ft. Intake Depth \_\_\_\_\_ Ft.

Form 408-3-3 Rev. 12/95

OWNER'S NAME US Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level _____	Measured Pumping Water Level _____	
After _____ Hours at _____ G.P.M. Measuring Pt. (describe): _____		
Which is _____ FL <input type="checkbox"/> Above <input type="checkbox"/> Below Land Surface		
Casing: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galv. <input checked="" type="checkbox"/> PVC Other _____		
<input type="checkbox"/> Open Hole	Depth (FL)	DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
<input type="checkbox"/> Screen		
Casing Diameter & Depth (FL)	From To	
Diameter <u>2"</u>	From <u>0</u>	<u>Cement Bentonite grout</u>
From <u>0</u>	To <u>29.5</u>	
To <u>29.5</u>		
Diameter _____		<u>Abandoned Well No</u>
From _____		<u>CEF 623-4D</u>
To _____		
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>		
Diameter _____		
From _____		
To _____		

Driller's Name: (print or type) Frank Linehan

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE Frank Linehan License # 11026  
 I certify that the information provided in this report is accurate and true.

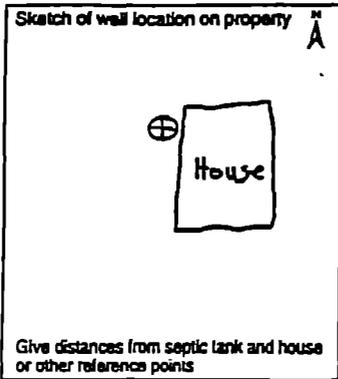
Grout	No. of Bags	From (FL)	To (FL)
Neat Cement:	1/3	0	14.4
Bentonite:			

WELL LOCATION: County Duval  
NE 1/4 of SE 1/4 of Section 15 Twp: 35 Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

[ ] Lab Test [ ] Field Test Kit

Pump Type

[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ FL Intake Depth \_\_\_\_\_ FL

Form 408-3-3 Rev. 12/95

OWNER'S NAME US Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor X  
 HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD [ ] Rotary [ ] Cable Tool [ ] Combination  
 [ ] Jet [X] Auger Other \_\_\_\_\_

Measured Static Water Level _____		Measured Pumping Water Level _____	
After _____ Hours at _____ G.P.M. Measuring Pt. (Describe): _____			
Which is _____ FL [ ] Above [ ] Below Land Surface			
Casing: [ ] Black Steel [ ] Galv. [X] PVC Other _____			
[ ] Open Hole	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
[ ] Screen	From	To	
Casing Diameter & Depth (FL)	From	To	
Diameter <u>2"</u>	0	14.4	Cement-Bentonite grout
From <u>0</u>			
To <u>14.4</u>			
			Abandoned Well No
Diameter _____			CEF-F-15
From _____			
To _____			
Liner [ ] or Casing [ ]			
Diameter _____			
From _____			
To _____			

Driller's Name: Frank Linehan  
 (print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE Frank Linehan License # 11026  
 I certify that the information provided in this report is accurate and true.

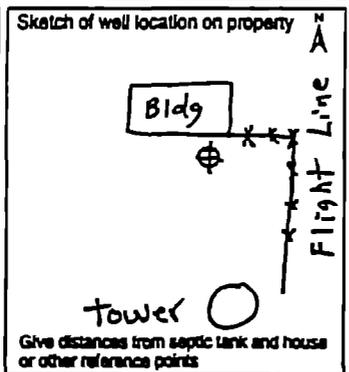
Grout	No. of Bags	From (FL)	To (FL)
Neat Cement:	1/3	0	14.6
Bentonite:			

WELL LOCATION: County Duval  
SE 1/4 of NW 1/4 of Section 23 Twp: 35 Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

[ ] Lab Test [ ] Field Test Kit

Pump Type

[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ FL Intake Depth \_\_\_\_\_ FL

