



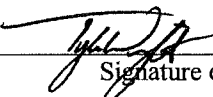
## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name:	Project Number:	Client:
Project:	Contractor: Arrowhead Contracting, Inc.	Contract No.: Subcontract No.
Equipment Description:  Peterbilt Vac Truck	Model No.(s):  PB348	Serial No.(s):  T260

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems	✓		
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher	✓		
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket			✓
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

  
 \_\_\_\_\_  
 Signature of Certified Operator

11-3-17  
 \_\_\_\_\_  
 Date




## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name:	Project Number:	Client:
Project:	Contractor: Arrowhead Contracting, Inc.	Contract No.: Subcontract No.
Equipment Description:  Sterling Guzzler	Model No.(s):  T200	Serial No.(s):  T200

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems	✓		
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher	✓		
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket			✓
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

  
 \_\_\_\_\_  
 Signature of Certified Operator

11-3-17  
 \_\_\_\_\_  
 Date



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/3/17

Client: \_\_\_\_\_

Location: Forbes Atlas

Job No.: \_\_\_\_\_

Meeting conducted by: Cale Bergstrom

**Details of safety meeting presented (use back of sheet if necessary):**

Level of Protection: Mod 0

Contaminants: TCE, DCE, VC

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

Other: Confined Space Entry, ladders, heavy equipment operation, 'cold temps', slips/trips/falls, pinch points, Pumping

**Are any permits/clearances required on this day?:**

**ATTENDEES:**

Printed Name:

Signature:

Cale Bergstrom  
Tyler Wright  
Cody Wiseman  
Andy Blanton  
Kyle Botello  
Taylor Wright  
Taylor Wright  
Doug Rank

Cale Bergstrom  
Tyler Wright  
Cody Wiseman  
Andy Blanton  
Kyle Botello  
Taylor Wright  
Taylor Wright  
Doug Rank



## SITE ENTRY LOG

Date: 11/3/17 Client: \_\_\_\_\_

Location: Forbes Allas

Job No.: \_\_\_\_\_

[illegible]



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>Forbes</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>Allas missile</i>	Contractor: <i>ACI</i>	Contract No.: Subcontract No.
Equipment Description: <i>Takeuchi</i>	Model No.(s): <i>T28</i>	Serial No.(s): <i>10659850</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	<input checked="" type="checkbox"/>		
2. Lubrication, engine oil	<input checked="" type="checkbox"/>		
3. Brakes	<input checked="" type="checkbox"/>		
4. Tires, tracks	<input checked="" type="checkbox"/>		
5. Air systems			<input checked="" type="checkbox"/>
6. Horn	<input checked="" type="checkbox"/>		
7. Safety guards	<input checked="" type="checkbox"/>		
8. Mirrors	<input checked="" type="checkbox"/>		
9. Steering mechanism	<input checked="" type="checkbox"/>		
10. Cooling water	<input checked="" type="checkbox"/>		
11. Operation controls	<input checked="" type="checkbox"/>		
12. Lights and reflectors	<input checked="" type="checkbox"/>		
13. Windshield wipers, defroster	<input checked="" type="checkbox"/>		
14. Backup alarm	<input checked="" type="checkbox"/>		
15. Fire extinguisher			<input checked="" type="checkbox"/>
16. Seat belts	<input checked="" type="checkbox"/>		
17. Filters (air, oil, fuel, hydraulic)	<input checked="" type="checkbox"/>		
18. Lift arm and bucket	<input checked="" type="checkbox"/>		
19. Grab handles	<input checked="" type="checkbox"/>		
20. Steps (tread, no slip hazards)	<input checked="" type="checkbox"/>		
21. Parking brake	<input checked="" type="checkbox"/>		
22. General condition	<input checked="" type="checkbox"/>		

Remarks:

Certification

*Cub Byster*  
Signature of Certified Operator

*ACI*  
Company

*11/3/17*  
Date



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>Forbes</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>Atlas Missile</i>	Contractor: <i>ACI</i>	Contract No.: Subcontract No.
Equipment Description: <i>T-handler</i>	Model No.(s): <i>Genie</i>	Serial No.(s): <i>106 73495</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	<input checked="" type="checkbox"/>		
2. Lubrication, engine oil	<input checked="" type="checkbox"/>		
3. Brakes	<input checked="" type="checkbox"/>		
4. Tires, tracks	<input checked="" type="checkbox"/>		
5. Air systems			<input checked="" type="checkbox"/>
6. Horn	<input checked="" type="checkbox"/>		
7. Safety guards	<input checked="" type="checkbox"/>		
8. Mirrors	<input checked="" type="checkbox"/>		
9. Steering mechanism	<input checked="" type="checkbox"/>		
10. Cooling water	<input checked="" type="checkbox"/>		
11. Operation controls	<input checked="" type="checkbox"/>		
12. Lights and reflectors	<input checked="" type="checkbox"/>		
13. Windshield wipers, defroster	<input checked="" type="checkbox"/>		
14. Backup alarm	<input checked="" type="checkbox"/>		
15. Fire extinguisher			<input checked="" type="checkbox"/>
16. Seat belts	<input checked="" type="checkbox"/>		
17. Filters (air, oil, fuel, hydraulic)	<input checked="" type="checkbox"/>		
18. Lift arm and bucket	<input checked="" type="checkbox"/>		
19. Grab handles	<input checked="" type="checkbox"/>		
20. Steps (tread, no slip hazards)	<input checked="" type="checkbox"/>		
21. Parking brake	<input checked="" type="checkbox"/>		
22. General condition	<input checked="" type="checkbox"/>		

Remarks:

Certification

*Chris Baylun*  
Signature of Certified Operator

*ACI*  
Company

*11/3/17*  
Date



Arrowhead Contracting, Inc.

Sheet      of     

Initial/Follow-up Inspection Checklist				
<b>Definable Feature of Work (DFW):</b> <div style="font-size: 1.5em; margin-left: 150px;">#2</div> <div style="font-size: 1.2em; margin-left: 50px;">Powerwashing - Sump/traps/tunnels</div>		<b>Date:</b> 11/3/17  <b>Time:</b> 900	<b>Subcontract No:</b>  Forbes A+195	
<b>Inspection Type (circle one):</b> Initial <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Follow-up</span>				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			✓	
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?		✓		
<b>Notes:</b>				



Arrowhead Contracting, Inc.

Sheet      of     

**Initial/Follow-up Inspection Checklist**

Definable Feature of Work (DFW):

# 3

Date:

11/3/17

Subcontract No:

Removal, disposal and testing

Time:

900

Forbes Atlas

Inspection Type (circle one):

Initial

Follow-up

Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in accordance with approved design drawings and specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed cautiously and with acceptable levels of workmanship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is equipment being operated properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed using proper methods and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have any defective or damaged materials been identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are results of applicable tests, samples, and/or measurements within acceptable levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in a safe manner and in accordance with the SSHP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have pertinent records been completed or collected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have any nonconformances been identified, corrected, and re-inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Notes:



Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct		S5-W-10			
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct		S5-W-11			
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09			

Total Volume Discharged (gallons)

168,000

Note: Tank #1 and Tank #3 designated as untreated water settling basin

Volume treated 228,000 gallons

(11-1-17) 3,000 gallons Tank #1 and 11,000 in Tank #3

(11-2-17) 18,000 gallons Tank 1# and 16,000 in Tank#3

(11-3-17) 21,000 gallons Tank 1# and 21,000 in Tank#3

Volume pumped through COB 11/3/17 270,000



## *Daily Quality Control Report*

REPORT NO. 16

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/06/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action.

### WEATHER CLASSIFICATION:

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:  Class <u>A</u>
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):  Max: 47°F    Min: 32
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:  Inches <u>0.00</u>
OTHER	Explain:	

### 1. Work Performed Today by Kemron/Arrowhead JV:

ACI arrived on site at 0900. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

ACI treated 10,000 gallons of water from Tank #1. ACI discharged 21,000 gallons of water from Tank #6.

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

None

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

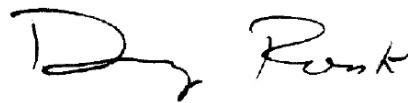
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



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Site Superintendent / Quality Control Officer



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/6/17

Client: USACE

Location: Forbes Missile

Job No.: 16-118

Meeting conducted by: Cale Bergstrom

**Details of safety meeting presented (use back of sheet if necessary):**

Level of Protection: Mod D

Contaminants: TCE, DCE, VC

Physical Hazards:

Other: Slips / trips / falls, water treatment equipment

pinch points, cold temps

**Are any permits/clearances required on this day?:**

**ATTENDEES:**

Printed Name:

Signature:

Doug Murphy  
Cale Bergstrom

Doug Murphy  
Cale Bergstrom



## SITE ENTRY LOG

Date: 11/6/17 Client: USACE

Location: Forbes Atlas Mire

Job No.: 16-118

[illegible]



Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct		S5-W-10			
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct		S5-W-11			
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09			

Total Volume Discharged (gallons)

168,000

Note: Tank #1 and Tank #3 designated as untreated water settling basin

Volume treated 238,000 gallons

(11-1-17) 3,000 gallons Tank #1 and 11,000 in Tank #3

(11-2-17) 18,000 gallons Tank 1# and 16,000 in Tank#3

(11-3-17) 21,000 gallons Tank 1# and 21,000 in Tank#3

Volume pumped through COB 11/6/17 270,000



## *Daily Quality Control Report*

REPORT NO. 17

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/07/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 44°F Min: 26
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.00</u>

### **1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 0900. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

ACI treated 9,000 gallons of water from Tank #1.

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

None

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

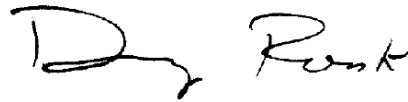
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/7/17

Client: USACE

Location: Forbes Atlas

Job No.: 16-118

Meeting conducted by: Cale Bryton

**Details of safety meeting presented (use back of sheet if necessary):**

Level of Protection: Mod D

Contaminants: TCE, DCE, VC

Physical Hazards:

Other: steps/trips/falls, pinch points,  
water treatment equipment,  
electricity/generator

**Are any permits/clearances required on this day?:**

**ATTENDEES:**

Printed Name:

Signature:

Doug Murphy  
Cale Bryton

[Signature]  
Cale Bryton





Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct		S5-W-10			
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct		S5-W-11			
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	

Total Volume Discharged (gallons)

168,000

Note: Tank #1 and Tank #3 designated as untreated water settling basin  
Volume treated 247,000 gallons

(11-1-17) 3,000 gallons Tank #1 and 11,000 in Tank #3  
(11-2-17) 18,000 gallons Tank 1# and 16,000 in Tank#3  
(11-3-17) 21,000 gallons Tank 1# and 21,000 in Tank#3

Volume pumped through COB 11/6/17 270,000



## *Daily Quality Control Report*

REPORT NO. 18

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/08/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 54°F Min: 22
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.00</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 1200. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

ACI thawed the hoses from the cold temperatures and treated 17,000 gallons from frak tank #3. Pumping procedures and sampling will be completed tomorrow, 11/9/17.

