

N60200.AR.001944
NAS CECIL FIELD, FL
5090.3a

SOURCE REMOVAL REPORT REVISION 1 FOR UNDERGROUND STORAGE TANK G639
NAS CECIL FIELD FL
6/1/1999
CH2MHILL CONSTRUCTORS INC

SOURCE REMOVAL REPORT

Revision No.: 01

UST G639

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

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

Prepared by:

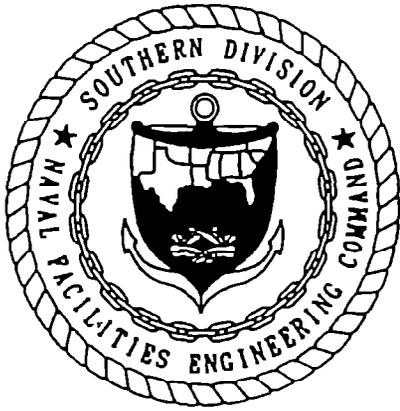
CH2M HILL Constructors, Inc.
115 Perimeter Center Place, N.E., Suite 700
Atlanta, Georgia 30346

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

June 1999



**CERTIFICATION OF TECHNICAL
DATA CONFORMITY (JUNE 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: June 5, 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

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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 |
| 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 G639

Date(s) of Source Removal: 1/12/99

| Required Information | Response |
|--|--|
| 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>280 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: 31.5 feet long x 30 feet wide x 7 feet deep (see Figure 2-1) 3000-gallon UST, contained diesel (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-639-1S and by visual observation (See Section 2.2.1)</i> |
| 13. Type of petroleum or petroleum products discharged | <i>Diesel</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> |

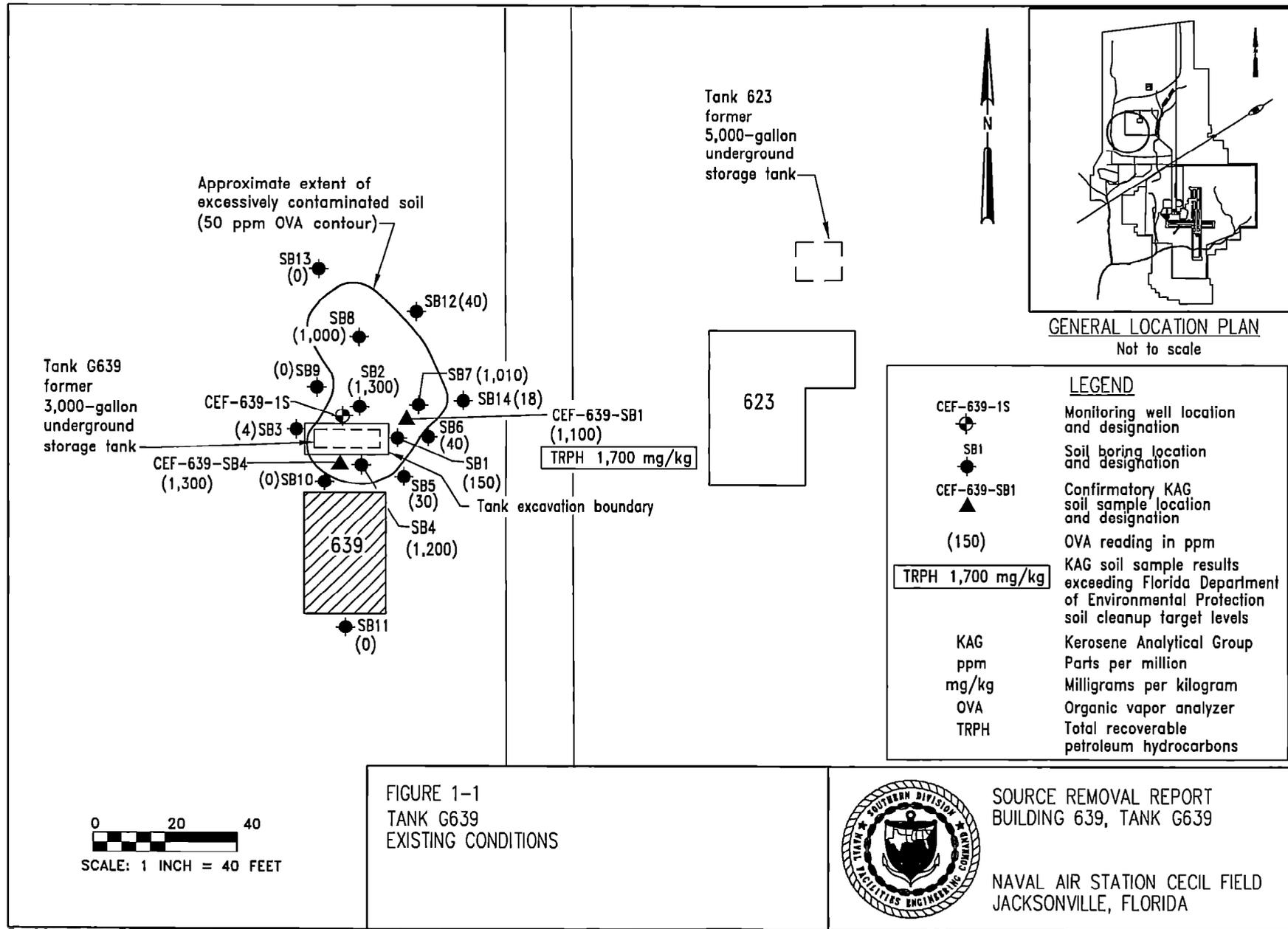
1.0 INTRODUCTION

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 G639 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 G639 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 G639, a 3,000-gallon diesel tank located in the Yellow Waters Weapons Complex, was used to store fuel for standby generators. The tank was installed in 1977 and removed April 15, 1997. No soil was excavated at the time the UST was removed (ABB, 1997). Subsequently, excessively contaminated soils were identified around UST G639 during the Site Assessment (SA) and a Source Removal was recommended. 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 G639 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.