Form 408-3-3 Rev. 12/95

OWNER'S NAME US Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor X  
 HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD [ ] Rotary [ ] Cable Tool [ ] Combination  
 [ ] Jet [X] Auger Other \_\_\_\_\_

Measured Static Water Level _____		Measured Pumping Water Level _____	
After _____ Hours at _____ G.P.M. Measuring Pt. (Describe): _____			
Which is _____ FL [ ] Above [ ] Below Land Surface			
Casing: [ ] Black Steel [ ] Galv. [X] PVC Other _____			
[ ] Open Hole	Depth (FL)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
[ ] Screen	From	To	
Casing Diameter & Depth (FL)	From	To	
Diameter <u>2"</u>	0	14.6	Cement-Bentonite grout
From <u>0</u>			
To <u>14.6</u>			
			Abandoned Well No
Diameter _____			CEF-880-15
From _____			
To _____			
Liner [ ] or Casing [ ]			
Diameter _____			
From _____			
To _____			

Driller's Name: Frank Linehan  
 (print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE Simon M. L... License # 11026  
I certify that the information provided in this report is accurate and true.

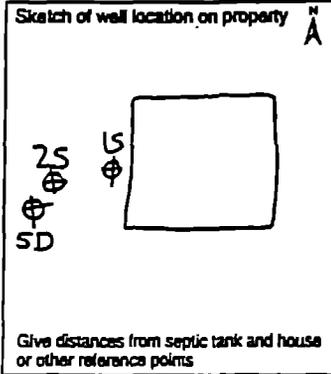
Grout	No. of Bags	From (Fl)	To (Fl)
Neat Cement	1/3	0	10.5
Bentonite:			

WELL LOCATION: County Duval  
SE 1/4 of SE 1/4 of Section 13 Twp: 35 Rgs: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ Ft Intake Depth \_\_\_\_\_ Ft.

OWNER'S NAME US Navy - Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (describe): \_\_\_\_\_  
Which is \_\_\_\_\_ Ft.  Above  Below Land Surface  
Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Casing Diameter & Depth (Fl)	Depth (Fl)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Diameter <u>2"</u> From <u>0</u> To <u>10.5</u>	<u>0</u>	<u>10.5</u>	<u>Cement-bentonite grout</u>
			<u>Abandoned Well No.</u>
			<u>CEF-502-1S</u>
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>			
Diameter _____			
From _____			
To _____			

Driller's Name: Frank Linehan  
(print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

WATER WELL CONTRACTOR'S

SIGNATURE Simon M. L... License # 11026  
I certify that the information provided in this report is accurate and true.

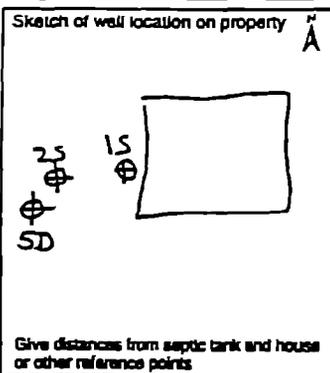
Grout	No. of Bags	From (Fl)	To (Fl)
Neat Cement	1/3	0	13.2
Bentonite:			

WELL LOCATION: County Duval  
SE 1/4 of SE 1/4 of Section 13 Twp: 35 Rgs: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



CHEMICAL ANALYSIS WHEN REQUIRED

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ Ft Intake Depth \_\_\_\_\_ Ft.