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

None

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

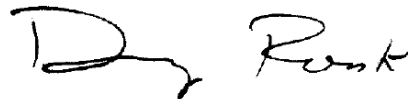
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct		S5-W-10			
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct		S5-W-11			
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	

Total Volume Discharged (gallons)

168,000

Note: Tank #1 and Tank #3 designated as untreated water settling basin

(11-1-17) 3,000 gallons Tank #1 and 11,000 in Tank #3

(11-2-17) 18,000 gallons Tank 1# and 16,000 in Tank#3

(11-3-17) 21,000 gallons Tank 1# and 21,000 in Tank#3

Total Volume through 11/8/17 264,000 gallons

Volume pumped through COB 11/6/17 270,000 gallons





## *Daily Quality Control Report*

REPORT NO. 19

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/09/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 49°F Min: 29
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.00</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 900. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

ACI completed the treatment of all collected water from frak tanks #1 and #3. Frak tanks #5 and #6 are full and lab samples were collected. Water samples S5-W-12 and S5-W-13 were sent to Test America. The sediment samples from all 3 of the roll-offs were also collected. Sediment samples S5-SD-01, S5-SD-02 and S5-SD-03 were sent to Test America (see attached Chain of Custody).

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

Water samples S5-W-12 and S5-W-13

Sediment samples S5-SD-01, S5-SD-02 and S5-SD-03

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

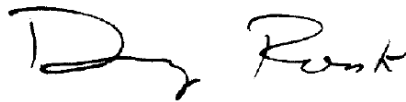
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct	1-Nov	S5-W-10		21,000	(not yet released)
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct	1-Nov	S5-W-11		18,000	(not yet released)
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
	9-Nov	21,000	9-Nov	10-Nov	S5-W-12		21,000	(not yet released)
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	
	11/9/2017	21,000	9-Nov	10-Nov	S5-W-13		21,000	(not yet released)
Total Volume Discharged (gallons)							189,000	

Note: Tank #1 and Tank #3 designated as untreated water settling basin

Total Volume Treated through 11/9/17	270,000	gallons
Volume Pumped through COB 11/6/17	270,000	gallons

**TestAmerica**  
THE LEADER IN ENVIRONMENTAL TESTING

Ver: 08/04/2016

4955 Yarrow Street  
Arvada, CO 80002  
Phone (303) 736-0100 Fax (303) 431-7171

**TestAmerica**  
THE LEADER IN ENVIRONMENTAL TESTING

[illegible]





## *Daily Quality Control Report*

REPORT NO. 20

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/14/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 57°F Min: 49
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.05</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 800. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

HMR was on site and performed cleaning of frak tank #1, #3 and #4. S5-W-10 and S5-W-11 were cleared to be discharged on 11/13 and frak tanks #2 and #4 were discharged. A total of 42,000 gallons were discharged. The pit by front sliding steel door was cleaned.

USACE held a phone conference safety debrief with members of ACI and Kemron staff at 10:00.

Note that 11/10/17 and 11/13/17 were non-work days.

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

None

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

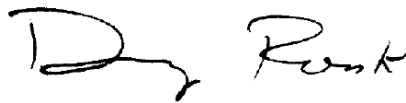
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct	1-Nov	S5-W-10	14-Nov	21,000	
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct	1-Nov	S5-W-11	14-Nov	18,000	
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
	9-Nov	21,000	9-Nov	10-Nov	S5-W-12		21,000	(not yet released)
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	
	11/9/2017	21,000	9-Nov	10-Nov	S5-W-13		21,000	(not yet released)

Total Volume Discharged (gallons)

228,000

Note: Tank #1 and Tank #3 designated as untreated water settling basin

Total Volume Treated through 11/9/17 270,000 gallons

Volume Pumped through COB 11/6/17 270,000 gallons



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/14/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

Details of safety meeting presented (use back of sheet if necessary):

Level of Protection: MID D

Contaminants: TCE, V

Physical Hazards: Slips Trips & falls pump truck

Heavy equipment.  
Other:

Are any permits/clearances required on this day?:

### ATTENDEES:

Printed Name:

Signature:

Doug Murphy  
Cale Bergstrom  
Kyle Boretto  
Dylan Blue  
Cody Hixson  
Glenn Seba  
Taylor Bills

[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]





## *Daily Quality Control Report*

REPORT NO. 21

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/15/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 57°F Min: 36
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.0</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 800. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

ACI received the additional carbon needed to retreat the water in frak tanks #5 and #6. These are from the two failed tests of samples S5-W-12 and S5-W-13. Both frak tanks were treated and the final samples were sent to Test America, S5-W-14 and S5-W-15.

Two frak tanks were removed from the site today.

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

S5-W-14

S5-W-15

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

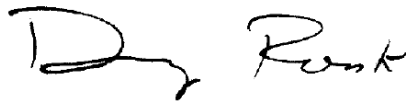
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/15/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

Details of safety meeting presented (use back of sheet if necessary):

Level of Protection: Mod D

Contaminants: TCE, VCE, DC

Physical Hazards:

Other: slips/trips/falls, moving/loading frak tank,  
treatment of water

Are any permits/clearances required on this day?:

### ATTENDEES:

Printed Name:

Signature:

Doug Murphy  
Cale Bergstrom

Doug Murphy  
Cale Bergstrom





## *Daily Quality Control Report*

REPORT NO. 22

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/16/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 60°F Min: 37
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.0</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 800. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail.

ACI was on site and removed a frak tank. There are 3 remaining frak tanks on site; two are holding the final 42,000 gallons of treated water and 1 frak tank is empty. These 3 frak tanks will be cleaned once the final 42,000 gallons are discharged.

ACI will shut down the job site while waiting for final lab data and will resume operations with the frak tanks on Monday, 11/27/17.

**2. Work Performed Today by Subcontractors:**

None

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

S5-W-14

S5-W-15

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

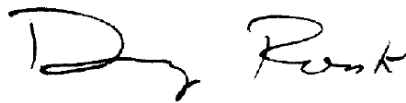
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



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Site Superintendent / Quality Control Officer

[illegible]



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/16/17

Client: USACE

Location: Forbes Atlas Missile

Job No.: 16-118

Meeting conducted by: Cale Bergstrom

**Details of safety meeting presented (use back of sheet if necessary):**

Level of Protection: Mod D

Contaminants: TKE, VCE, DE

Physical Hazards:

Other: Slips / trips / falls, Truck operation

Loading / moving. Frak tank

**Are any permits/clearances required on this day?:**

**ATTENDEES:**

Printed Name: Cale Bergstrom  
Doug Murphy

Signature: Cale Bergstrom  
Doug Murphy



## SITE ENTRY LOG

Date: 11/14/17 Client: Y. SACE

Location: FORBES MISSILE

Job No.: 16-118

[illegible]



## ***Daily Quality Control Report***

REPORT NO. 23

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/27/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interim Remedial Action.

### **WEATHER CLASSIFICATION:**

No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:	
Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>	
Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F): 67°F	
Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 67°F Min: 43°F	
Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:	
Explain:	Inches <u>0.00</u>	

### **1. Work Performed Today by Kemron/Arrowhead JV:**

Contractors arrived on site at 0800. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting with all JV staff and subcontract personnel. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail. Contractors cleaned remaining 3 holding tanks, removed carbon and cleaned out GAC tanks.

HMR delivered an additional container for carbon from GAC tanks. HMR removed one clean holding tank from the site.

Received sample results of treated water that was collected from tank #2 (sample ID S5-W-14) and from tank #6 (sample ID S5-W-15). Upon receipt of satisfactory test results 42,000 gallons of water was released from tank #2 and tank #6 with government and KDHE approval. Collected additional soil sample from container #1 (soil sample S5-SD-01) and sent to test facility for testing.

**2. Work Performed Today by Subcontractors:**

Cleaned holding tanks #2, #5 and #6.  
Removed tank #5 from work site.

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

Initial inspections for Definable Features of Work #3, #4 and #5 was conducted, see attached documents for results of inspections. No deficiencies were noted or found.

**4. List Type and Location of Tests Performed and Results of These Tests:**

Received sample results of treated water that was collected from tank #2 (sample ID S5-W-14) and from tank #6 (sample ID S5-W-15). Upon receipt of satisfactory test results 42,000 gallons of water was released from tank #2 and tank #6 with government and KDHE approval. Collected additional soil sample from container #1 (soil sample S5-SD-01) and sent to test facility for testing.

**5. Verbal Instructions Received:**

None.

**6. Corrective Actions Proposed/Taken:**

None.

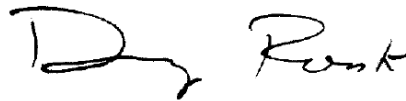
**7. Remarks:**

None.

**8. Safety Violations Observed:**

None.

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



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Site Superintendent / Quality Control Officer



## SITE ENTRY LOG

Date: 11/27/17 Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

[illegible]



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/27/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

**Details of safety meeting presented (use back of sheet if necessary):**

Level of Protection: MWD (D)

Contaminants: TCE, DECE, VC

Physical Hazards: Slips Trips & Falls pinch points

Heavy Equipment operations

Other: P.P.E Pump operations

**Are any permits/clearances required on this day?:**

**ATTENDEES:**

Printed Name:

Signature:

Doug Murphy

Andy Wiseman

Hustin Hall

Steve Hall

Dylan Blum

Cody Leary

Doug Murphy

Andy Wiseman

Hustin Hall

Steve Hall

Dylan Blum

Cody Leary

## Detection Summary

Client: Arrowhead Contracting  
Project/Site: Atlas Missile Site Lyon County, KS

TestAmerica Job ID: 280-103649-1

### Client Sample ID: S5-W-14

### Lab Sample ID: 280-103649-1

Analyte	Result	Qualifier	LOQ	DL	Unit	Dil Fac	D	Method	Prep Type
1,2-Dichloroethene, Total	0.43	J	1.0	0.15	ug/L	1		8260B	Total/NA
cis-1,2-Dichloroethene	0.43	J	1.0	0.15	ug/L	1		8260B	Total/NA
Trichloroethene	0.63	J	1.0	0.16	ug/L	1		8260B	Total/NA
Vinyl chloride	0.56	J	1.5	0.10	ug/L	1		8260B	Total/NA

### Client Sample ID: S5-W-15

### Lab Sample ID: 280-103649-2

Analyte	Result	Qualifier	LOQ	DL	Unit	Dil Fac	D	Method	Prep Type
1,2-Dichloroethene, Total	0.44	J	1.0	0.15	ug/L	1		8260B	Total/NA
cis-1,2-Dichloroethene	0.44	J	1.0	0.15	ug/L	1		8260B	Total/NA
Trichloroethene	0.63	J	1.0	0.16	ug/L	1		8260B	Total/NA
Vinyl chloride	0.55	J	1.5	0.10	ug/L	1		8260B	Total/NA

### Client Sample ID: TRIP BLANK

### Lab Sample ID: 280-103649-3

No Detections.

This Detection Summary does not include radiochemical test results.

TestAmerica Denver

## TestAmerica

THE LITERATURE OF ENVIRONMENTAL TENSION

[illegible]



Arrowhead Contracting, Inc.