2.0 SOURCE REMOVAL ACTIVITIES

A Source Removal was conducted at UST G639 on January 12, 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-639-1S 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. The supports for an overhead piping rack were temporarily removed at UST G639 to obtain access to the excavation area.

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.

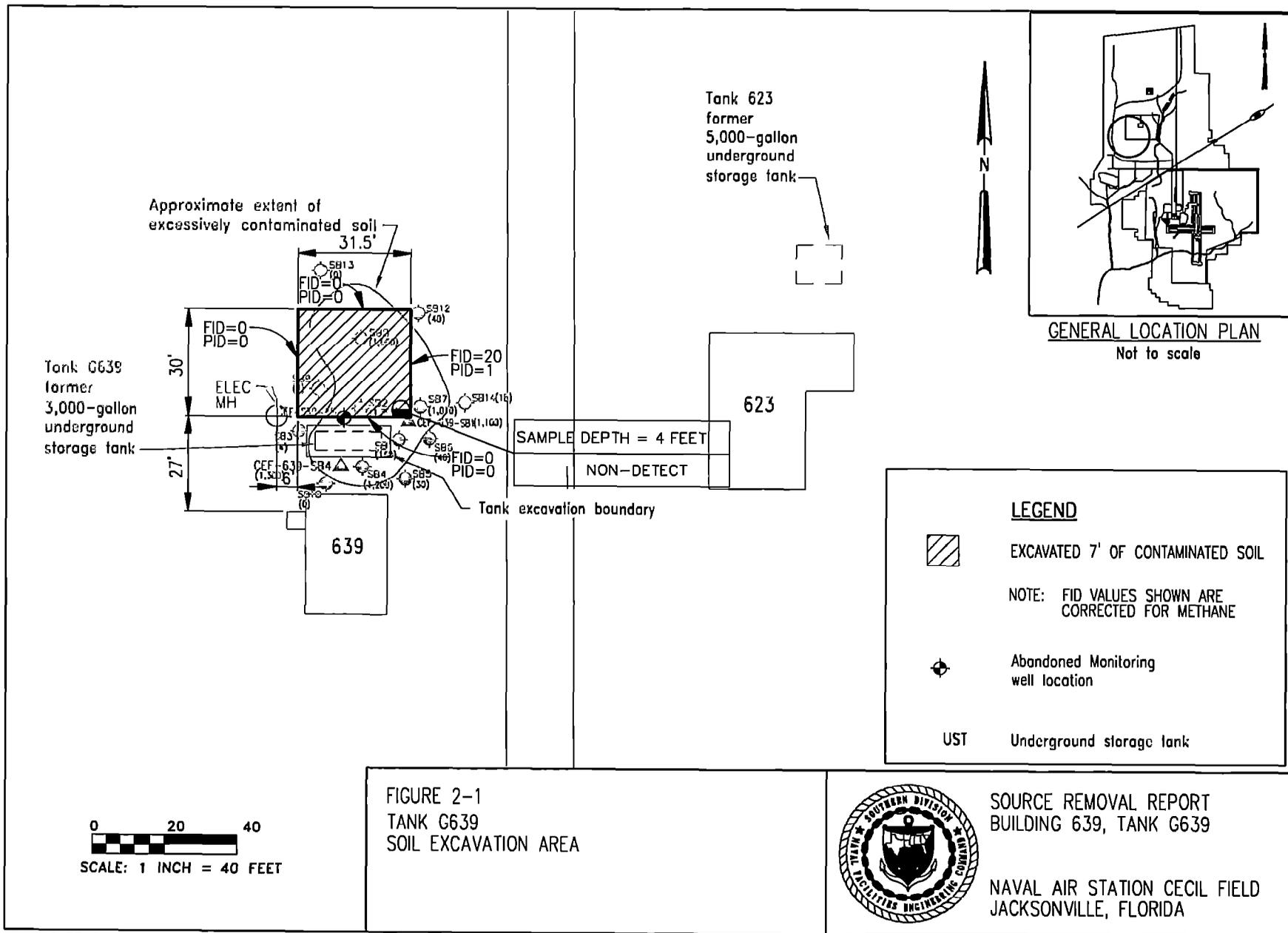
2.2.1 Soil Excavation. The soil was excavated to approximately 1 foot below the water table, to a depth of approximately 7 feet below land surface (bls). The depth to groundwater was originally estimated from the monitoring well CEF-639-1S, which was later abandoned. Immediately prior to excavation, 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, 280 tons of petroleum-contaminated soil were excavated and disposed of offsite. The excavation was approximately 31.5 feet long, 30 feet wide, and 7 feet deep, corresponding to approximately 245 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) | |
|-------------------------|---------|---------|------------|-----------------|-------------------------|------------------------------|---------------|
| 1/12/99 | 210 | Modlin | CF 1121 | 68060 | 23500 | 44560 | |
| 1/12/99 | 9800 | Modlin | CF 1122 | 61780 | 22600 | 39180 | |
| 1/12/99 | 202 | Modlin | CF 1123 | 64880 | 22700 | 42180 | |
| 1/12/99 | 9802 | Modlin | CF 1124 | 61400 | 23200 | 38200 | |
| 1/12/99 | 9809 | Modlin | CF 1125 | 65440 | 23360 | 42080 | |
| 1/12/99 | 9803 | Modlin | CF 1126 | 63100 | 22600 | 40500 | |
| 1/12/99 | 9801 | Modlin | CF 1127 | 67180 | 22600 | 44580 | |
| 1/12/99 | 209 | Modlin | CF 1128 | 69480 | 23600 | 45880 | |
| 1/12/99 | 210 | Modlin | CF 1129 | 63380 | 23500 | 39880 | |
| 1/12/99 | 202 | Modlin | CF 1130 | 73180 | 22700 | 50480 | |
| 1/12/99 | 9800 | Modlin | CF 1131 | 61620 | 22600 | 39020 | |
| 1/12/99 | 9802 | Modlin | CF 1132 | 70920 | 23200 | 47720 | |
| 1/12/99 | 9809 | Modlin | CF 1133 | 69400 | 23360 | 46040 | |
| Number of Truck Loads = | | | | 13 | Total Weight (pounds) = | 560300 | |
| | | | | | | Total Weight (tons) = | 280.15 |