OWNER'S NAME US Navy - NTS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (describe): \_\_\_\_\_  
Which is \_\_\_\_\_ Ft.  Above  Below Land Surface  
Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Casing Diameter & Depth (Fl)	Depth (Fl)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color   Grain Size   Type of Material
	From	To	
Diameter <u>2"</u> From <u>0</u> To <u>13.2</u>	<u>0</u>	<u>13.2</u>	<u>Cement-bentonite grout</u>
			<u>Abandoned Well No.</u>
			<u>CEF-502-2S</u>
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>			
Diameter _____			
From _____			
To _____			

Driller's Name: Frank Linehan  
(print or type)

**WELL COMPLETION REPORT** (Please complete in black ink or type.)

PERMIT # \_\_\_\_\_ CUP/WUP # \_\_\_\_\_ DID # \_\_\_\_\_

If permit is for multiple wells indicate the number of wells drilled \_\_\_\_\_

Indicate remaining wells to be cancelled \_\_\_\_\_

**WATER WELL CONTRACTOR'S**

SIGNATURE Frank M. Linchan License # 11024

I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (FL)	To (FL)
Neat Cement	1	0	30.0
Bentonite:	1/4		

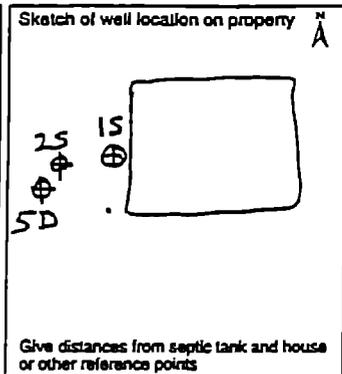
WELL LOCATION: County Duval

SE 1/4 of SE 1/4 of Section 13 Twp: 3S Rge: 24E

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

DATE STAMP

Official Use Only



**CHEMICAL ANALYSIS WHEN REQUIRED**

Iron: \_\_\_\_\_ ppm Sulfate: \_\_\_\_\_ ppm

Chloride: \_\_\_\_\_ ppm

Lab Test  Field Test Kit

Pump Type

Centrifugal  Jet  Submersible  Turbine

Horsepower \_\_\_\_\_ Capacity \_\_\_\_\_ G.P.M. \_\_\_\_\_

Pump Depth \_\_\_\_\_ FL Intake Depth \_\_\_\_\_ FL

Form 408-3-3 Rev. 12/95

OWNER'S NAME US Navy - NAS Cecil Field

COMPLETION DATE \_\_\_\_\_ Florida Unique I.D. \_\_\_\_\_

WELL USE: DEP/Public \_\_\_\_\_ Irrigation \_\_\_\_\_ Domestic \_\_\_\_\_ Monitor

HRS Limited \_\_\_\_\_ 62-524 \_\_\_\_\_ Other \_\_\_\_\_

DRILL METHOD  Rotary  Cable Tool  Combination

Jet  Auger Other \_\_\_\_\_

Measured Static Water Level \_\_\_\_\_ Measured Pumping Water Level \_\_\_\_\_  
 After \_\_\_\_\_ Hours at \_\_\_\_\_ G.P.M. Measuring Pt. (Describe): \_\_\_\_\_  
 Which is \_\_\_\_\_ FL  Above  Below Land Surface  
 Casing:  Black Steel  Galv.  PVC Other \_\_\_\_\_

Open Hole  Screen Depth (FL)

Casing Diameter & Depth (FL) From To

Diameter 2" From 0 To 30.0

To 30.0

Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

To \_\_\_\_\_

Liner  or Casing  Diameter \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Driller's Name: Frank Linchan

(print or type)

DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color | Grain Size | Type of Material

Abandoned Well No  
CEF-502-SD

**APPENDIX C**  
**SOIL DISPOSAL MANIFESTS**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. 1172

1. Page 1 of 7

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) 778-5620

4. Transporter 1 Company Name

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address

**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone

B. Transporter's Phone

C. Facility's Phone

(912) 729-7555

7. Waste Shipping Name and Description

8. Containers

No.

Type

9. Total Quantity

10. Unit Wt/Vol

a.