Sheet 1 of 3

Initial/Follow-up Inspection Checklist

Definable Feature of Work (DFW): #3 Removal  
Disposal and Testing

Date: 11/27/17

Subcontract No:

Time: 0900

Inspection Type (circle one): Initial Follow-up

Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?	✓			collected soil sample from cont #1
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			

Notes:

Collected soil sample from Container #1. and sent to test facility for test results.



Arrowhead Contracting, Inc.

Sheet 2 of 3

Initial/Follow-up Inspection Checklist

Definable Feature of Work (DFW): #4

Date: 11/27/17

Subcontract No:

Restoring site

Time: 0900

Inspection Type (circle one): Initial Follow-up

Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			✓	
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			

Notes:



Arrowhead Contracting, Inc.

Sheet 3 of 3

Initial/Follow-up Inspection Checklist

Definable Feature of Work (DFW):

45

Date:

11/27/17

Subcontract No:

Remobilization

Time:

0900

Inspection Type (circle one):

Initial

Follow-up

Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in accordance with approved design drawings and specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed cautiously and with acceptable levels of workmanship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is equipment being operated properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed using proper methods and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have any defective or damaged materials been identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are results of applicable tests, samples, and/or measurements within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the work being performed in a safe manner and in accordance with the SSHP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have pertinent records been completed or collected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have any nonconformances been identified, corrected, and re-inspected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>Atlas missile</i>	Contractor: <i>ACI</i>	Contract No.: Subcontract No.
Equipment Description: <i>TA Keuchi</i>	Model No.(s): <i>TL8</i>	Serial No.(s): <i>10659850</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems			✓
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher			✓
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket	✓		
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

<i>[Signature]</i>	<i>ACI</i>	<i>11/27/17</i>
Signature of Certified Operator	Company	Date



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>ATLAS MISSILE</i>	Contractor: <i>ACE</i>	Contract No.: Subcontract No.
Equipment Description: <i>Tek handler</i>	Model No.(s): <i>Genie</i>	Serial No.(s): <i>10673495</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	<input checked="" type="checkbox"/>		
2. Lubrication, engine oil	<input checked="" type="checkbox"/>		
3. Brakes	<input checked="" type="checkbox"/>		
4. Tires, tracks	<input checked="" type="checkbox"/>		
5. Air systems			<input checked="" type="checkbox"/>
6. Horn	<input checked="" type="checkbox"/>		
7. Safety guards	<input checked="" type="checkbox"/>		
8. Mirrors	<input checked="" type="checkbox"/>		
9. Steering mechanism	<input checked="" type="checkbox"/>		
10. Cooling water	<input checked="" type="checkbox"/>		
11. Operation controls	<input checked="" type="checkbox"/>		
12. Lights and reflectors	<input checked="" type="checkbox"/>		
13. Windshield wipers, defroster	<input checked="" type="checkbox"/>		
14. Backup alarm	<input checked="" type="checkbox"/>		
15. Fire extinguisher			<input checked="" type="checkbox"/>
16. Seat belts	<input checked="" type="checkbox"/>		
17. Filters (air, oil, fuel, hydraulic)	<input checked="" type="checkbox"/>		
18. Lift arm and bucket	<input checked="" type="checkbox"/>		
19. Grab handles	<input checked="" type="checkbox"/>		
20. Steps (tread, no slip hazards)	<input checked="" type="checkbox"/>		
21. Parking brake	<input checked="" type="checkbox"/>		
22. General condition	<input checked="" type="checkbox"/>		

Remarks:

Certification

*[Signature]*  
Signature of Certified Operator

*ACE*  
Company

*11/21/17*  
Date



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>Atlas Missile</i>	Contractor: <i>Hmrp</i>	Contract No.: Subcontract No.
Equipment Description: <i>Peterbilt Van Truck</i>	Model No.(s): <i>T260 / PB348</i>	Serial No.(s): <i>T260</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems	✓		
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher			✓
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket	✓		
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

*[Signature]*  
Signature of Certified Operator

*Hmrp*  
Company

*11/27/17*  
Date



## ***Daily Quality Control Report***

REPORT NO. 24

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/28/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interim Remedial Action.

### **WEATHER CLASSIFICATION:**

No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:	
Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>	
Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F): 62°F	
Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 62°F Min: 51°F	
Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:	
Explain:	Inches <u>0.00</u>	

### **1. Work Performed Today by Kemron/Arrowhead JV:**

Contractors arrived on site at 0800. Upon arrival Arrowhead conducted the Daily Tailgate Safety Meeting with all JV staff and subcontract personnel. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail. Contractors removed remaining 2 holding tanks from site.

HMR removed all remaining equipment and materials from site (note: there are 4 soil containers remaining on site).

Rental Company removed GAC filter system from site.

**2. Work Performed Today by Subcontractors:**

Cleaned and removed equipment from site.

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

Initial inspections for Definable Features of Work #4 and #5 was conducted, see attached documents for results of inspections. No deficiencies were noted or found.

**4. List Type and Location of Tests Performed and Results of These Tests:**

None.

**5. Verbal Instructions Received:**

None.

**6. Corrective Actions Proposed/Taken:**

None.

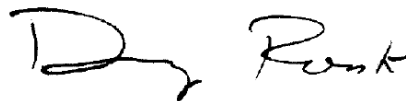
**7. Remarks:**

None.

**8. Safety Violations Observed:**

None.

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



## DAILY TAILGATE SAFETY MEETING LOG

Date: 11/28/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

Details of safety meeting presented (use back of sheet if necessary):

Level of Protection: MOPD

Contaminants: TCE, DEC, VC

Physical Hazards: Slips, trips & falls Pinch Points

Heavy equipment operations  
Other: P.P.E. Pump operations

Are any permits/clearances required on this day?:

### ATTENDEES:

Printed Name:

Signature:

Cody Wiseman

Troy Beall

Mr. M.H.

Michael McPherson

Cody Kenny

[Signature]  
Troy Beall  
[Signature]  
[Signature]



## SITE ENTRY LOG

Date: 11/28/17 Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

[illegible]



Arrowhead Contracting, Inc.

Sheet 1 of 2

Initial/Follow-up Inspection Checklist

Definable Feature of Work (DFW): #4  Respraying site	Date: 11/28/17	Subcontract No:
	Time: 0900	

Inspection Type (circle one):      Initial      Follow-up

Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in accordance with approved design drawings and specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed cautiously and with acceptable levels of workmanship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is equipment being operated properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work being performed using proper methods and procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have any defective or damaged materials been identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are results of applicable tests, samples, and/or measurements within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the work being performed in a safe manner and in accordance with the SSHP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have pertinent records been completed or collected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have any nonconformances been identified, corrected, and re-inspected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:



Arrowhead Contracting, Inc.

Sheet 2 of 2

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): #5  Demobilization	Date: 11/28/17	Subcontract No:		
	Time: 0900			
Inspection Type (circle one):      Initial      Follow-up				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			✓	
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			
Notes:  Removed all Holding TANKS, GAC Filter system.				



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>ATLAS MISSILE</i>	Contractor: <i>ACI</i>	Contract No.: Subcontract No.
Equipment Description: <i>TAKACHI</i>	Model No.(s): <i>768</i>	Serial No.(s): <i>10659850</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems			✓
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher			✓
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket	✓		
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

*[Signature]*  
Signature of Certified Operator

*ACI*  
Company

*11/28/17*  
Date



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>ATLAS MISSILE</i>	Contractor: <i>ACI</i>	Contract No.: Subcontract No.
Equipment Description: <i>Tele handler</i>	Model No.(s): <i>Genie</i>	Serial No.(s): <i>10673495</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems			✓
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher			✓
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket	✓		
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

*[Signature]*  
Signature of Certified Operator

*ACI*  
Company

*11/28/17*  
Date



## ***Daily Quality Control Report***

REPORT NO. 25

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 11/29/17

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interim Remedial Action.

### **WEATHER CLASSIFICATION:**

No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:	
Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>	
Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F): 54°F	
Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 54°F Min: 37°F	
Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:	
Explain:	Inches <u>0.00</u>	

### **1. Work Performed Today by Kemron/Arrowhead JV:**

Contractor arrived on site at 0800. Inspection of equipment was completed prior to beginning operations. Refer to the attached meeting and inspections logs for additional detail. Contractor removed rental equipment from site and restored site to original status.

4 Soil containers and skid steer remain on site, all other equipment has been removed.

There will be no personnel on site until soil test results are received. Once samples are received all containers and remaining rental equipment will be removed from site.

### **2. Work Performed Today by Subcontractors:**

None.

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

Initial inspections for Definable Features of Work #4 and #5 was conducted, see attached documents for results of inspections. No deficiencies were noted or found.

**4. List Type and Location of Tests Performed and Results of These Tests:**

None.

**5. Verbal Instructions Received:**

None.

**6. Corrective Actions Proposed/Taken:**

None.

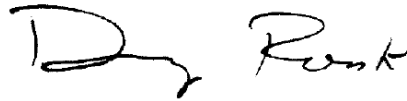
**7. Remarks:**

None.

**8. Safety Violations Observed:**

None.

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



Restored site area.





Arrowhead Contracting, Inc.

Sheet      of     

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): <u>#4</u> <u>Restoring site</u>	Date: <u>11/29/17</u>		Subcontract No:	
	Time: <u>0900</u>			
Inspection Type (circle one):      Initial      Follow-up				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	<input checked="" type="checkbox"/>			
Is the work being performed in accordance with approved design drawings and specifications?	<input checked="" type="checkbox"/>			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	<input checked="" type="checkbox"/>			
Is the work being performed cautiously and with acceptable levels of workmanship?	<input checked="" type="checkbox"/>			
Is equipment being operated properly?	<input checked="" type="checkbox"/>			
Is the work being performed using proper methods and procedures?	<input checked="" type="checkbox"/>			
Have any defective or damaged materials been identified?		<input checked="" type="checkbox"/>		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			<input checked="" type="checkbox"/>	
Is the work being performed in a safe manner and in accordance with the SSHP?	<input checked="" type="checkbox"/>			
Have pertinent records been completed or collected?	<input checked="" type="checkbox"/>			
Have any nonconformances been identified, corrected, and re-inspected?	<input checked="" type="checkbox"/>			
Notes:				



Arrowhead Contracting, Inc.