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 ft 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 G639 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 | 0 | 0 | 0 | 0 |
| South | 4.5 | 0 | 0 | 0 | 0 |
| East | 4.5 | 660 | 640 | 20 | 1 |
| West | 4.5 | 0 | 0 | 0 | 0 |

2.3.2 KAG Analysis. One soil sample was collected for KAG analysis at a depth of 4-feet at the southeast corner of the excavated area. Results were non-detect for all KAG parameters (Appendix E).

3.0 CONCLUSIONS

A total of 280 tons of petroleum-contaminated soils at UST G639 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. A soil KAG sample collected at the southeast corner of the excavation was non-detect, confirming that the horizontal limits had been achieved. No free product was found during the excavation.

REFERENCES

ABB Environmental Services Inc., 1997, Confirmatory Sampling Report, Building 639, Tank G639, BRAC UST and AST Grey Sites, NAS Cecil Field, Jacksonville, Florida, December.

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

CCI, 1998b, Work Plan Addendum No. 1, Revision 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.

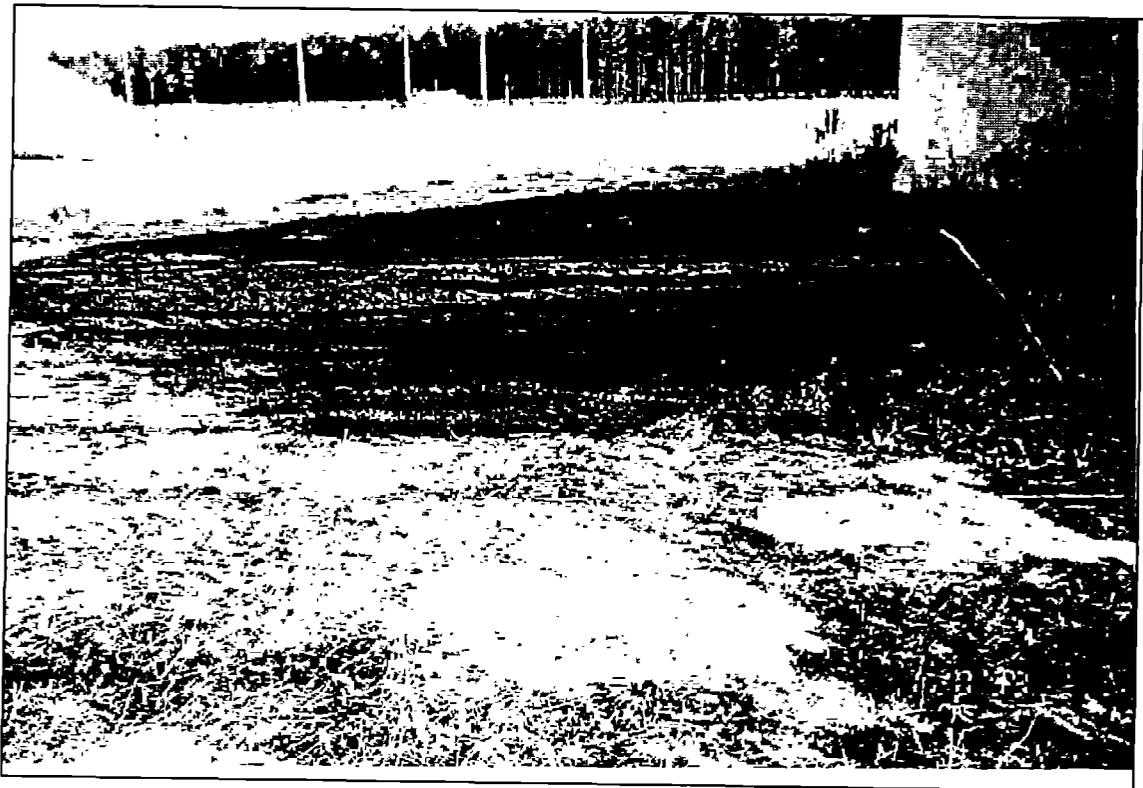
Southern Division Naval Facilities Engineering Command Quality Improvement Forum 1998, A Guideline for the Preparation of Remedial Action Reports/Closure Reports, Revision 0, May 11.