Petroleum Contaminated Soil

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

Site# 502/607

Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above

Job #5495/Profile #11800

11. Special Handling Instructions and Additional Information

202

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

LeRoy A Long

Signature

LeRoy A Long

Month Day Year  
11/14/99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Joe Weydener

Signature

Joe Weydener

Month Day Year  
11/14/99

15. Discrepancy Indication Space

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

Printed/Typed Name

Peary Crews

Signature

Peary Crews

Month Day Year  
11/14/99

GENERATOR  
TRANSPORTER  
FACILITY

ORIGINAL - RETURN TO GENERATOR

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. 1173

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone (904) 778-5620

4. Transporter 1 Company Name

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone  
B. Transporter's Phone  
C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description	8. Containers		9. Total Quantity	10. Unit WW/Vol
	No.	Type		
a. <b>Petroleum Contaminated Soil</b>				
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above  
Site# **607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information  
**602**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name **LeRoy A Long** Signature **LeRoy A Long** Month **1** Day **14** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name **James Allison** Signature **James Allison** Month **1** Day **14** Year **99**

14. Transporter 2 Acknowledgement of Receipt of Materials  
Printed/Typed Name \_\_\_\_\_ Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

15. Discrepancy Indication Space

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

Printed/Typed Name **Peggy Crews** Signature **Peggy Crews** **19.37** Month **1** Day **14** Year **99**

GENERATOR

TRANSPORTER

FACILITY

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. 11774

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) 778-5620

4. Transporter 1 Company Name Modlin Trucking Co.

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone 904-254-7748

B. Transporter's Phone

C. Facility's Phone

7. Waste Shipping Name and Description

8. Containers  
No. | Type

9. Total Quantity

10. Unit W/Vol

a. **Petroleum Contaminated Soil**

001

D T

22

T

b.  
c.  
d.

D. Additional Descriptions for Materials Listed Above  
**Site # 607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/ Profile #11800**

11. Special Handling Instructions and Additional Information

9802

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name L. Roy A Long

Signature L. Roy A Long

Month Day Year 1 11 98

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name STERHEN LENOX

Signature STERHEN LENOX

Month Day Year 1 14 98

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 15.

Printed/Typed Name Peggy Crews

Signature Peggy Crews

Month Day Year 1 14 99

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. 1175

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) 778-5620

4. Transporter 1 Company Name **Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-7448**  
B. Transporter's Phone  
C. Facility's Phone

7. Waste Shipping Name and Description

8. Containers No. Type 9. Total Quantity 10. Unit Wt/Vol

7. Waste Shipping Name and Description		8. Containers		9. Total Quantity	10. Unit Wt/Vol
		No.	Type		
a.	<b>Petroleum Contaminated Soil</b>	<b>001</b>	<b>D T</b>	<b>22</b>	<b>T</b>
b.					
c.					
d.					

D. Additional Descriptions for Materials Listed Above  
Site # **607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/ Profile #11800**

11. Special Handling Instructions and Additional Information

**209**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name **LeRoy A Long** Signature **LeRoy A Long** Month **11** Day **14** Year **89**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **DAVID McBERT** Signature **David McBERT** Month **11** Day **14** Year **89**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name **Bosey Crews** Signature **Bosey Crews** Month **11** Day **14** Year **89**

**ORIGINAL - RETURN TO GENERATOR**

GENERATOR

TRANSPORTER

FACILITY

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. 7176

1. Page 1 of 1

2. Generator's Name and Mailing Address: Commanding Officer, Staff Civil Eng. PO Box 108, Code 184, NAS Cecil Field Jacksonville, FL 32215

3. Generator's Phone (904) 778-5620

4. Transporter 1 Company Name: Modlin Trucking Co.

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address: Kedesh Inc. Hwy 17 North Kingsland, GA 31548

A. Transporter's Phone: 904-254-9448  
B. Transporter's Phone  
C. Facility's Phone

7. Waste Shipping Name and Description	8. Containers		9. Total Quantity	10. Unit Wt/Vol
	No.	Type		
a. Petroleum Contaminated Soil	001	D-T	22	T
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above: Site # 607 Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above: Job #5495/ Profile #11800

