

HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

Signature of Certified Operator

<u>11-3-17</u> Date



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

CHECKLIST	ОК	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	V		
9. Steering mechanism	/		
10. Cooling water	<i>\</i>		
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)			ļ
21. Parking brake			
22. General condition		<u></u>	

Remarks:

Certification

Signature of Certified Operator

11-3-17 Date



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DAILY TAILGATE SAFETY MEETING LOG

Date: 11/3/17	Client:	*
Location: Forbes Atlas	Job No.:	
Meeting conducted by: <u>Cale Bergstrom</u>		
Details of safety meeting presented (use back of sheet if necessary)	<u>.</u>	
Level of Protection: Mod		
Contaminants: TCE, DCE, VC	1	
Physical Hazards:		
Confided Space Entry.	ladders, hear	V
Other: lewoment operation, Co	ld temps,	
Slips/trips/falls, pinch	points Runnl	ña
	part rup	7

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

sergst rom 0 10 Soma od Botello lor n

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Signature:



SITE ENTRY LOG

Date: Client:			
location: Forbes All	as Job M	ło.:	
Name	Company	Time In	Time Out
Cale Bergsfrom	ACI	800	1600
	HMRI	08:00	1600
Tyles Wright Cody Wiseman	Hme	08:00	1600
And Blanton	Hm R/	08:00	1600
Kyle Botello	HMRI	0800	1600
Tayloo wright	HMRI HMRF	0808	1600
Torror Wiggin	HMRI	0800	1600
Doug Rant	Arraha 2	0800	1600
4			



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: Forbes	Project Number: 16 - 11 8	Client: USACE
Project: Allas Missila	Contractor:	Contract No.: Subcontract No.
Equipment Description: Takeuchi	Model No.(s): T L 8	Serial No.(s):

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

Remarks:

Certification

cI

11/3/17 Date

Signature of Certified Operator

Company



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: For be 3	Project Number:	Client: USACE
Project: Atlas Missile	Contractor: ACL	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
T-handler	Genvie	10673495

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

Remarks:

Certification

ACT

11/3/17 Date

Signature of Certified Operator

Company



Arrowhead Contracting, Inc.

Definable Feature of Work (DFW): # 2 Da Powerwashing - Sump/traps/tunnels Tir InspectionType (circle one): Initial Follow-up Item Ye Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	Pate: Time:	: // :: //	/3) 900 NA	17			Atlas
InspectionType (circle one): Initial Follow-up Item Ye s the work being performed in accordance with the applicable section(s) of the subcontract specifications? s the work being performed in accordance with approved design drawings and specifications? s the work being performed in accordance with approved work plans (e.g. CQCP, EPP,	-	120.2	900 NA				
InspectionType (circle one): Initial Follow-up Item Ye 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?	-	120.2	NA			Remar	ks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	res	No	NA		I	Remar	ks
specifications?	1	-					
specifications?	1						
	7						
is the work being performed cautiously and with acceptable levels of workmanship?	1						
is equipment being operated properly?	7	-					
s the work being performed using proper methods and procedures?	7	-					
Have any defective or damaged materials been identified?		2	-				
Are results of applicable tests, samples, and/or measurements within acceptable levels?			-	-			
s 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.

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Initial/Follow-up Inspect	ion C	heck	dist		
Definable Feature of Work (DFW): # 3 Removal, disposal and testing	Date	1	1/3/1	Casconador	
Removal, disposer and testing	Time: 900		900	Forbes	Atlas
InspectionType (circle one): Initial Follow-up					
Item	Yes	No	NA	Rem	arks
s the work being performed in accordance with the applicable section(s) of the subcontract specifications?	-	-			
s the work being performed in accordance with approved design drawings and specifications?	-	-			
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	1	-			
s the work being performed cautiously and with acceptable levels of workmanship?	1	-			
s equipment being operated properly?	7	1			
s the work being performed using proper methods and procedures?	~	-			
ave any defective or damaged materials been identified?		4	-		
re results of applicable tests, samples, and/or measurements within acceptable levels?	-	-			
the work being performed in a safe manner and in accordance with the SSHP?	-				
ave pertinent records been completed or collected?	-				
ave any nonconformances been identified, corrected, and re-inspected?		1	-		

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

Total Volume Discharged (gallons)

168,000

(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

Note: Tank #1 and Tank #3 designated as untreated water settling basin Volume treated 228,000 gallons

Volume pumped through COB 11/3/17

270,000

11/6/2017



Daily Quality Control Report

REPORT NO. <u>16</u>

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 interrruptions 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: 47°F Min: 32
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 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.