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

**APPENDIX A
PHOTOGRAPHS**



EXCAVATION IN PROGRESS

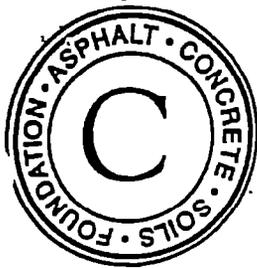


SITE RESTORATION

UST SITE
BUILDING 639
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.
1st 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,

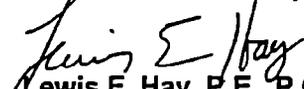
Cal-Tech Testing abandoned eleven monitoring wells for the subject project on January 5, 1999. These wells were all 2 inches in diameter. The wells were filled with a cement-bentonite grout which was tremmied to the bottom of each. The grout displaced the groundwater to the top of the well where it was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

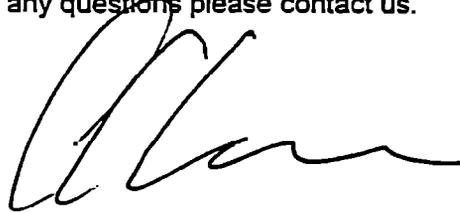
| Monitoring Well No. | Diameter | Depth, Ft. |
|---------------------|----------|------------|
| CEF-605-1S | 2" | 12' 1" |
| CEF-605-5D | 2" | 30' 3" |
| CEF-607-1S | 2" | 12' 4" |
| CEF-639-1S | 2" | 13' 2" |
| CEF-623-4D | 2" | 29' 6" |
| CEF-623-1S | 2" | 12' 2" |
| CEF-F-15 | 2" | 14' 5" |
| CEF-880-1S | 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 # _____ SUP/WUP # _____ DID # _____

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 | 12.1 |
| Bentonite: | | | |

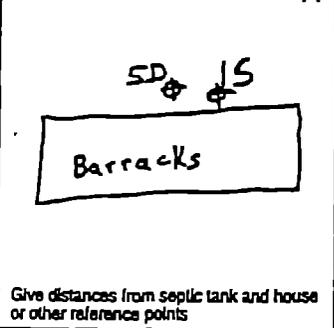
WELL LOCATION: County Duval

SW 14 of NE 14 of Section 10 Twp: 35 Rge: 24E

Latitude _____ Longitude _____

DATE STAMP _____

Sketch of well location on property ^N _A



Give distances from septic tank and house or other reference points

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. 12/85

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>2"</u> From <u>0</u> To <u>12' 1"</u> | <u>0</u> | <u>12.1</u> | <u>Cement-bentonite grout</u> |
| | | | <u>Abandoned well</u> |
| Diameter _____ From _____ To _____ | | | <u>No CEF-605-15</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.)

ERMIT # _____ SUP/WUP # _____ DID # _____

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 | 30.2 |
| Bentonite: | 1/4 | | |

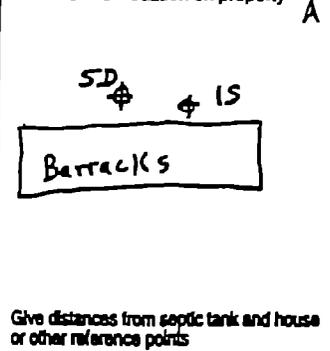
WELL LOCATION: County Duval

SW 14 of NE 14 of Section 10 Twp: 35 Rge: 24E

Latitude _____ Longitude _____

DATE STAMP _____

Sketch of well location on property ^N _A



Give distances from septic tank and house or other reference points

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> | <u>0</u> | <u>30.2</u> | <u>Cement-bentonite grout</u> |
| | | | <u>Abandoned well</u> |
| Diameter _____ From _____ To _____ | | | <u>No CEF-605-5D</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 _____ 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 | 12.3 |
| Bentonite: | | | |

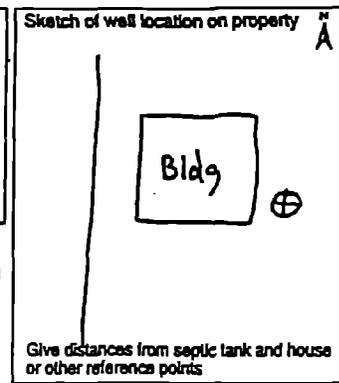
WELL LOCATION: County Duval

NW 1/4 of NE 1/4 of Section 10 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

OWNER'S NAME U S 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 _____

| 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> | <u>0</u> | <u>12.3</u> | <u>Cement Bentonite grout</u> |
| | | | <u>Abandoned well No</u> |
| | | | <u>CEF-607-15</u> |
| 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 _____ 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: | | | |

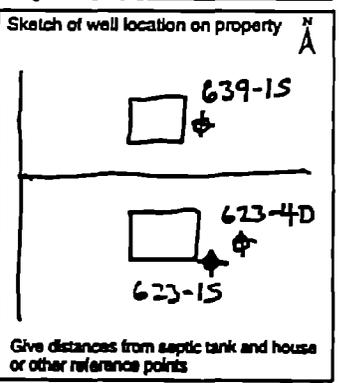
WELL LOCATION: County Duval

SE 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 _____ FL Intake Depth _____ FL

OWNER'S NAME U S 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 _____

| 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-639-15</u> |
| 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 # _____ SUP/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 # 110216

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

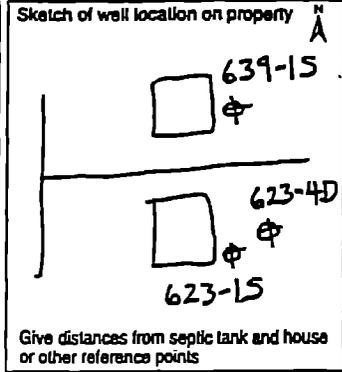
| Grout | No. of Bags | From (FL) | To (FL) |
|--------------|-------------|-----------|---------|
| Neat Cement: | 1/3 | 0 | 12.2 |
| Bentonite: | | | |

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 _____ FL Intake Depth _____ FL