11. Special Handling Instructions and Additional Information

9800

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: LeRoy A Long Signature: LeRoy A Long Month: 11 Day: 14 Year: 99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Jeff N. Signature: Jeff N. Month: 11 Day: 14 Year: 99

14. Transporter 2 Acknowledgement of Receipt of Materials

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

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name: Peggy Crews Signature: Peggy Crews Month: 11 Day: 14 Year: 99

ORIGINAL - RETURN TO GENERATOR

GENERATOR

TRANSPORTER

FACILITY

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **11177**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) **778-5620**

4. Transporter 1 Company Name **Madison Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **704-284-7442**

B. Transporter's Phone

C. Facility's Phone

7. Waste Shipping Name and Description

8. Containers  
No. Type

9. Total Quantity

10. Unit W/Vol

a. **Petroleum Contaminated Soil**

**001 D T 22**

**T**

b.

c.

d.

D. Additional Descriptions for Materials Listed Above  
**Site # 607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/ Profile #11800**

11. Special Handling Instructions and Additional Information

**9803**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wastes.

Printed/Typed Name **LeRoy A Long**

Signature **LeRoy A Long**

Month Day Year **11 19 99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **RANDY JENKINS**

Signature **Randy Jenkins**

Month Day Year **11 14 99**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 15.

Printed/Typed Name **Peggy Crews**

Signature **Peggy Crews**

Month Day Year **11 14 99**

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest  
Documentation  
11/14/99

1. Page 1  
of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) 778-5620

4. Transporter 1 Company Name  
**Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-9448**

B. Transporter's Phone

C. Facility's Phone

7. Waste Shipping Name and Description

8. Containers  
No. | Type

9. Total  
Quantity

10. Unit  
WT/Vol

a. **Petroleum Contaminated Soil**

**001** | **D T** | **22**

**T**

b.

c.

d.

D. Additional Descriptions for Materials Listed Above  
Site # **607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/ Profile #11800**

11. Special Handling Instructions and Additional Information

**9801**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name  
**Leroy A Long**

Signature  
**Leroy A Long**

Month Day Year  
**11 14 99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name  
**Douglas L. Felton**

Signature  
**Douglas L. Felton**

Month Day Year  
**11 14 99**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name  
**Peggy Crews**

Signature  
**Peggy Crews**

Month Day Year  
**11 14 99**

**ORIGINAL - RETURN TO GENERATOR**

GENERATOR

TRANSPORTER

FACILITY

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. 1179

1. Page 1 of 1

2. Generator's Name and Mailing Address  
 Commanding Officer, Staff Civil Eng.  
 PO Box 108, Code 184, NAS Cecil Field  
 Jacksonville, FL 32215

3. Generator's Phone ( 904 ) 778-5620

4. Transporter 1 Company Name  
 Modlin Trucking Co.

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
 Kedesh Inc.  
 Hwy 17 North  
 Kingsland, GA 31548

A. Transporter's Phone 904-284-9448  
 B. Transporter's Phone  
 C. Facility's Phone

7. Waste Shipping Name and Description

8. Containers No. Type 9. Total Quantity 10. Unit Wt/Vol

7. Waste Shipping Name and Description	8. Containers No.	Type	9. Total Quantity	10. Unit Wt/Vol
a. Petroleum Contaminated Soil	001	D T	22	T
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above  
 Site # 607  
 Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above  
 Job #5495/ Profile #11800

11. Special Handling Instructions and Additional Information

9808

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wastes.