Sheet 2 of 2

Initial/Follow-up Inspection Checklist

Definable Feature of Work (DFW):

#5

Date: 11/29/17

Subcontract No:

Time: 0900

Demolition

Inspection Type (circle one): Initial Follow-up

Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			✓	
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			

Notes:



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>ATLAS MISSILE</i>	Contractor: <i>ACT</i>	Contract No.: Subcontract No.
Equipment Description: <i>Tele handler</i>	Model No.(s): <i>Genie</i>	Serial No.(s): <i>10673495</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems			✓
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher			✓
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket	✓		
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

*[Signature]*  
Signature of Certified Operator

*ACT*  
Company

*11/29/17*  
Date



## HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USA CE</i>
Project: <i>ATLAS MISSILE</i>	Contractor: <i>ACE</i>	Contract No.: Subcontract No.
Equipment Description: <i>TAKELCH</i>	Model No.(s): <i>TL8</i>	Serial No.(s): <i>10659850</i>

CHECKLIST	OK	Not OK	N/A
1. Fuel	✓		
2. Lubrication, engine oil	✓		
3. Brakes	✓		
4. Tires, tracks	✓		
5. Air systems			✓
6. Horn	✓		
7. Safety guards	✓		
8. Mirrors	✓		
9. Steering mechanism	✓		
10. Cooling water	✓		
11. Operation controls	✓		
12. Lights and reflectors	✓		
13. Windshield wipers, defroster	✓		
14. Backup alarm	✓		
15. Fire extinguisher			✓
16. Seat belts	✓		
17. Filters (air, oil, fuel, hydraulic)	✓		
18. Lift arm and bucket	✓		
19. Grab handles	✓		
20. Steps (tread, no slip hazards)	✓		
21. Parking brake	✓		
22. General condition	✓		

Remarks:

Certification

*[Signature]*  
Signature of Certified Operator

*ACE*  
Company

*11/29/17*  
Date



## *Daily Quality Control Report*

REPORT NO. 26

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 1/10/18

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 60°F Min: 37
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.0</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 900 to unlock the gates and remove the roll-offs to Hamm Landfill in Lawrence. Three of the roll-offs were removed off site and the remaining 2 were placed on the asphalt. The small ruts under the roll-offs were smoothed out. Due to an ice storm late Wednesday and Thursday the remaining 2 roll-offs will be removed on Friday. A final walkthrough with USACE and the property owner is scheduled for Friday.

**2. Work Performed Today by Subcontractors:**

Transport of 3 roll-offs to the Hamm Landfill.

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

None

**4. List Type and Location of Tests Performed and Results of These Tests:**

None

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

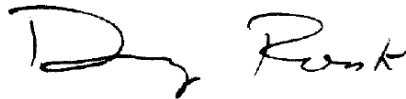
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer



## *Daily Quality Control Report*

REPORT NO. 27

CONTRACT NO. W912DQ-16-D-3006 Task Order 0002

Date: 1/12/18

LOCATION OF WORK: Former Forbes Atlas Missile S-5, Lyon County, KS

DESCRIPTION: Interm Remedial Action

### **WEATHER CLASSIFICATION:**

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS B	Weather occurred during this shift that caused a complete stoppage of all work	Class <u>A</u>
CLASS C	Weather occurred during this shift that caused a partial stoppage of work	Temperature (°F):
CLASS D	Weather overhead excellent or suitable during shift. Work completely stopped due to results of previous adverse weather	Max: 19°F Min: 5
CLASS E	Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner	Precipitation:
OTHER	Explain:	Inches <u>0.0</u>

**1. Work Performed Today by Kemron/Arrowhead JV:**

ACI arrived on site at 900 to unlock the gates and remove the 2 remaining roll-offs to Hamm Landfill in Lawrence. One roll-off was delivered to the landfill and the dewatering roll-off was frozen and the landfill requested it sit inside for awhile to thaw before they would empty it. All equipment of ACI and HMR is off site.

ACI and USACE held a final walkthrough meeting with the property owner, Mrs. Byrd. The site conditions were observed and was left smooth graded as requested by the property owners. Mrs. Byrd was happy with the work completed and the condition of the property upon demobilization. Her only request was for the USACE to sample the sump pit next to the control room bathroom sometime next year while performing monitoring well sampling.

**2. Work Performed Today by Subcontractors:**

Removal of the final 2 roll-offs from the site.

**3. Type and Results of Inspection: (Include Satisfactory Work Completed or Deficiencies with Action to be taken).**

Final walk through inspection completed and all work and demobilization activities completed.

**4. List Type and Location of Tests Performed and Results of These Tests:**

None

**5. Verbal Instructions Received:**

None

**6. Corrective Actions Proposed/Taken:**

None

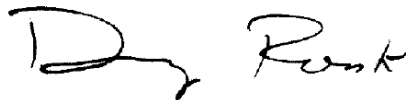
**7. Remarks:**

None

**8. Safety Violations Observed:**

Non

**9. CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the contractor and each subcontractor and have determined that all materials, equipment, and workmanship are in strict compliance with the plans and specifications, except as may be noted above.



---

Site Superintendent / Quality Control Officer

## **APPENDIX B**

### Photographs

# FORBES ATLAS MISSILE S-5

**Client name:** USACE

**Project Number:** CH0035

**Site Name:** Forbes Atlas Missile S-5

**Site Location:** Lyons, KS

**Description:** Flame Tunnel Pumping



**Description:** Flame Tunnel Initial



**Description:** Flame Tunnel vac truck pumping



**Description:** Flame Tunnel Initial



**Comments:**

# FORBES ATLAS MISSILE S-5

Client name: USACE

Project Number: CH00355

Site Name: Forbes Atlas Missile S-5

Site Location: Lyons, KS

Photographer:

Description: Flame Tunnel Cleaning



Description: Flame Tunnel Entry Setup



Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Comments:

# FORBES ATLAS MISSILE S-5

Client name:	USACE	Project Number:	CH0035
Site Name:	Forbes Atlas Missile S-5	Site Location:	Lyons, KS

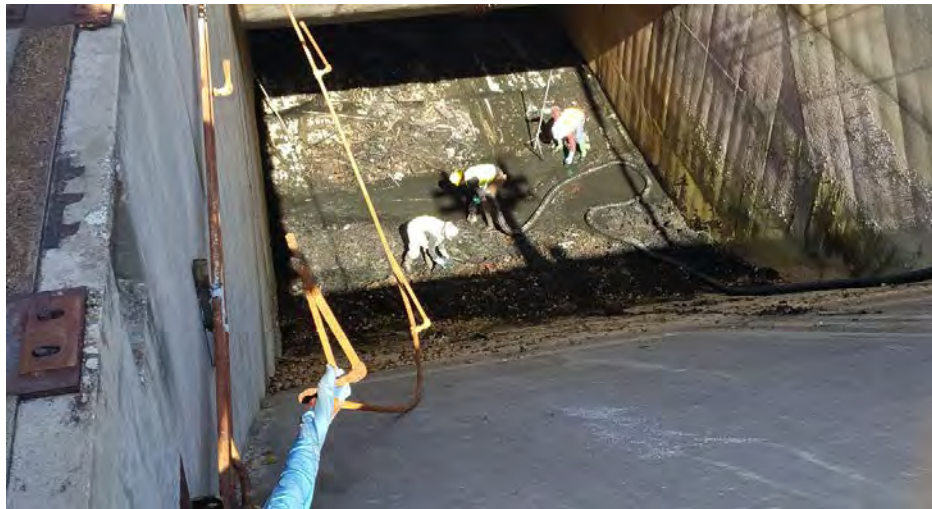
Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Comments:

# FORBES ATLAS MISSILE S-5

**Client name:** USACE

**Project Number:** CH0035

**Site Name:** Forbes Atlas Missile S-5

**Site Location:** Lyons, KS

**Description:** Flame Tunnel Cleaning



**Description:** Flame Tunnel bricks washed and stacked



**Description:** Flame Tunnel Remediation Complete



**Description:** Flame Tunnel Remediation Complete



**Comments:**

## FORBES ATLAS MISSILE S-5

<b>Client name:</b>	USACE	<b>Project Number:</b>	CH0035
<b>Site Name:</b>	Forbes Atlas Missile S-5	<b>Site Location:</b>	Lyons, KS

Description: Site after demobilization - tank staging area



Description: Site after demobilization - Missile Bay



**Comments:**

# FORBES ATLAS MISSILE S-5

Client name:	USACE	Project Number:	CH0035
Site Name:	Forbes Atlas Missile S-5	Site Location:	Lyons, KS

Description: Flame Tunnel Remediation Complete



Description: Liquid Storage and treatment



Description: Missile Bay Remediation Complete



Description: Flame Tunnel Remediation Complete



Comments:

# FORBES ATLAS MISSILE S-5

Client name:	USACE	Project Number:	CH0035
Site Name:	Forbes Atlas Missile S-5	Site Location:	Lyons, KS
Photographer:			

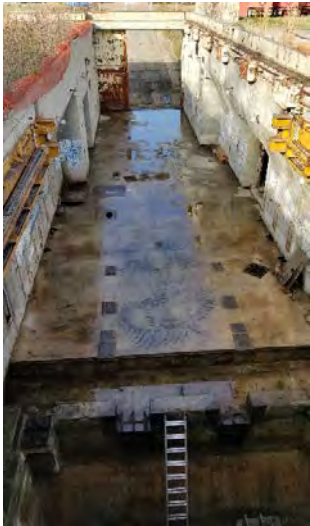
Description: Flame Tunnel/ Missile Bay Remediation Complete



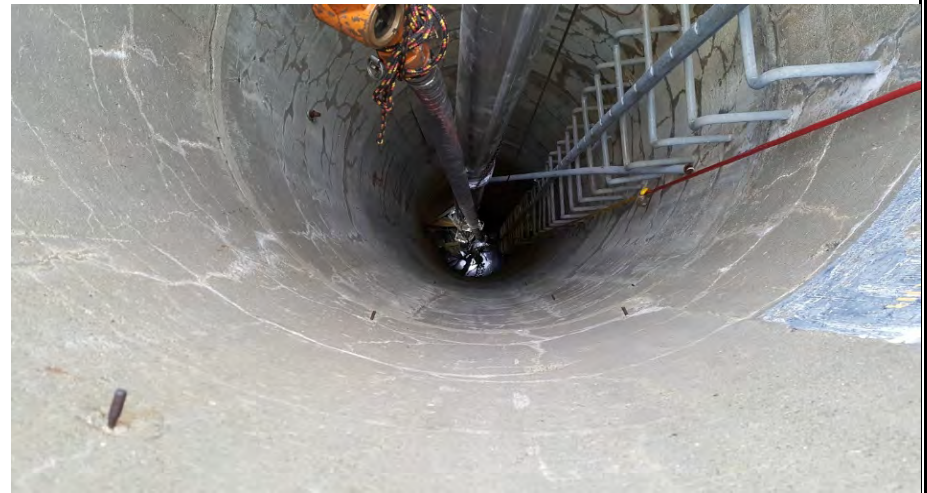
Description: Missile Bay Remediation Complete



Description: Missile Bay Remediation Complete



Description: Debris in Main Sump



Comments:

# FORBES ATLAS MISSILE S-5

<b>Client name:</b>	USACE	<b>Project Number:</b>	CH0035
<b>Site Name:</b>	Forbes Atlas Missile S-5	<b>Site Location:</b>	Lyons, KS

Description: Debris in Main Sump



Description: Debris in Main Sump



Description: Main Sump Removal



Description: Entry Procedures for Main Sump Removal



**Comments:**

## FORBES ATLAS MISSILE S-5

<b>Client name:</b>	USACE	<b>Project Number:</b>	CH0035
<b>Site Name:</b>	Forbes Atlas Missile S-5	<b>Site Location:</b>	Lyons, KS