Form 40B-3-3 Rev. 12/95

OWNER'S NAME U S Navy - INTJ 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 [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 [] Screen | 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 | |
| Casing Diameter & Depth (FL) | | | |
| Diameter <u>2"</u> | <u>0</u> | <u>12.2</u> | <u>Cement Bentonite grout</u> |
| From <u>0</u> | | | |
| To <u>12.2</u> | | | |
| Diameter _____ | | | <u>Abandoned Well No</u> |
| From _____ | | | <u>CEF-623-15</u> |
| 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 # _____ SUP/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 # 110216

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

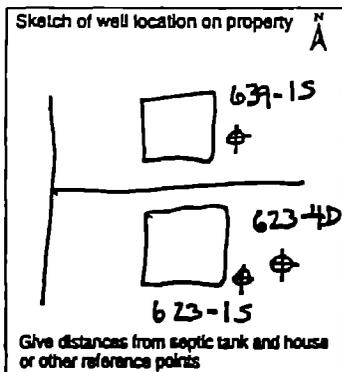
| Grout | No. of Bags | From (FL) | To (FL) |
|--------------|-------------|-----------|---------|
| Neat Cement: | 1 | 0 | 29.5 |
| Bentonite: | 1/4 | | |

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 _____ FL Intake Depth _____ FL

Form 40B-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 [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 [] Screen | 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 | |
| Casing Diameter & Depth (FL) | | | |
| Diameter <u>2"</u> | <u>0</u> | <u>29.5</u> | <u>Cement Bentonite grout</u> |
| From <u>0</u> | | | |
| To <u>29.5</u> | | | |
| Diameter _____ | | | <u>Abandoned Well No</u> |
| From _____ | | | <u>CEF 623-4D</u> |
| 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 # _____ SUP/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 # 11026

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

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

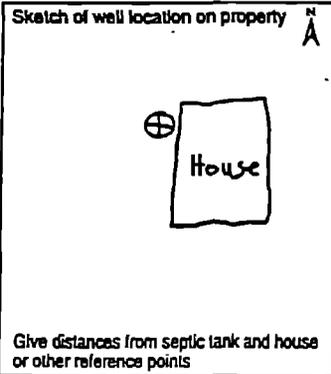
WELL LOCATION: County Duval

NE 1/4 of SE 1/4 of Section 15 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 _____ Ft. Intake Depth _____ Ft.

Form 40B-3-3 Rev. 12/95

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 _____ FL Above Below Land Surface

Casing: Black Steel Galv. PVC Other _____

| Casing Diameter & Depth (Ft.) | 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>14.4</u> | <u>0</u> | <u>14.4</u> | <u>Cement-Bentonite grout</u> |
| | | | <u>Abandoned Well No</u> |
| Diameter _____ From _____ To _____ | | | <u>CEF-F-15</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 # _____ SUP/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 # 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: | | | |

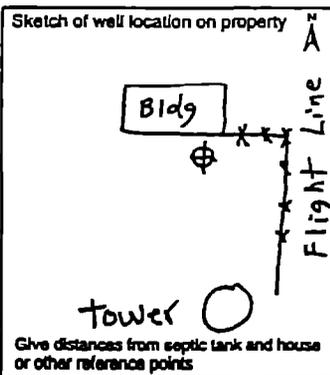
WELL LOCATION: County Duval

SE 1/4 of NW 1/4 of Section 23 Twp: 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 _____ Ft. Intake Depth _____ Ft.

Form 40B-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 _____

| Casing Diameter & Depth (Ft.) | 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>14.6</u> | <u>0</u> | <u>14.6</u> | <u>Cement-Bentonite grout</u> |
| | | | <u>Abandoned Well No</u> |
| Diameter _____ From _____ To _____ | | | <u>CEF-880-15</u> |
| Liner <input type="checkbox"/> or Casing <input type="checkbox"/> Diameter _____ From _____ To _____ | | | |

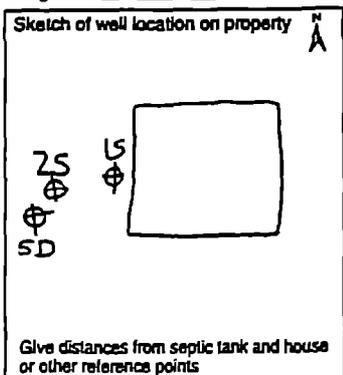
Driller's Name: Frank Linehan
(print or type)

WELL COMPLETION REPORT (Please complete in black ink or type.)
 OWNER'S NAME _____
 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 [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 | 10.5 |
| Bentonite: | | | |

WELL LOCATION: County Duval
SE 1/4 of SE 1/4 of Section 13 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

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 <input type="checkbox"/> Screen | 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 | |
| Casing Diameter & Depth (Fl) | From | To | | | | | |
| Diameter <u>2"</u> | From <u>0</u> | To <u>10.5</u> | | | | | <u>Cement-bentonite grout</u> |
| | To <u>10.5</u> | | | | | | <u>Abandoned well No</u> |
| Diameter _____ | From _____ | To _____ | | | | | <u>CEF-502-15</u> |
| Liner <input type="checkbox"/> or Casing <input type="checkbox"/> | Diameter _____ | From _____ | | | | | |
| | To _____ | | | | | | |

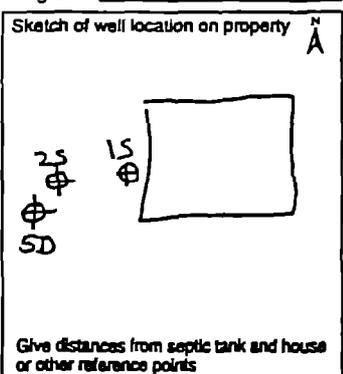
Driller's Name: Frank Linehan
 (print or type)