Printed/Typed Name: LARRY A LONG Signature: [Signature] Month Day Year: 11/14/99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: Lennie Olive Signature: [Signature] Month Day Year: 11/14/99

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: Month Day Year:

15. Discrepancy Indication Space

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

Printed/Typed Name: Peggy Crews Signature: [Signature] 20.68 Month Day Year: 11/14/99

ORIGINAL - RETURN TO GENERATOR

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **11-80**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( **904** ) **778-5620**

4. Transporter 1 Company Name **Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-9448**

B. Transporter's Phone

C. Facility's Phone

7. Waste Shipping Name and Description

8. Containers  
No. Type

9. Total Quantity

10. Unit Wt/Vol

a. **Petroleum Contaminated Soil**

**001**

**D T**

**22**

**T**

b.

c.

d.

D. Additional Descriptions for Materials Listed Above  
**Site # 607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/ Profile #11800**

11. Special Handling Instructions and Additional Information

**210**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

**LaRoy A Long**

Signature

*LaRoy A Long*

Month Day Year  
**1 14 99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

**Elmer McQuirt**

Signature

*Elmer McQuirt*

Month Day Year  
**1 14 99**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 15.

Printed/Typed Name

**Beau Crews**

Signature

*Beau Crews*

Month Day Year  
**1 14 99**

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest  
Department No.  
1787

1. Page 1  
of 1

2. Generator's Name and Mailing Address  
Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215

3. Generator's Phone (904) 778-5620

4. Transporter 1 Company Name  
Modlin Trucking Co.

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548

A. Transporter's Phone 904-234-9445  
B. Transporter's Phone  
C. Facility's Phone  
(912) 729-7555

7. Waste Shipping Name and Description	8. Containers		9. Total Quantity	10. Unit WW/Vol
	No.	Type		
a. Petroleum Contaminated Soil	001		22	
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above  
Site# 607  
Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above  
Job #5495/Profile #11800

11. Special Handling Instructions and Additional Information

9809

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name: LeRoy A Long Signature: LeRoy A Long Month: 11 Day: 19 Year: 99

13. Transporter 1 Acknowledgement of Receipt of Materials

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

14. Transporter 2 Acknowledgement of Receipt of Materials

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

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name: Peggy Crews Signature: Peggy Crews Month: 11 Day: 14 Year: 99

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **1180**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone (904) **778-5620**

4. Transporter 1 Company Name **Matlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **764-284-9448**

B. Transporter's Phone

C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description

B. Containers  
No. Type

9. Total Quantity

10. Unit Wt/Vol

a. **Petroleum Contaminated Soil**

**001**

**22**

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

Site# **607**

**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above

**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information

**202**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

**LeRoy A Long**

Signature

**LeRoy A Long**

Month Day Year  
**11/14/99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

**Joe Weydener**

Signature

**Joe Weydener**

Month Day Year  
**11/14/99**

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name

**Reggy Crews**

Signature

**Reggy Crews**

Month Day Year  
**11/14/99**

GENERATOR

TRANSPORTER

FACILITY

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **1183**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) **778-5620**

4. Transporter 1 Company Name  
**Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-9448**

B. Transporter's Phone

C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description

8. Containers  
No. Type 9. Total Quantity 10. Unit W/Vol

a. **Petroleum Contaminated Soil** 001 DT 22 T

b. . . . .

c. . . . .

d. . . . .

D. Additional Descriptions for Materials Listed Above  
**Site# 607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information

**602**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wastes.

Printed/Typed Name **LeRoy A Long** Signature **LeRoy A Long** Month **04** Day **17** Year **1999**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **James Allison** Signature **James Allison** Month **11** Day **14** Year **1999**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

15. Discrepancy Indication Space

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 19.

Printed/Typed Name **Peggy Crews** Signature **Peggy Crews** Month **11** Day **14** Year **1999**

GENERATOR

TRANSPORTER

FACILITY

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **7187**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone (904) 778-5620

4. Transporter 1 Company Name **Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-234-7448**  
B. Transporter's Phone  
C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description	8. Containers		9. Total Quantity	10. Unit Wt/Vol
	No.	Type		
a. <b>Petroleum Contaminated Soil</b>	<b>001</b>	<b>DT</b>	<b>22</b>	<b>T</b>
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above  
**Site# 607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information  
**9802**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name **LEROY A LONG** Signature **Leroy A Long** Month **7** Day **14** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **Stephan Leroy** Signature **[Signature]** Month **11** Day **11** Year **99**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

15. Discrepancy Indication Space  
**23-24**

16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in item 10.