Description: Missile Bay drain remediation complete



Description: Debris Removal



Description: Frac tank decontamination complete



Description: Site after demobilization - roll-off staging area



**Comments:**

## FORBES ATLAS MISSILE S-5

<b>Client name:</b>	USACE	<b>Project Number:</b>	CH0035
<b>Site Name:</b>	Forbes Atlas Missile S-5	<b>Site Location:</b>	Lyons, KS

Description: Generator Pit 1



Description: Generator Pit 2



Description: Sediment trap



Description:

**Comments:**

## **APPENDIX C**

Waste Analytical Results (CD)  
Wastewater Confirmation Sample Analytical Summary

Wastewater Confirmation Sample Analytical Summary  
Former Forbes Atlas Missile S-5 Site  
Lyon County, Kansas

Sample ID (Test America Job ID)	S5-W-01 (280-102418-1)	S5-W-02 (280-102463-1)	S5-W-03 (280-102463-1)	S5-W-04 (280-102595-1)	S5-W-05 (280-102678-1)	S5-W-06 (280-102678-1)	S5-W-07 (280-102726-1)	S5-W-08 (280-102816-1)	S5-W-09 (280-102816-1)	S5-W-10 (280-103035-1)	S5-W-11 (280-103036-2)	S5-W-12 (280-103411-1)	S5-W-13 (280-103411-1)	S5-W-14 (280-103649-1)	S5-W-15 (280-103649-1)
Date	10/18/2017	10/19/2017	10/19/2017	10/23/2017	10/26/2017	10/26/2017	10/26/2017	10/27/2017	10/27/2017	11/10/2017	11/10/2017	11/14/2017	11/14/2017	11/17/2017	11/17/2017
Comment														55-W-12 retest	55-W-13 retest
Analyte (ug/L)															
Acetone	ND	17	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Chloromethane	1.9 J	0.33 J	1.7 J	1.9 J	ND	1.1 J	ND	ND	ND	ND	ND	ND	ND	ND	ND
Methylene Chloride	ND	0.38 J	0.38 J	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
1,2-Dichloroethene, Total	ND	ND	ND	ND	ND	ND	0.33 J	0.23 J	0.22 J	0.3 J	0.3 J	17	18	0.43 J	0.44 J
cis-1,2-Dichloroethene	ND	ND	ND	ND	ND	ND	0.33 J	0.23 J	0.22 J	0.3 J	0.3 J	17	18	0.43 J	0.44 J
Trichloroethene	ND	ND	ND	ND	ND	ND	0.43 J	0.26 J	0.21 J	0.22 J	0.23 J	ND	ND	0.63 J	0.63 J
p-xylene	ND	ND	ND	ND	ND	ND	ND	0.26 J	0.24 J		ND	0.41 J	0.42 J	ND	ND
Toluene	ND	ND	ND	ND	ND	ND	ND	0.19 J	ND		ND	0.29 J	0.32 J	ND	ND
Vinyl Chloride	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.23 J	ND	3.4	3.2	0.56 J	0.55 J
1,2,4-Trimethylbenzene	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.79 J	0.81 J	ND	ND
1,3,5-Trimethylbenzene	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.48 J	0.44 J	ND	ND
4-Isopropyltoluene	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.26 J	0.25 J	ND	ND
n-propylbenzene	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.27 J	0.24 J	ND	ND
sec-Butylbenzene	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.25 J	ND	ND	ND
Trichloroethene-DL	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	290 D	290 D	ND	ND

ND = Analyte not detected above method detection limit.

J = Estimated: The analyte was positively identified; the quantitation is an estimation.

Q = One or more Quality Control criteria failed.

D = The reported value is from a dilution.

## **APPENDIX D**

### Sump Dewatering Summary Table

Forbes Field Former Atlas Missile Site S-5  
Sump Dewatering Pumping Summary

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
#2	16-Oct	21,000	16-Oct	18-Oct	S5-W-01	18-Oct	21,000	
	19-Oct	21,000	19-Oct	23-Oct	S5-W-04	23-Oct	21,000	
	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct	1-Nov	S5-W-10	14-Nov	21,000	
#3	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct	26-Oct	S5-W-05	27-Oct	21,000	Tank #3 is now a collection Tank
#4	17-Oct	21,000	17-Oct	19-Oct	S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
	31-Oct	18,000	31-Oct	1-Nov	S5-W-11	14-Nov	18,000	
#5	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
	9-Nov	21,000	9-Nov	10-Nov	S5-W-12	27-Nov	21,000	
#6	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	
	11/9/2017	21,000	9-Nov	10-Nov	S5-W-13	27-Nov	21,000	
Total Volume Discharged (gallons)							270,000	

Note: Tank #1 and Tank #3 designated as untreated water settling basin

Total Volume Treated through 11/9/17                      270,000      gallons

Volume Pumped through COB 11/6/17                      270,000      gallons

## **APPENDIX E**

### Waste Disposal Records

**Special Waste Disposal Request**  
**Kansas Department of Health and Environment**  
Bureau of Waste Management  
Waste Reduction, Compliance and Enforcement Section  
1000 SW Jackson, Suite 320, Topeka, Kansas 66612-1366

**You may FAX this form to: 785-559-4254**

**Please type or clearly print** - See page 2 for instructions

**I. REQUESTER INFORMATION** (*This is where the Disposal Authorization letter will be sent.*)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-Mail Address, if applicable: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II. POINT/LOCATION OF GENERATION INFORMATION** (*only if different from the information in Section I above*)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**III. WASTE INFORMATION** - Use back of form if additional space is required

Waste Description: \_\_\_\_\_  
Process Producing Waste: \_\_\_\_\_  
Physical Characteristics of Waste: \_\_\_\_\_  
Quantity for Disposal: \_\_\_\_\_ (Please Select One)    Lbs.    Tons    Cubic Yards    Containers/Drums    Bags  
One Time Disposal    Per Year/Annually    Per Month    Per Week  
Laboratory Analyses Attached:    Yes    No    Material Safety Data Sheets (MSDS) Attached:    Yes    No  
Renewal of Previous Authorization:    Previous Authorization No: \_\_\_\_\_    Date Issued: \_\_\_\_\_


**IV. DISPOSAL INFORMATION**

Landfill Proposed for Disposal: \_\_\_\_\_  
Solid Waste Transfer Station Proposed: \_\_\_\_\_

**V. CERTIFICATION**

I hereby certify that I am a duly authorized representative of the generator identified above. I further certify that, to the best of my knowledge, the following items are true:

1. The waste identified for disposal is not a hazardous waste as defined by K.A.R. 28-31-261.
2. All analytical analyses provided are from a Kansas Department of Health and Environment (KDHE) certified laboratory and are representative of the waste identified for disposal.
3. All information provided in any attached profile, re-certification, or other document completed by the authorized representative accurately characterizes the waste.
4. If this is a renewal, the materials and processes that generate the waste have not changed since the last disposal authorization indicated above, and the information previously provided to KDHE is still valid.

Signature  \_\_\_\_\_ Printed Name Josh Phillips \_\_\_\_\_ Date 12/20/17 \_\_\_\_\_

## Instructions

If you have any questions about information required to complete this form, please contact the Special Waste Coordinator at 785-296-1600 or send an e-mail to: [kdhe.swda@ks.gov](mailto:kdhe.swda@ks.gov)

- I. **Requester Information** - Requester information must be provided for the individual taking responsibility for the waste disposal request. This could be the actual generator of the waste, or a contractor or consultant managing the waste for a client. KDHE will e-mail you a copy of the special waste disposal authorization letter as a portable document file (pdf) if you provide your e-mail address. If you do not provide your e-mail address, we will mail or fax you a copy of the SWDA letter. Please note that you may complete this form on-line at our website; however, you must print the form and submit a signed copy via fax or regular mail.
- II. **Point of Generation Information** - Point of generation information must be provided for the location where the waste is generated. If this information is identical to the information provided in Section I, this section may be left blank or marked "Same".
- III. **Waste Information** - The following information must be provided concerning the waste:
  - Waste description - Provide a brief description of the waste. For example, "contaminated soil", "wastewater sludge", etc.
  - Process producing waste - Provide a brief description of the process that produced the waste. For example, "grinding operation", "wastewater treatment plant", "product spill", etc.
  - Physical Characteristics of Waste - Provide a brief description of the physical make-up of the waste. For example, "gray sludge", or "dark soils with petroleum odor", etc.
  - Quantity for Disposal - Estimate the quantity of the waste for disposal in units of pounds, tons, cubic yards, containers, or bags. It is best to slightly overestimate.
  - Frequency - Indicate approximately how often the waste is to be disposed. If the request is for a one-time-only disposal, indicate "One Time" even though you may need to make more than one trip to the landfill to complete the disposal.
  - Laboratory Analyses Attached - Indicate whether laboratory analyses performed by a KDHE certified laboratory are attached. If you have questions whether analyses are required or what analyses are required, please contact the Special Waste Coordinator at 785-296-1600 or send an e-mail to: [swda@kdhe.state.ks.us](mailto:swda@kdhe.state.ks.us).
  - Material Safety Data Sheet (MSDS) Attached - Indicate whether an MSDS for the waste is attached. If you are using an MSDS to support your determination that the waste is not a hazardous waste, the MSDS must be attached.
  - Renewal of Previous Authorization - If you wish to renew a disposal authorization issued in the prior year, you must complete this section. Be sure to review the previous information (analyses, MSDS, etc.) provided to KDHE to make sure it is still valid.
- IV. **Disposal Information** - The following information must be provided concerning the disposal site for the waste:
  - Landfill Proposed for Disposal - Indicate the landfill where you wish to dispose the waste. You should contact the landfill for tentative approval of acceptance prior to submitting this form.
  - Solid Waste Transfer Station Proposed - If the waste will be shipped through transfer station, indicate the name of that station. If the waste will be shipped directly to a landfill, leave this line blank or indicate "NA" for *not applicable*.
- V. **Certification** - The certification statement must be signed by an authorized representative of the generator/owner of the waste. This may be a consultant or contractor authorized to sign on behalf of the generator/owner of the waste.



January 3, 2018

Calley Havens  
US Army Corps of Engineers  
601 E 12th  
KANSAS CITY, MO 64106

**RE: Special Waste Disposal Authorization Number 18-0005**

**THIS AUTHORIZATION EXPIRES:** July 4, 2018

Dear Calley Havens:

We have considered your request for disposal of one hundred (100) cubic yards of decon soil from Forbes Atlas S-5, 3622 Road D, ALLEN, KS. (Analysis provided)

Based solely on the analysis provided, the waste is not a characteristic hazardous waste with respect to the constituents tested. As stated in K.A.R.28-31-261, it is the responsibility of the generator to determine whether or not a waste is a hazardous waste by either knowledge of process or by proper testing by a KDHE certified lab. If there are questions as to the status of this waste, please contact me at 785-296-0681. **If US Army Corps of Engineers is confident the material for disposal is not a hazardous waste for any characteristic or listed constituent not included in the testing, the following applies.**

Approval is given to dispose of this waste at N. R. Hamm Quarry, LLC (Permit 0394), provided the following conditions are met:

1. Approval to deliver the waste must be obtained from the landfill operator prior to transporting the waste to the landfill. The final decision on whether to accept or reject the waste rests with the landfill operator. Please contact Charles Sedlock, Director, Hamm, Inc., at 785-597-5111, to obtain approval. If the landfill operator refuses to accept this waste, you should contact us to determine alternate disposal options.
2. The waste must be transported separately to the landfill and be identified to the operator upon delivery.
3. Kansas Administrative Regulation 28-29-108(r) (12) and (13) requires solid waste disposal facilities to maintain a log of commercial or industrial wastes received such as sludges, barreled wastes, and special wastes. The log must indicate the source and quantity of waste and the disposal location thereof. The special waste authorization number should be used as identification when entering the shipment into the log.