Dr. Rost

Site Superintendent / Quality Control Officer



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DAILY TAILGATE SAFETY MEETING LOG

Date: 11/6/17	Client:	USACE	
Location: Forbez Missile	Job No.: _	16-11	9
Meeting conducted by: <u>Cale Bergstrom</u>			
Details of safety meeting presented (use back of sheet if necessary):			
Level of Protection: Mod D			
Contaminants: TCE, DCE, VC			
Physical Hazards:			
Slips / trips / falls, we	ter ti	restment	equipment
Other:			0.0
pinch points, cold temps	-		

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Dolig Marphy Cale Bergstron stron

Signature:



SITE ENTRY LOG

Date: 11/6/17 Client: USACE Location: ____Forbes Atlas Missile Job No.: ____16-118

Company	Time In	Time Out
ACI	900	1600
ACT	900	1600
	ACT	

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

Total Volume Discharged (gallons)

168,000

(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

Note:Tank #1 and Tank #3 designated as untreated water settling basinVolume treated238,000gallons

Volume pumped through COB 11/6/17

270,000

11/7/2017



Daily Quality Control Report

REPORT NO. <u>17</u>

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 interrruptions 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:	Inches0.00

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.

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Site Superintendent / Quality Control Officer



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/7/17	Client:	NJACE	
Location: For bes Atles	Job No.: _	16-118	
Meeting conducted by: <u>Cale Bag3 tom</u>			
Details of safety meeting presented (use back of sheet if necessary):			
Level of Protection: Mod D			
Contaminants: TCE, DCE, VC			
Physical Hazards:			
Stast tops/ falls, pinc	h noin	<i>#s</i> ,	
Other: water treatment equi	oment	,	
electricity/generator		1	

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Mur

Signature:



SITE ENTRY LOG

Name	Company	Time In	Time Out
Doug Murphy	ALI	960	1600
Doug Murphy Cale Bergstrom	ACI	900	1600

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
	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	
#2	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct		S5-W-10			
	17-Oct	21,000	17-Oct	19-Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct		S5-W-05	27-Oct		Tank #3 is now a collection Tank
#3								
	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	
#4	31-Oct	18,000	31-Oct		S5-W-11			
	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
#5								
	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	
	23-000	21,000	25.000	27-000	55-11-05	0-1400	21,000	
#6								

Total Volume Discharged (gallons)

168,000

(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

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

Volume pumped through COB 11/6/17

270,000

11/8/2017



Daily Quality Control Report

REPORT NO. <u>18</u>

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 interrruptions 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.

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Site Superintendent / Quality Control Officer

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
	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	
#2	24-Oct	21,000	24-Oct	26-Oct	S5-W-07	26-Oct	21,000	
	27-Oct	21,000	31-Oct		S5-W-10			
	17-Oct	21,000	17-Oct	19.Oct	S5-W-02	20-Oct	21,000	
	20-Oct	21,000	23-Oct		S5-W-02	20-0ct 27-0ct		Tank #3 is now a collection Tank
#3	20-000	21,000	23-001	20-000	33-77-03	27-001	21,000	
	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	
#4	31-Oct	18,000	31-Oct		S5-W-11			
	25-Oct	21,000	25-Oct	27-Oct	S5-W-08	1-Nov	21,000	
#5								
	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	
							· · · · · · · · · · · · · · · · · · ·	
#6								

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 11/8/17264,000gallons

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

11/9/2017



SITE ENTRY LOG

Name	Company	Time In	Time Out
Cale Beriskim	ACT	1200	1700
Cale Bergstrom	ALI	1200	7700



Daily Quality Control Report

REPORT NO. <u>19</u>

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 interrruptions 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 (^o 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:	Inches0.00

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.