Printed/Typed Name **Kevin Crews** Signature **[Signature]** Month **7** Day **14** Year **90**

**ORIGINAL - RETURN TO GENERATOR**

GENERATOR  
TREASURER  
FACILITY

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **1185**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone ( 904 ) **778-5620**

4. Transporter 1 Company Name  
**Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-9446**  
B. Transporter's Phone  
C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description

8. Containers  
No. Type 9. Total Quantity 10. Unit Wt/Vol

a. **Petroleum Contaminated Soil** 001 DT 22 T

b.

c.

d.

D. Additional Descriptions for Materials Listed Above  
Site# **607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information  
**209**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name **LEROY A LONG** Signature **Leroy A Long** Month **11** Day **14** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials  
Printed/Typed Name **DAVID McGUIRE** Signature **David M. Guire** Month **11** Day **14** Year **99**

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

15. Discrepancy Indication Space  
**22.11**

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

Printed/Typed Name **Kevin Crews** Signature **Kevin Crews** Month **11** Day **14** Year **99**

GENERATOR

TRANSPORTER

FACILITY

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **1186**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone (904) **778-5620**

4. Transporter 1 Company Name **Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **704-287-9448**

B. Transporter's Phone

C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description

8. Containers		9. Total Quantity	10. Unit Wt/Vol
No.	Type		

a. **Petroleum Contaminated Soil**

<b>001</b>	<b>DT</b>	<b>22</b>	<b>T</b>
------------	-----------	-----------	----------

b.

c.

d.

D. Additional Descriptions for Materials Listed Above  
Site# **607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information

**9800**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wastes.

Printed/Typed Name  
**LEROY A LONG**

Signature  
**Leroy A Long**

Month Day Year  
**11/19/99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name  
**Jeff N.**

Signature  
**Jeff N.**

Month Day Year  
**1/19/99**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

15. Discrepancy Indication Space

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

Printed/Typed Name  
**Peggy Crews**

Signature  
**Peggy Crews**

Month Day Year  
**11/14/98**

GENERATOR

TRANSPORTER

FACILITY

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **1187**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone (904) 778-5620

4. Transporter 1 Company Name **Modlin Trucking Co.**

5. Transporter 2 Company Name

6. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-9448**  
B. Transporter's Phone  
C. Facility's Phone **(912) 729-7555**

7. Waste Shipping Name and Description	8. Containers		9. Total Quantity	10. Unit Wt/Vol
	No.	Type		
a. <b>Petroleum Contaminated Soil</b>	<b>001</b>	<b>DT</b>	<b>22</b>	<b>T</b>
b.				
c.				
d.				

D. Additional Descriptions for Materials Listed Above  
Site# **607**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #11800**

11. Special Handling Instructions and Additional Information

**9803**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name **LEROY A LONG**

Signature **Leroy A Long**

Month Day Year **11 14 99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **RANDY JENKINS**

Signature **Randy Jenkins**

Month Day Year **11 14 99**

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

15. Discrepancy Indication Space

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

Printed/Typed Name **Beau Crews**

Signature **Beau Crews**

Month Day Year **11 14 99**

**ORIGINAL - RETURN TO GENERATOR**

**NON-HAZARDOUS WASTE MANIFEST**

Manifest Document No. **7788**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.  
PO Box 108, Code 184, NAS Cecil Field  
Jacksonville, FL 32215**

3. Generator's Phone (904) **778-5620**

4. Transporter 1 Company Name **Modlin Trucking Co.**

5. Transporter 2 Company Name

8. Designated Facility Name and Site Address  
**Kedesh, Inc.  
Hwy 17 North  
Kingsland, GA 31548**

A. Transporter's Phone **904-284-9448**  
B. Transporter's Phone  
C. Facility's Phone  
**(912) 729-7555**

7. Waste Shipping Name and Description

8. Containers		9. Total Quantity	10. Unit Wt/Vol
No.	Type		

a.	<b>Petroleum Contaminated Soil</b>	<b>001</b>	<b>DT</b>	<b>22</b>	<b>T</b>
b.					
c.					
d.					