4. This approval is valid for disposal of the waste described and in the amount shown above. If additional shipments are required, you must contact us to receive another disposal authorization.
5. Operating standards as defined by K.A.R. 28-29-108(k) prohibit the disposal of liquid waste. "Liquid waste" means any waste material that is determined to contain "free liquids" as defined by method SW-846 9095B, Revision 2, paint filter liquids test, as described in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods," EPA Pub. No. SW-846 dated November 2004. **For purposes of this disposal authorization, all waste for disposal must be able to pass the "paint filter test".**
6. Any change in the process producing this waste, any change in the materials used in producing this waste or any other change to this waste stream requires that a new Special Waste Disposal Authorization be obtained prior to disposal.

If you have any questions, feel free to contact me at 785-296-0681.

Sincerely,



Anthony (Tony) Guy  
Environmental Scientist  
Special Waste Coordinator  
KDHE/Bureau of Waste Management

ABG

C Charles Sedlock  
e-file

Requester phone: 816-389-3717



QUARRIES  
CONSTRUCTION  
ASPHALT  
WASTE MANAGEMENT

609 Perry Place  
PO Box 17  
Perry, KS 66073-0017  
Telephone 785-597-5111  
FAX 785-597-5117

09 January 18

Ms. Calley Havens  
US Army Corps of Engineers  
601 E 12th  
Kansas City, MO 64106

Re: "Special Waste" Authorization: **18-0005**  
Expiration Date: **7/4/2018**


Dear Ms. Havens:

I have received a copy of your authorization from the Kansas Department of Health and Environment (KDHE) regarding waste from the following location(s): **Forbes Atlas S-5, 3622 Road D, Allen, KS**. We appreciate your business and your interest in our landfill. Please note the following procedures for admitting special waste into our landfill. These procedures are strictly enforced in order to provide an environmentally sound disposal site for customers like you into the future.

1. You or a representative of your firm must contact our scale operator at 785-842-2221, a minimum of two (2) hours before entry/delivery into our landfill facility.
2. The "special waste" transporter must identify the load and himself to the scale operator upon delivery to our facility. He/She must present a copy of the State of Kansas/KDHE authorization, Hamm authorization, and required manifests.
3. Barreled/containerized waste must be opened by the transporter for inspection and re-sealed for disposal to be accepted.
4. All asbestos (friable and non-friable) containing waste must be wetted, double wrapped in clear 6 ml plastic with sealed seams, and marked with the state auth. number/label.
5. Special Conditions:

The gate price for **Mixed Special Waste** disposal is **\$75/ton** (\$150 minimum per delivery). This authorization is for **100 cubic yards by 07/04/2018** of waste; if waste is in excess of this amount, contact KDHE for authorization amendments. Please note that all asbestos containing material must be wrapped and marked appropriately. All payment terms are cash or check unless your firm contacts our office prior to disposal for the appropriate credit application procedures (please disregard if your firm has prior credit approval at the landfill). If you have any questions or concerns regarding this matter please contact me at our general office. Once again, thanks for your business.

Sincerely,

  
Charlie M. Sedlock

cc: Hamm Sanitary Landfill

**A. Waste Generator Facility Information (must reflect location of waste generation/origin)**

1. Generator Name: Forbes Atlas S-5		6. Email Address: calley.w.havens@usace.army.mil	
2. Site Address: 3622 Road D		7. Phone: 816-389-3717 Fax: 816-389-2023	
3. City: Bushong	State: KS	8. NAICS Code: 924110	
4. Zip: 66833	County: Lyon	9. Generator USEPA ID #:	
5. Contact Name/Title: Calley Havens/Project Manager			

**B. Customer Information [ ] same as above, if the same please complete 7 - 11.**

1. Customer Name: Arrowhead Contracting, Inc		7. Transporter Name: Haz-Mat Response (HMR)	
2. Billing Address: 10981 Eicher Dr.		8. Hamm roll-off dumpster for this project? Yes _____ No <u>X</u>	
3. City, State and ZIP: Lenexa, KS 66219		9. Transporter Address: 1203 Parker St.	
4. Contact Name: Josh Phillips		10. City, State & Zip: Olathe, KS 66061	
5. Contact Email: jphillips@arrowhead-usa.com		11. P.O. Number:	
6. Phone: 515-961-8000 Fax: 515-961-8009			

**C. Waste Stream Information**1 a Common Waste Name: Decontamination Wasteb. Describe Process Generating Waste or Source of Contamination: Solids removed from cleaning accumulated material from an abandoned missile siloc. Typical Color(s): Grayd. Strong Odor? [ ] Yes [ X ] No Describe: \_\_\_\_\_e. Physical State at 70°F: [ X ] Solid [ ] Liquid [ ] Powder [ ] Semi-Solid or Sludge [ ] Other: \_\_\_\_\_f. Water Reactive? [ ] Yes [ X ] No If Yes, Describe: \_\_\_\_\_

g. pH: NA \_\_\_\_\_

h. Open Cup Flash Point: [ ] < 140°F [ ] > 140°F [ X ] NA(solid) [ ] Actual: \_\_\_\_\_

i. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): [ ] (See Attached)

Constituents(Total Composition Must be > 100%)	Concentration %	Constituents(Total Composition Must be > 100%)	Concentration %
1. Soil	60 %	4. Chemicals (see lab results)	<1 %
2. Debris	17 %	5. _____	%
3. Water	23 %	6. _____	%

**2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION**

a. Estimated Annual Quantity: \_\_\_\_\_ [ ] Tons [100] Cubic Yards [ ] Drums [ ] Gallons [ ] Other (specify): \_\_\_\_\_

b. Shipping Frequency: \_\_\_\_\_ Units per [ ] Month [ ] Quarter [ ] Year [ X ] One Time [ ] Other \_\_\_\_\_c. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) [ ] Yes [ X ] No

d. USDOT Shipping Description (if applicable): \_\_\_\_\_

**3. SAFETY REQUIREMENTS (Handling, PPE, etc.):****D. Regulatory Status (Please check appropriate responses)**

1. Is this a USEPA (40 CFR Part 261) / Kansas hazardous waste? [ ] Yes [ X ] No
2. Is waste included in any categories below (Check all that apply)? If yes, attach supporting documentation. [ ] Yes [ X ] No
- [ ] Delisted Hazardous Waste [ ] Excluded Wastes Under 40 CFR 261.4
- [ ] Treated Hazardous Waste Debris [ ] Treated Characteristic Hazardous Waste
3. Is the waste from a Federal (40 CFR 300, Appendix B) or state mandated clean-up? [ ] Yes [ X ] No
4. Does this waste contain radioactive material? [ ] Yes [ X ] No
- a. If yes, is disposal regulated by the Nuclear Regulatory commission? [ ] Yes [ ] No
- b. If yes, is disposal regulated by a State Agency for radioactive waste / NORM? [ ] Yes [ ] No
- Does the waste represented by this waste profile sheet contain concentrations of regulated Polychlorinated
5. Biphenyls (PCBs) as defined in 40 CFR Part 761? [ ] Yes [ X ] No
- a. If yes, is disposal regulated under TSCA? [ ] Yes [ ] No
6. Does the waste contain untreated, regulated, medical or infectious waste? [ ] Yes [ X ] No
7. Does the waste contain asbestos? [ ] Yes [ X ] No
- If Yes, [ ] Friable [ ] Non Friable
8. Is this profile for remediation waste from a facility that is a major source of Hazardous Air Pollutants (Site Remediation NESHAP, 40 CFR 63 subpart GGGGG)? [ ] Yes [ X ] No
- If yes, does the waste contain <500 ppmw VOHPs at the point of determination? [ ] Yes [ ] No

**D. Regulatory Status (Please check appropriate responses) - Continued**

9. Does this waste or generating process contain regulated concentrations of the following pesticides and/or herbicides: Chlordane, Endrin, Heptachlor (and it epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, 2,4,5-TP Silvex as defined in 40 CFR 261.33? [ ]Yes [ X ]No
10. Does this waste contain regulated concentrations of Listed Hazardous Waste defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents? [ ]Yes [ X ]No
11. Does this waste contain regulated concentrations of Dioxins as defined in 40 CFR 261.31? [ ]Yes [ X ]No
12. Is this a regulated Toxic Material as defined by Federal and/or State regulations? [ ]Yes [ X ]No

**E. Generator Certification (Please read and certify by signature below)**

By signing this Generator's Waste Profile Sheet, I hereby certify that all:

1. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. Representative waste collected sample(s) in accordance with 40 CFR 261.20(c) or equivalent rules; and are from a Kansas Department of Health and Environment (KDHE) certified laboratory and are representative of the waste identified for disposal.
2. Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator/Contractor and disclosed to Hamm (and the Contractor if applicable) prior to providing the waste to Hamm (and the Contractor if applicable).
3. The waste identified for disposal is not a listed waste and is below all TCLP regulatory limits.
4. The waste identified for disposal is not a hazardous waste as defined by K.A.R. 28-31-261 or federal regulations.
5. If this is a renewal, the materials and processes that generate the waste have not changed since the last disposal authorization indicated above, and the information previously provided to KDHE is still valid.

**Generator Certification**

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, radioactive waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from the certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet as provided by Hamm. The undersigned individual warrants that he/she is authorized to sign this document on behalf of the Generator.


Josh Phillips Project Manager

Authorized Representative Name and Title (Printed)

Arrowhead Contracting Inc.