WELL COMPLETION REPORT (Please complete in black ink or type.)
 OWNER'S NAME _____
 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 [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 | 13.2 |
| Bentonite: | | | |

WELL LOCATION: County Duval
SE 1/4 of SE 1/4 of Section 13 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
 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 <input type="checkbox"/> Screen | 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 | |
| Casing Diameter & Depth (Fl) | From | To | | | | | |
| Diameter <u>2"</u> | From <u>0</u> | To <u>13.2</u> | | | | | <u>Cement-bentonite grout</u> |
| | To <u>13.2</u> | | | | | | <u>Abandoned well No.</u> |
| Diameter _____ | From _____ | To _____ | | | | | <u>CEF-502-25</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

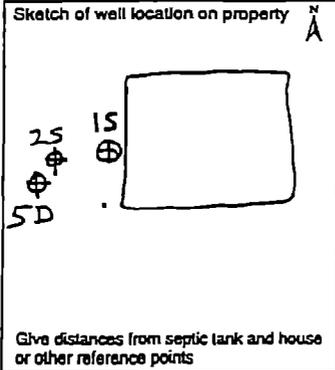
SIGNATURE Frank Linchan License # 11024
 I certify that the information provided in this report is accurate and true.

| 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 <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 _____ | | | |
| Casing Diameter & Depth (Ft.) | 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>30.0</u> | 0 | 30.0 | Cement-bentonite grout |
| Diameter _____ From _____ To _____ | | | Abandoned Well No |
| | | | CEF-502-SD |
| Liner <input type="checkbox"/> or Casing <input type="checkbox"/> | | | |
| Diameter _____ | | | |
| From _____ | | | |
| To _____ | | | |

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

APPENDIX C
SOIL DISPOSAL MANIFESTS

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **C.F. 1721**

1. Page 1 of

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

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

4. Transporter 1 Company Name
Madlin Trucking Co.

5. Transporter 2 Company Name

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

A. Transporter's Phone **904-584-9448**
B. Transporter's Phone
C. Facility's Phone
(912) 729-7555

7. Waste Shipping Name and Description

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

| | | | | | |
|----|------------------------------------|------------|-----------|-----------|----------|
| a. | Petroleum Contaminated Soil | 001 | DT | 22 | T |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

D. Additional Descriptions for Materials Listed Above **SITE #:**

Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above

Job #5495/Profile #11800

11. Special Handling Instructions and Additional Information

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

LARRY A LONG

Signature

Larry A Long

Month Day Year
11 12 99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Elmer McQuint

Signature

Elmer McQuint

Month Day Year
1 12 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

Kevin Crews

Signature

Kevin Crews

Month Day Year
11 12 99

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF-1132**

1. Page 1 of

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

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

4. Transporter 1 Company Name **Medlin's Trucking Co. 9800**

5. Transporter 2 Company Name

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

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. Petroleum Contaminated Soil | 001 | DT | 22 | T |
| b. | | | | |
| c. | | | | |
| d. | | | | |

D. Additional Descriptions for Materials Listed Above **SITE #:**
Non-RCRA, Non-Hazardous

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

11. Special Handling Instructions and Additional Information

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 **12** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **Jeff Nicholson** Signature **Jeff Nicholson** Month **11** Day **12** 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 **12** Year **99**

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF 1123**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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**

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 W/Vol |
|--|---------------|-----------|-------------------|----------------|
| | No. | Type | | |
| a. Petroleum Contaminated Soil | 001 | DT | 22 | T |
| b. | | | | |
| c. | | | | |
| d. | | | | |

D. Additional Descriptions for Materials Listed Above **SITE #: 605 039**
Non-RCRA, Non-Hazardous

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

11. Special Handling Instructions and Additional Information
Truck # 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 **11** Day **12** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **Joe Weydener** Signature **Joe Weydener** Month **11** Day **12** 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 **Kerri C...s** Signature **Kerri C...** Month **11** Day **12** Year **99**

GENERATOR TRANSPORTER FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF-1124**

1. Page 1 of 1

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

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

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

5. Transporter 2 Company Name

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

A. Transporter's Phone **904-281-9488**

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**

| | | | |
|------------|-----------|-----------|----------|
| 001 | DT | 22 | T |
| | | | |
| | | | |
| | | | |

b.
c.
d.

D. Additional Descriptions for Materials Listed Above **SITE #: 639**

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 Day Year
11 13 99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Stephen Lenox

Signature

Stephen Lenox

Month Day Year
11 12 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

Regan Crews

Signature

Regan Crews

Month Day Year
11 12 99

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **C.F. 1125**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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
Kingland, GA**

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 | | 9. Total Quantity | 10. Unit Wt/Vol |
|--|---------------|-----------|-------------------|-----------------|
| | No. | Type | | |
| a. Petroleum Contaminated Soil | 001 | DT | 22 | T |
| b. | | | | |
| c. | | | | |
| d. | | | | |

D. Additional Descriptions for Materials Listed Above **SITE #: 639**

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 **12** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **Deloris Williams** Signature **Deloris Williams** Month **11** Day **12** 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 **12** Year **99**

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CE1126**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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**

A. Transporter's Phone **704-284-9446**
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 | 001 | DT | 22 | T |
| b. | | | | |
| c. | | | | |
| d. | | | | |

D. Additional Descriptions for Materials Listed Above **SITE #: 639**
Non-RCRA, Non-Hazardous

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

11. Special Handling Instructions and Additional Information **T# 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 **LARRY A LONG** Signature **Larry A Long** Month Day Year **10/11/99**

13. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **RANDY JENKINS** Signature **Randy Jenkins** Month Day Year **10/11/99**

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 **Boyd Crews** Signature **Boyd Crews** Month Day Year **11/12/99**

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF1127**

1. Page 1 of 1

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

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

4. Transporter 1 Company Name
Madlin Trucking Co.

5. Transporter 2 Company Name

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

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 Wt/Vol |
|----------------------|------|----------------------|--------------------|
| | | | |

a. **Petroleum Contaminated Soil**

| | | | |
|------------|-----------|-----------|----------|
| 001 | DT | 22 | T |
| .. | . | .. | . |
| .. | . | .. | . |
| .. | . | .. | . |

b.

c.

d.