D. Additional Descriptions for Materials Listed Above  
Site# **607 / 68**  
**Non-RCRA, Non-Hazardous**

E. Handling Codes for Wastes Listed Above  
**Job #5495/Profile #1180**

11. Special Handling Instructions and Additional Information

**9801**

12. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Wastes.

Printed/Typed Name <b>LeRoy A Long</b>	Signature <i>LeRoy A Long</i>	Month Day Year <b>1/1/99</b>
---	----------------------------------	---------------------------------

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name <b>Douglas L. FELTON</b>	Signature <i>Douglas L. Felton</i>	Month Day Year <b>1/1/99</b>
--	---------------------------------------	---------------------------------

14. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month Day Year
--------------------	-----------	----------------

15. Discrepancy Indication Space

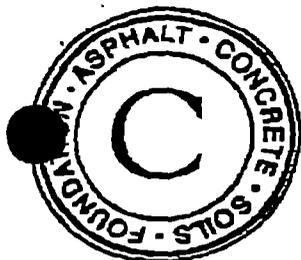
16. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name <b>Peggy Crews</b>	Signature <i>Peggy Crews</i>	Month Day Year <b>1/1/99</b>
--	---------------------------------	---------------------------------

**ORIGINAL - RETURN TO GENERATOR**

GENERATOR FACILITY

**APPENDIX D  
CLEAN FILL CERTIFICATION**



# CAL-TECH TESTING, INC.

## ENGINEERING & TESTING LABORATORY

P.O. Box 1625, Lake City, FL 32058-1625  
6900 Phillips Hwy., Ste. 3, Jacksonville, FL 32216  
7850 Rex Drive, Milton, FL 32570

Lake City - (904) 755-9633  
Fax - (904) 752-6458

Jacksonville - (904) 296-7201  
Fax - (904) 296-7202

Milton - (904) 626-0080  
Fax - (904) 626-0190

January 27, 1999

CH2MHILL Constructors, Inc.  
115 Perimeter Center Place, N.E.  
Suite 700  
Atlanta, GA 30346-1278  
Attn: Charles Radford

RE: Response to Request for Information

Dear Mr. Radford:

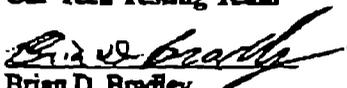
The Cal-Tech Testing Team (CTT) is writing this letter in response to your request for information concerning the disposal of the liner and information concerning the source of fill material used for the backfilling operations at Day Tank 2 and the 8 UST locations at Naval Air Station Cecil Field.

The liner, excavated from the day tank 2 site, was shipped to the Trail Ridge Landfill in Baldwin, Florida. The landfill charges disposal by the size of the incoming container. The liner was shipped in two 20 cubic yard roll-off containers. The disposal charge was for 40 cubic yards. We have attached copies of the manifests indicating the volume of materials and the transporter information. No weigh tickets are available for this material.

The fill material used for the Day Tank 2 and 8 UST locations was native soil excavated from an Anderson Columbia Co. Inc. (ACCI) facility located in Maxville, Florida. The fill was from a natural sand bar formation. This material was undisturbed prior to use at the Naval Air Station Cecil Field projects.

Questions related to this item can be directed to myself at (904) 755-1196 and fax is (904) 758-9050.

Sincerely,  
Cal-Tech Testing Team

  
Brian D. Bradley  
Project Manager