Company Name

X



Authorized Representative Signature

12/20/2017

Date

**FOR HAMM USE ONLY**

Management Facility Precautions, Special Handling Procedures or Limitation on approval:

**Approval Decision:**

- ☐ Approved ☐ Not Approved
- ☐ Reviewed previous analysis
- ☐ Shall not contain free liquid
- ☐ Approval Number must accompany each shipment
- ☐ Waste must be containerized

Hamm Authorization Signature:

Date:

State Authorization No:

Approval Expiration Date:

Product: ACM\_\_\_\_ Cont. Soil\_\_\_\_ Mixed Spec.\_\_\_\_ Sludge\_\_\_\_ Med. Waste\_\_\_\_

# HAZ-MAT RESPONSE, INC.<sup>sm</sup>

"YOUR FIRST LINE OF DEFENSE"<sup>®</sup>

Straight bill of lading - Short form

Generator Information:		Date: 01/12/2018
Name: US Army Corp of Engineers		HMRI Job# 1R2171350
Address: 601 E. 12 <sup>th</sup>		
City: Kansas City		
State: MO	County: 64106	

## Shipped From:

## Ship To:

Name: Forbes Atlas S-5		Name: Hamms Quarry Landfill	
Address: 3622 Road D		Address: 16984 3 <sup>rd</sup> St.	
City: Allen		City: Lawrence	
State: KS	County:	State: KS	County:

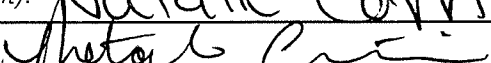
Client Contact: Cale Bergstrom	Phone #: 712-621-1056
Email Address:	Fax #:

**In Case of Emergency Call 1-800-229-5252**

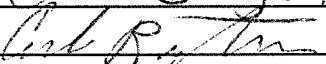
No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	N	# 27707 Decon. Soil (18-0005) Solids	13,000 lbs
		RO# 218	

Scale Ticket # :	Transporting Unit # :
------------------	-----------------------

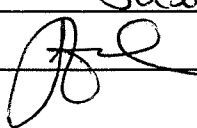
## Accepted By:

Name (Print): Natalie Carrieri	
Signature: 	Date: 1/17/18

**Generator:** (To be signed by Generator or Haz-Mat Response upon completion of Agency letter)

Name (Print): Cale Bergstrom	
Signature: 	Date: 1/12/18

## Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Jason Ford	
Signature: 	Date: 01/12/18

HAZ-MAT RESPONSE, INC.<sup>sm</sup>

1203C South Parker Street

Olathe, Kansas 66061

913-782-5151 800-229-5252

E-mail: hazmat@haz-matresponse.com Web site: www.haz-matresponse.com

# HAZ-MAT RESPONSE, INC.<sup>sm</sup>

"YOUR FIRST LINE OF DEFENSE"<sup>®</sup>

Straight bill of lading - Short form

Generator Information:		Date: 01/10/2018
Name: US Army Corp of Engineers		HMRI Job# 1R2171350 - 2
Address: 601 E. 12th		
City: Kansas City		
State: MO	County: 64106	

## Shipped From:

## Ship To:

Name: Forhas Atlas S-5		Name: Hammers Quarry Landfill	
Address: 3622 Road D		Address: 16984 3rd St.	
City: Allen		City: Lawrence	
State: KS	County:	State: KS	County:

Client Contact: Cole Bergstrom	Phone #: 712-621-1050
Email Address:	Fax #:

In Case of Emergency Call 1-800-229-5252

No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	N	Decon soil (18-0005) Solids	13,000 lb.

Scale Ticket # :	Transporting Unit # :
------------------	-----------------------

## Accepted By:

Name (Print): Angi Higgins	
Signature: Angi Higgins	Date: 1/12/18

**Generator:** (To be signed by Generator or Haz-Mat Response upon completion of Agency letter)

Name (Print): Cole Bergstrom	
Signature: Cole Bergstrom	Date:

## Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Jason Ford	
Signature: [Signature]	Date: 01/12/2018

HAZ-MAT RESPONSE, INC.<sup>sm</sup>

1203C South Parker Street

Olathe, Kansas 66061

913-782-5151

800-229-5252

E-mail: hazmat@haz-matresponse.com Web site: www.haz-matresponse.com

# HAZ-MAT RESPONSE, INC.<sup>sm</sup>

"YOUR FIRST LINE OF DEFENSE"<sup>®</sup>

Straight bill of lading - Short form

Generator Information:		Date:	1/10/2018
Name: US Army Corp of Engineers		HMRI Job#	IR 2171350
Address: 601 E 12th			
City: Kansas City			
State: Mo	County: 64106		

## Shipped From:

## Ship To:

Name: Forbes Atlas S-S		Name: HAMMS Quarry Landfill	
Address: 3622 Road D		Address: 16984 3rd St.	
City: Allen		City: Lawrence	
State: KS	County:	State: KS	County:

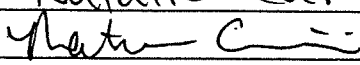
Client Contact: Cale Bergstrom	Phone #: 712-621-1056
Email Address:	Fax #:

In Case of Emergency Call 1-800-229-5252

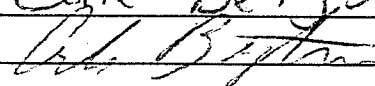
No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	N	#80048 Decon soil (18-0005) solids	13,000 lbs

Scale Ticket # :	Transporting Unit # :
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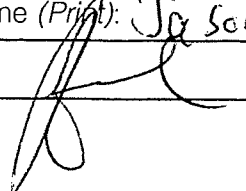
## Accepted By:

Name (Print): Natalie Carrieri	
Signature: 	Date: 1/10/18

**Generator:** (To be signed by Generator or Haz-Mat Response upon completion of Agency letter)

Name (Print): Cale Bergstrom	
Signature: 	Date: 1/10/18

## Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Jason Ford	
Signature: 	Date: 1/16/18

HAZ-MAT RESPONSE, INC.<sup>sm</sup>

1203C South Parker Street

Olathe, Kansas 66061

913-782-5151

800-229-5252

E-mail: hazmat@haz-matresponse.com Web site: www.haz-matresponse.com

# HAZ-MAT RESPONSE, INC.<sup>sm</sup>

"YOUR FIRST LINE OF DEFENSE"<sup>®</sup>

Straight bill of lading - Short form

Generator Information: <del>US Army</del>	Date: 1-10-18
Name: US Army Corp of Engineers	HMRI Job# 1R 2171350
Address: 601 E 12th	
City: Kansas City	
State: MO	County: 64106

## Shipped From:

## Ship To:

Name: Fort As Atlas S-S	Name: HAMMS Quarry Landfill
Address: 3622 Road D	Address: 16984 3RD ST
City: Allen	City: Lawrence
State: KS	County:

Client Contact: Cole Bergstrom	Phone #: 712-621-1056
Email Address:	Fax #:

**In Case of Emergency Call 1-800-229-5252**

No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	No	Pe-on soil (18-0005) solids	13,000

Scale Ticket # :	Transporting Unit # : T-270
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## Accepted By:

Name (Print): Natalie Carrier	Date: 1/10/18
Signature: <i>Natalie Carrier</i>	

**Generator:** (To be signed by Generator or Haz-Mat Response upon completion of Agency letter)

Name (Print): Cole Bergstrom	Date: 1/10/18
Signature: <i>Cole Bergstrom</i>	

## Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Troy Beach	Date: 1-10-18
Signature: <i>Troy Beach</i>	

HAZ-MAT RESPONSE, INC.<sup>sm</sup>

1203C South Parker Street

Olathe, Kansas 66061

913-782-5151 800-229-5252

E-mail: hazmat@haz-matresponse.com Web site: www.haz-matresponse.com

# HAZ-MAT RESPONSE, INC.<sup>sm</sup>

"YOUR FIRST LINE OF DEFENSE"<sup>®</sup>

Straight bill of lading - Short form

Generator Information:		Date: 1/10/2018
Name: U.S. Army Corp of Engineers		HMRI Job# 1R2171350
Address: 601 E 12 <sup>TH</sup>		
City: Kansas City		
State: MO	County: 64106	

## Shipped From:

## Ship To:

Name: Forbes Atlas S-S		Name: Harms Quarry Landfill	
Address: 3622 Road D		Address: 16984 3 <sup>RD</sup> ST.	
City: Allen		City: Lawrence	
State: KS	County:	State: KS	County:

Client Contact: Cale Bergstrom	Phone #: (712) 621-1656
Email Address:	Fax #:

In Case of Emergency Call 1-800-229-5252

No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	NO	Decon Soil (18-0005) Solids	13,000

Scale Ticket # :	Transporting Unit # : T-270
------------------	-----------------------------

## Accepted By:

Name (Print): Natalie Carver	
Signature: [Signature]	Date: 1/10/18

**Generator:** (To be signed by Generator or Haz-Mat Response upon completion of Agency letter)

Name (Print): Cale Bergstrom	
Signature: [Signature]	Date: 1/10/18

## Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Troy Beach	
Signature: [Signature]	Date: 1-10-18

HAZ-MAT RESPONSE, INC.<sup>sm</sup>  
1203C South Parker Street  
Olathe, Kansas 66061  
913-782-5151 800-229-5252

E-mail: hazmat@haz-matresponse.com Web site: www.haz-matresponse.com

# WASTE SHIPMENT RECORD - Instructions on back side

1. Work site-name and mailing address:

Forbes Atlas S-5  
3622 Road D, Bushong, KS 66833

Owner's Name:

US Army Corps of Engineers

Owner's telephone no:

816-839-3717

2. Operator's name, address, zip code:

Calley Havens, US Army Corps of Engineers  
601 E. 12th St, Kansas City, MO 64106

Operator's telephone no:

816-839-3717

3. Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3rd St,  
Lawrence, KS 66044 (4 miles north of I-70-US 59/24  
Junction). Kansas Operating Permit #394

WDS phone:  
785-842-2221

4. Name and address of responsible agency:

Kansas Dept. of Health & Environment, 1000SW Jackson,  
Topeka, KS 66612

4a. KDHE Permit Authorization No:

18-0005

5. Description of materials:

Decontamination Waste

6. Container:

No. 3 Type Roll-off

7. Total quantity:

m3 100 (yd3)

8. Special handling instructions and additional information:

None

9. OPERATOR'S CERTIFICATION: I hereby declare that the  
contents of this consignment are fully and accurately  
described above by proper shipping name and are classified,  
packed, marked, and labeled, in accordance with all  
regulations.

Printed/typed name & title:

Carl Shaw, Project Manager

Signature:

*Carl Shaw*

Month Day Year

01 10 2018

10. Transporter1 - Individual/Company name:  
(Acknowledgement of receipt of materials)

HAZMAT RESPONSE

Printed/typed name & title:

Jason Ford

Driver

Signature:

*Jason Ford*

Month Day Year

01/12/18

Address and telephone no.:

1203 S. Parker - Olathe, KS

913-782-5151

11. Transporter 2 (Acknowledgement of receipt of materials)

Printed/typed name & title:

Signature:

Month Day Year

Address and telephone no:

12. Discrepancy indication space:

13. Waste disposal site owner or operator: Certification of  
receipt of asbestos or other materials covered by this manifest except  
as noted in item 12.