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Site Superintendent / Quality Control Officer

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
	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	
#2	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)
	17-Oct	21,000	17-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
#3								
	17-Oct	21,000	17-Oct		S5-W-03	19-Oct	21,000	
	23-Oct	21,000	23-Oct	26-Oct	S5-W-06	27-Oct	21,000	
#4	31-Oct	18,000	31-Oct	1-Nov	S5-W-11		18,000	(not yet released)
	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)
#5								
	25-Oct	21,000	25-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)
#6								
			Total \	olume Discha/	rged (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

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

11/10/2017

TestAmerica Denver 4955 Yarrow Street

Chain of Custody Record



THE LEADER IN ENVIRONMENTAL TESTING

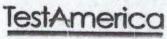
Arvada, CO 80002 Phone (303) 736-0100 Fax (303) 431-7171

Phone (303) 736-0100 Fax (303) 431-7171				Lab Rot	PM: hmeyer, Stephanie K					Carrier Tracking No(s):						COC No: 280-69806-23543.2			
ient Contact	Phone:	Phone: 73-465-0565 E-Mail sten			ail: abanie	anie.rothmeyer@testamericainc.com											Page of		
Ir. Doug Ronk	Jiv tor i steph			T	Analysis Requested										Job #:				
rrowhead Contracting					-	-	-		Ana	lysis	Req	uest	ed	-	-	-	Long Long	Preservation Code	8:
ddress: 0981 Eicher	Due Date Requeste	ed:		_	1.5													A-HCL	M - Hexane
ity:	TAT Requested (da	iys):									0							B - NaOH	N - None O - AsNaO2
enexatate, Zip:						(g)					27			1			-		P - Na2O4S Q - Na2SO3
S, 66219	10.4					RT H					2			1.			1	F - MeOH	R - Na2S2O3 S - H2SO4
hone: 15-577(Tel)	PO#: 16-126		-		(0)	SHORT HOLD)		5			U			3				H - Ascorbic Acid	T - TSP Dodecahydrat U - Acetone
mail:	WO#:				loi h			2			0			1			2	L. DI Water	V-MCAA
Ironk@arrowhead.org Project Name:	Project #:				T'es	VOCs (Terracores		U.			5			2			containers	K-EDTA L-EDA	W - pH 4-5 Z - other (specify)
tlas Missile Site Lyon County, KS	28017409	-			npie IYas	E) s	12		7	7	99			8			cont	Other:	
Site:	550W#.	SSOW#:				NOC		1	1	è	96		1	0		en	r of	-	
		Sample	(C=comp,	Matrix water, S-soli O-waste/oil,	8	8260B_DOD5	TCLP VOCS	TCLP SVOCs	TCLP Metals	TPH	ainter-	Sulfide	Cyanide	Corrosivity	Ignitability	Percent Moistu	Total Number of	Special Ins	tructions/Note:
Sample Identification	Sample Date	Time	G=grab) в Preservati	Tissue, A=Al		J/F		NN		COLUMN STREET	N,	And in case of the local division of the loc	-	VN	-		X		
55-50-01	11/9/17	09:00		Solid	TT	13	11	1		1	1			1	1				
55-50-02	1119/17	0930		Solid		EI	1	1	-	1	1			1	1	-			
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55-5D-03	1114111	1000		Joind	++	d			+	+-	-		-	*	-	+	-	7	
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Possible Hazard Identification					S											s are	retai	ned longer than 1 hive For	Months
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Deliverable Requested: I, II, III, IV, Other (specify						-	1 1100	Gouon	ur ur u					1-10	the second	-	-	The second second	-
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Relinguished by	Date/Time:	17 Company		7-1	Rec	beviex	by.												
Relinquished by:	Date/Time:		0	ompany		Rec	eived	by:						1	Date/1	Time:			Company
Relinquished by:	Date/Time:			ompany		Received by:					-	Date/Time:			-		Company		
romiduoion py.	and the second second	Date/Time: Company			Cooler Temperature(s) °C and Other Remarks:														