D. Additional Descriptions for Materials Listed Above **SITE #: 639**
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

L. Roy A Long

Month Day Year
10/12/99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DOUGLAS L. FELTON

Signature

Douglas L Felton

Month Day Year
10/15/99

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
11/12/99

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF-7128**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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**

A. Transporter's Phone **904-784-9446**
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 #: 639**

Non-RCRA, Non-Hazardous

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

11. Special Handling Instructions and Additional Information

Tr. # 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 Day Year

10/12/99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DAVID M'GOWAN

Signature

David M'Gowan

Month Day Year

10/12/99

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

Kevin Crews

Signature

Kevin Crews

Month Day Year

1/10/99

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF-7129**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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**

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 |
|---------------|-------------------|-----------------|
| | | |
| 001 | 22 | T |
| | | |
| | | |
| | | |

a. **Petroleum Contaminated Soil**

b.

c.

d.

D. Additional Descriptions for Materials Listed Above **SITE #: 639**
Non-RCRA, Non-Hazardous

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

11. Special Handling Instructions and Additional Information

Tr.# 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 **LEROY A LONG** Signature **Leroy A Long** Month Day Year **11/22/99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **Elmer McGuire** Signature **Elmer McGuire** Month Day Year **11/22/99**

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 **11/21/99**

GENERATOR
TRANSPORTER
FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF 1130**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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. 202**

5. Transporter 2 Company Name

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

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 Wt/Vol

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

b.

c.

d.

D. Additional Descriptions for Materials Listed Above **SITE #:**

Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above

Job #5495/Profile #11800

11. Special Handling Instructions and Additional Information

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 **01/12/99**

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name **Joe Weydener** Signature **Joe Weydener** Month Day Year **01/12/99**

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 **1/12/99**

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CE1131**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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**

A. Transporter's Phone **704-284-9449**

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 #: 639**

Non-RCRA, Non-Hazardous

E. Handling Codes for Wastes Listed Above

Job #5495/Profile #11800

11. Special Handling Instructions and Additional Information

Tr # 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 Day Year
11 12 99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name
Jeff Nicholson

Signature
Jeff Nicholson

Month Day Year
1 12 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
1 12 99

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF-1132**

1. Page 1 of 1

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

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

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

5. Transporter 2 Company Name

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

A. Transporter's Phone **704-284-9448**
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 Wt/Vol

| | 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 #: 639**
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 **11** Day **12** Year **99**

13. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **STEPHEN FELLOX** Signature **Stephen M. Felix** Month **11** Day **21** 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 **12** Year **99**

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST

Manifest Document No. **CF-1133**

1. Page 1 of 1

2. Generator's Name and Mailing Address **Commanding Officer, Staff Civil Eng.
P.O. 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**

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 W/Vol |
|---------------|------|-------------------|----------------|
| No. | Type | | |

a. **Petroleum Contaminated Soil**

| | | | |
|------------|-----------|-----------|----------|
| 001 | DT | 22 | T |
|------------|-----------|-----------|----------|

b.

c.

d.

D. Additional Descriptions for Materials Listed Above **SITE #: 639**

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 Day Year
11 12 99

13. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Deloris

Signature

Deloris

Month Day Year
11 12 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

POOY CREWS

Signature

Pooy Crews

Month Day Year
11 12 99

ORIGINAL - RETURN TO GENERATOR

GENERATOR

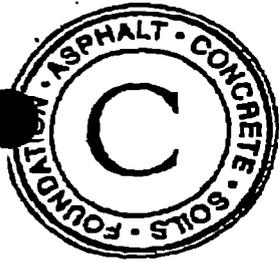
TRANSPORTER

FACILITY

**APPENDIX D
CLEAN FILL CERTIFICATION**

ant By: Anderson Columbia Environmental; 1 904 758 9050 ; Jan-27-99 18:13;

Page 2/4



CAL-TECH TESTING, INC.

ENGINEERING & TESTING LABORATORY

P.O. Box 1625, Lake City, FL 32058-1625
6800 Phillips Hwy., Sta. 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:

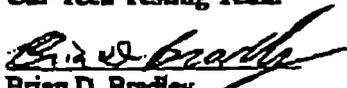
The Cal-Tech Testing Team (CTT) is writing this letter in response to your request for information concerning the disposal of the liner and information concerning the source of fill material used for the backfilling operations at Day Tank 2 and the 8 UST locations at Naval Air Station Cecil Field.