Printed/typed name & title:

DJ Henderson

Signature:

*DJ Henderson*

Month Day Year

1-17-18

WDS: Send copy of this form to Operator as listed in item 2

WASTE SHIPMENT RECORD - Instructions on back side				
Generator	1. Work site name and mailing address: <i>Forbes Atlas S-S 3622 Road D, Bushong, KS 66833</i>		Owner's Name: <i>US Army Corps of Engineers</i>	Owner's telephone no: <i>816-839-3717</i>
	2. Operator's name, address, zip code: <i>Calley Havens, US Army Corps of Engineers 601 E. 12th St, Kansas City, MO 64106</i>		Operator's telephone no: <i>816-839-3717</i>	
	3. Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3rd St, Lawrence, KS 66044 (4 miles north of I-70-US 59/24 Junction). Kansas Operating Permit #394		WDS phone: <i>785-842-2221</i>	
	4. Name and address of responsible agency: <i>Kansas Dept. of Health &amp; Environment, 1000SW Jackson, Topeka, KS 66612</i>		4a. KDHE Permit Authorization No: <i>18-0005</i>	
	5. Description of materials: <i>Decontamination Waste</i>	6. Container: No. <i>3</i> Type <i>Roll-off</i>	7. Total quantity: <i>m3 100 (yd3)</i>	
Transporter	8. Special handling instructions and additional information: <i>None</i>			
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, in accordance with all regulations.			
	Printed/typed name & title: <i>Carl Shaw, Project Manager</i>		Signature: <i>Carl Shaw</i>	Month Day Year <i>01 10 2018</i>
	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials)			
	Printed/typed name & title: <i>Troy Heath Driver</i>		Signature: <i>Troy Heath</i>	Month Day Year <i>1-10-18</i>
Disposal Site	Address and telephone no.: <i>1202 C South Parker Olathe, KS 66006</i>			
	11. Transporter 2 (Acknowledgement of receipt of materials)			
	Printed/typed name & title:		Signature:	Month Day Year
	Address and telephone no:			
	12. Discrepancy indication space:			
Disposal Site	13. Waste disposal site owner or operator: Certification of receipt of asbestos or other materials covered by this manifest except as noted in item 12.			
	Printed/typed name & title: <i>Tyler Potts</i>		Signature: <i>Tyler Potts</i>	Month Day Year <i>1-10-18</i>

WDS: Send copy of this form to Operator as listed in item 2

WASTE SHIPMENT RECORD - Instructions on back side				
Generator	1. Work site name and mailing address: <i>Forbes Atlas S-5 3622 Road D, Bushong, KS 66833.</i>		Owner's Name: <i>US Army Corps of Engineers</i>	Owner's telephone no: <i>816-839-3717</i>
	2. Operator's name, address, zip code: <i>Calley Havens, US Army Corps of Engineers 601 E. 12th St, Kansas City, MO 64106</i>		Operator's telephone no: <i>816-839-3717</i>	
	3. Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3rd St, Lawrence, KS 66044 (4 miles north of I-70-US 59/24 Junction). Kansas Operating Permit #394		WDS phone: <i>785-842-2221</i>	
	4. Name and address of responsible agency: <i>Kansas Dept. of Health &amp; Environment, 1000SW Jackson, Topeka, KS 66612</i>		4a. KDHE Permit Authorization No: <i>18-0005</i>	
	5. Description of materials: <i>Decontamination Waste</i>		6. Container: <i>No. 3 Type Roll-off</i>	7. Total quantity: <i>m3 100 (yd3)</i>
	8. Special handling instructions and additional information: <i>None</i>			
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, in accordance with all regulations.			
	Printed/typed name & title: <i>Carl Shaw, Project Manager</i>		Signature: <i>Carl Shaw</i>	Month Day Year <i>01 10 2018</i>
Transporter	10. Transporter 1 - Individual/Company name: (Acknowledgement of receipt of materials) <i>Hazmat Response</i>			
	Printed/typed name & title: <i>Jason Ford Driver</i>		Signature: <i>[Signature]</i>	Month Day Year <i>01 10 2018</i>
	Address and telephone no.: <i>1203 C South Parker St - Olathe, KS 913-782-5151</i>			
	11. Transporter 2 (Acknowledgement of receipt of materials)			
Disposal Site	Printed/typed name & title:		Signature:	Month Day Year
	Address and telephone no:			
	12. Discrepancy indication space:			
Disposal Site	13. Waste disposal site owner or operator: Certification of receipt of asbestos or other materials covered by this manifest except as noted in item 12.			
	Printed/typed name & title: <i>Kenn Miller mgr</i>		Signature: <i>[Signature]</i>	Month Day Year <i>01 10 18</i>

WDS: Send copy of this form to Operator as listed in item 2

WASTE SHIPMENT RECORD - Instructions on back side					
Generator	1. Work site name and mailing address: <i>Forbes Atlas S-5 3622 Road D, Bushong, KS 66833</i>		Owner's Name: <i>US Army Corps of Engineers</i>	Owner's telephone no: <i>816-839-3717</i>	
	2. Operator's name, address, zip code: <i>Calley Havens, US Army Corps of Engineers 601 E. 12th St, Kansas City, MO 64106</i>		Operator's telephone no: <i>816-839-3717</i>		
	3. Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3rd St, Lawrence, KS 66044 (4 miles north of I-70-US 59/24 Junction). Kansas Operating Permit #394		WDS phone: <i>785-842-2221</i>		
	4. Name and address of responsible agency: <i>Kansas Dept. of Health &amp; Environment, 1000SW Jackson, Topeka, KS 66612</i>		4a. KDHE Permit Authorization No: <i>18-0005</i>		
	5. Description of materials: <i>Decontamination waste</i>		6. Container: <i>No. 3 Type Roll-off</i>	7. Total quantity: <i>m3 100 (yd3)</i>	
Transporter	8. Special handling instructions and additional information: <i>None</i>				
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, in accordance with all regulations.				
	Printed/typed name & title: <i>Carl Shaw, Project Manager</i>		Signature: <i>Carl Shaw</i>	Month Day Year <i>01 10 2018</i>	
	10. Transporter 1 - Individual/Company name: (Acknowledgement of receipt of materials)				
	Printed/typed name & title: <i>Troy Beach Driver</i>		Signature: <i>Troy Beach</i>	Month Day Year	
Disposal Site	Address and telephone no.: <i>1203C South Parker Olathe, KS</i>				
	11. Transporter 2 (Acknowledgement of receipt of materials)				
	Printed/typed name & title:		Signature:	Month Day Year	
	Address and telephone no:				
	12. Discrepancy indication space:				
Disposal Site	13. Waste disposal site owner or operator: Certification of receipt of asbestos or other materials covered by this manifest except as noted in item 12.				
	Printed/typed name & title: <i>Wm. Kent 28</i>		Signature: <i>[Signature]</i>	Month Day Year <i>1 10 18</i>	

WDS: Send copy of this form to Operator as listed in item 2

# WASTE SHIPMENT RECORD - Instructions on back side

Generator

1. Work site name and mailing address:

Forbes Atlas S-5  
3622 Road D, Bushong, KS 66833

Owner's Name:

US Army Corps of Engineers

Owner's telephone no:

816-839-3717

2. Operator's name, address, zip code:

Calley Havens, US Army Corps of Engineers  
601 E. 12th St, Kansas City, MO 64106

Operator's telephone no:

816-839-3717

3. Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3rd St, Lawrence, KS 66044 (4 miles north of I-70-US 59/24 Junction). Kansas Operating Permit #394

WDS phone:  
785-842-2221

4. Name and address of responsible agency:

Kansas Dept. of Health & Environment, 1000SW Jackson, Topeka, KS 66612

4a. KDHE Permit Authorization No:

18-0005

5. Description of materials:

Decontamination Waste

6. Container:

No. 3 Type Roll-off

7. Total quantity:

m3 100 (yd3)

8. Special handling instructions and additional information:

None

9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, in accordance with all regulations.

Printed/typed name & title:

Carl Shaw, Project Manager

Signature:

Carl Shaw

Month Day Year

01 10 2018

Transporter

10. Transporter 1 - Individual/Company name:  
(Acknowledgement of receipt of materials)

HAZMAT RESPONSE

Printed/typed name & title:

Jason Ford

Driver/Operator

Signature:

JF

Month Day Year

01 12 2018

Address and telephone no.:

1203 PARKER - Olathe, KS

11. Transporter 2 (Acknowledgement of receipt of materials)

Printed/typed name & title:

Signature:

Month Day Year

Address and telephone no:

Disposal Site

12. Discrepancy indication space:

13. Waste disposal site owner or operator: Certification of receipt of asbestos or other materials covered by this manifest except as noted in item 12.

Printed/typed name & title:

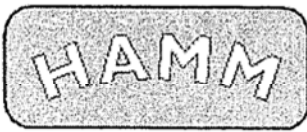
Kevin Miller gm

Signature:

Kevin Miller

Month Day Year

1 12 18



# Hamm Sanitary Landfill

PO Box 17, Perry, KS 66073-0017  
785-597-5111



Ticket No.:

**962009**

Date: 1/17/2018

Time: 12/30/1899

Customer: **999**

**CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-11 CASH-11

Rolloff Container:

Cell Location: 760S3089W970

Weighmaster: Natalie Carrieri

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

	<u>Pounds</u>	<u>Tons</u>
Gross:	49420	24.71
Tare:	37640	18.82
Net:	11780	5.89

Loads Today: 1  
Qty Today: 5.89

*Customer*

**Hamm Sanitary Landfill**

PO Box 17, Perry, KS 66073-0017  
785-597-5111



Ticket No.:

**961516**

Date:

1/10/2018

Time:

12/30/1899

Customer: **999****CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-23

CASH-23

Rolloff Container:

Cell Location: 800S3570W970

Weighmaster: Natalie Carrieri

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

	<u>Pounds</u>	<u>Tons</u>
Gross:	52340	26.17
Tare:	37280	18.64
Net:	15060	7.53

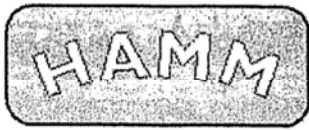
*Customer*

Loads Today:

3

Qty Today:

23.25



# Hamm Sanitary Landfill

PO Box 17, Perry, KS 66073-0017  
785-597-5111



Ticket No.:

**961452**

Date: 1/10/2018

Time: 12/30/1899

Customer: **999** **CASH**

Authorization Number.:

Order: 18-0005

Hauler:

Truck: XXX-12 CASH-12

Rolloff Container:

Cell Location: 800S3570W970

Weighmaster: Natalie Carrieri

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

	<u>Pounds</u>	<u>Tons</u>	* Manual Weight
Gross:	62380 *	31.19 *	
Tare:	38100 *	19.05 *	Loads Today: 1
Net:	24280 *	12.14 *	Qty Today: 12.14

*Customer*

**Hamm Sanitary Landfill**PO Box 17, Perry, KS 66073-0017  
785-597-5111

Ticket No.:

**961458**

Date: 1/10/2018

Time: 12/30/1899

Customer: **999 CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-11 CASH-11

Rolloff Container:

Cell Location: 800S3570W970

Weighmaster: Natalie Carrieri

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

	<u>Pounds</u>	<u>Tons</u>
Gross:	50760	25.38
Tare:	43600	21.80
Net:	7160	3.58

Customer

Loads Today: 2  
Qty Today: 15.72**Hamm Sanitary Landfill**PO Box 17, Perry, KS 66073-0017  
785-597-5111

Ticket No.:

**961671**

Date: 1/12/2018

Time: 12/30/1899

Customer: **999 CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-3 CASH-3

Rolloff Container:

Cell Location: 750S3050W970

Weighmaster: ANGI HIGGINS

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

	<u>Pounds</u>	<u>Tons</u>
Gross:	49120	24.56
Tare:	38100	19.05
Net:	11020	5.51

Customer

Loads Today: 1  
Qty Today: 5.51