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

Appendix E
Soil KAG Analytical Results

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: CH2M Hill Constructors, Inc.
 Project No.: CTO No. 2 Former UST Sites
 Matrix: Soil

Report No.: J990657
 Date Sampled: 4/6/99
 Date Submitted: 4/8/99
 Date Reported: 4/20/99

Page No.: 3 of 11

Volatile Aromatic Hydrocarbons
 EPA Method 5035/8021
 Units: $\mu\text{g}/\text{Kg}$

| Analytes | MRL | Lab Code: | 990657-4 | 990657-5 | 990655-mb |
|----------------------------------|-------------------|------------------|------------------|------------------|------------------|
| | | Dilution Factor: | 5 | 5 | 1 |
| | | Date Analyzed: | 4/11/99 | 4/11/99 | 4/11/99 |
| | | Sample Name: | 68-SB1-4' | 639-SB1-4' | Method Blank |
| Methyl- <i>tert</i> -butyl ether | 5 | | U | U | U |
| Benzene | 5 | | U | U | U |
| Toluene | 5 | | U | U | U |
| Chlorobenzene | 5 | | U | U | U |
| Ethylbenzene | 5 | | U | U | U |
| <i>m&p</i> - Xylenes | 5 | | U | U | U |
| <i>o</i> -Xylenes | 5 | | U | U | U |
| 1,3-Dichlorobenzene | 5 | | U | U | U |
| 1,4-Dichlorobenzene | 5 | | U | U | U |
| 1,2-Dichlorobenzene | 5 | | U | U | U |
| Surrogates | Acceptance Limits | Percent Recovery | Percent Recovery | Percent Recovery | Percent Recovery |
| Bromofluorobenzene | 70-135 | 71 | 74 | 70 | |

U Not detected above the MRL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: CH2M Hill Constructors, Inc.
 Project No.: CTO No. 2 Former UST Sites
 Matrix: Soil

Report No.: J990657
 Date Sampled: 4/6/99
 Date Submitted: 4/8/99
 Date Reported: 4/20/99

Page No.: 4 of 11

Polynuclear Aromatic Hydrocarbons

EPA Methods 3550A/8270

Units: µg/Kg

| Analytes | MRL | Lab Code: | 990657-4 | 990657-5 | 990653-mb |
|------------------------|--------|-------------------|------------------|------------------|------------------|
| | | Dilution Factor: | 1 | 1 | 1 |
| | | Date Extracted: | 4/9/99 | 4/9/99 | 4/9/99 |
| | | Date Analyzed: | 4/9/99 | 4/9/99 | 4/9/99 |
| | | Sample Name: | | | Method |
| | | | 68-SBI-4' | 639-SBI-4' | Blank |
| Naphthalene | 200 | | U | U | U |
| 2-Methylnaphthalene | 200 | | U | U | U |
| 1-Methylnaphthalene | 200 | | U | U | U |
| Acenaphthylene | 200 | | U | U | U |
| Acenaphthene | 200 | | U | U | U |
| Fluorene | 200 | | U | U | U |
| Phenanthrene | 200 | | U | U | U |
| Anthracene | 200 | | U | U | U |
| Fluoranthene | 200 | | U | U | U |
| Pyrene | 200 | | U | U | U |
| Benzo(a)anthracene | 200 | | U | U | U |
| Chrysene | 200 | | U | U | U |
| Benzo(b)fluoranthene | 200 | | U | U | U |
| Benzo(k)Fluoranthene | 200 | | U | U | U |
| Benzo(a)pyrene | 200 | | U | U | U |
| Indeno-1,2,3(cd)pyrene | 200 | | U | U | U |
| Dibenzo(ah)anthracene | 200 | | U | U | U |
| Benzo(ghi)perylene | 200 | | U | U | U |
| | | Acceptance Limits | Percent Recovery | Percent Recovery | Percent Recovery |
| Surrogate | | | | | |
| 2-Fluorobiphenyl | 43-130 | | 91 | 90 | 68 |

U Not detected above the MRL

MRL Method Reporting Limit

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: CH2M Hill Constructors, Inc.
 Project No.: CTO No. 2 Former UST Sites
 Matrix: Soil

Report No.: J990657
 Date Sampled: 4/6/99
 Date Submitted: 4/8/99
 Date Reported: 4/20/99

Page No.: 7 of 11

Florida Petroleum Residual Organic
 EPA Methods 3550/FL-PRO
 Units: µg/Kg

| Analytes | MRL | Lab Code: 990657-4 | 990657-5 | 990653-mb |
|------------------------------------|-------------------|------------------------|------------------|------------------|
| | | Dilution Factor: 1 | 1 | 1 |
| | | Date Extracted: 4/9/99 | 4/9/99 | 4/9/99 |
| | | Date Analyzed: 4/16/99 | 4/16/99 | 4/16/99 |
| | | Sample Name: | Method | Blank |
| | | 68-SB1-4' | 639-SB1-4' | Blank |
| Octane (C ₈) | 250 | U | U | U |
| Decane (C ₁₀) | 250 | U | U | U |
| Dodecane (C ₁₂) | 250 | U | U | U |
| Tetradecane (C ₁₄) | 250 | U | U | U |
| Hexadecane (C ₁₆) | 250 | U | U | U |
| Octadecane (C ₁₈) | 250 | U | U | U |
| Eicosane (C ₂₀) | 250 | U | U | U |
| Docosane (C ₂₂) | 250 | U | U | U |
| Tetracosane (C ₂₄) | 250 | U | U | U |
| Hexacosane (C ₂₆) | 250 | U | U | U |
| Octacosane (C ₂₈) | 250 | U | U | U |
| Triacosane (C ₃₀) | 250 | U | U | U |
| Dotriacontane (C ₃₂) | 250 | U | U | U |
| Tetracontane (C ₃₄) | 250 | U | U | U |
| Hexatriacontane (C ₃₆) | 250 | U | U | U |
| Octatriacontane (C ₃₈) | 250 | U | U | U |
| Tetracotane (C ₄₀) | 250 | U | U | U |
| TOTAL PHS | 4000 | U | U | U |
| Surrogate | Acceptance Limits | Percent Recovery | Percent Recovery | Percent Recovery |
| Ortho-terphenyl | 42-142 | 94 | 90 | 94 |

U Not detected above the MRL
 MRL Method Reporting Limit