TestAmerica Denver

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

Chain of Custody Record



THE LEADER IN ENVIRONMENTAL TESTING

Client Information	formation Mulaha			PM: Carrier Trac hmeyer, Stephanie K						COC No:	
Client Contact: Mr. Josh Phillips	Phone: 573)-41	Phone: E-Mail:					ile.rothmeyer@testamericainc.com				2
Company: Arrowhead Contracting	1000000		stephan	ne.iouin	leyel (gles					Page: Pageof	
Address: 10981 Eicher Drive	Due Date Requested:		225	Line I	TT	Analysi	s Requeste	d	1 10	Danie da	
10981 Eicher Drive										Preservation Cod	des: M - Hexane
City: Lenexa	TAT Requested (days):		100							B - NaOH	N - None
State, Zip: KS, 66219	244	10	and a second							C - Zn Acetate D - Nitric Acid	O - AsNaO2 P - Na2O4S
Phone	PO#:	1					111			E - NaHSO4 F - MeOH	Q - Na2SO3 R - Na2S2O3
(515)961-8000	16-126		0							G - Amchlor H - Ascorbic Acid	S - H2SO4 T - TSP Dodecahydrate
(515)961-8000 Email: jphillips@arrowhead-use.com Project Name: Atlas Missile Site Lyon County, KS	WO#:	•	or N	(0)						I - Ice	U - Acetone V - MCAA
Project Name: Atlas Missile Site Lyon County KS	Project #:		Yes	or No) ater	-		111		ners	K-EDTA L-EDA	W - pH 4-5
Site:	28017409 SSOW#:		pie	D (Yes DCs-Ws	s - Soil				containers	C-EDM	Z - other (specify)
			San	MSD (Yes or - VOCs - Wate	- VOCs -				of ce	Other:	
		Sample	Matrix		8260B_DOD5 - V				ber		
		Type	(W=water, S=solid, D=waste/oll.	Perform M8 8260B_DOD5	a_DOD5				Number		
Sample Identification	Sample Date Tin	ne G=grab) BT=	Tissue, Astir)	Parte 3260E	8260B				Total		
		< Preservation	successive sector in the sector of the sector of	the state of the s	J/F N		122 03 3			Special In	structions/Note:
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55-11-12		30		3						24 Ha	TAT
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Possible Hazard Identification				Sample	Disposa	(A fee ma	be assessed	l if samples a	re retain	ed longer than 1	month)
Non-Hazard Flammable Skin Irritant	Poison B Unknown	Radiological		R	eturn To (lient	Disposal	By Lab	Arch	ive For	Months
Deliverable Requested: I, II, III, IV, Other (specify)				Special	Instruction	s/QC Requi	rements:				manurs
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Relinquished by:	Date/Time:	Con	pany	Rece	ived by:			Date/Time			Company
Relinquished by	11/9/17 Date/Time:	Com	ACZ	Bara	ived by:						
		Con	-boury	rece	weu by:			Date/Time	3 :		Company
Relinquished by:	Date/Time:	Con	pany	Rece	Received by:				ə :	Company	
Custody Seals Intact: Custody Seal No.:				Coole	er Temperat	ire(s) °C and O	ther Remarks:				



SITE ENTRY LOG

Name	Company	Time In	Time Out
Doug Murphy Cale Bergston	ALL	900	1200
Cale Bergstrom	ACI	900	1200
		_	
	4	_	
		_	



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 interrruptions 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:	Inches0.05

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.

D. Post

Site Superintendent / Quality Control Officer

Tank	Date Filled	Quantity Pumped (gallons)	Sample Date	Data Received	Sample ID	Date Released	Treated Volume Released (gallons)	Notes:
	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	
#2	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	
	17-Oct	21,000	17-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
#3								
	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	
#4	31-Oct	18,000	31-Oct	1-Nov	S5-W-11	14-Nov	18,000	
	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)
#5								
	25-Oct	21,000	25-Oct	27-Oct	S5-W-09	6-Nov	21,000	
	11/9/2017	21,000	9-Nov		S5-W-13		21,000	(not yet released)
#6								
			Total \	/olume Discha	rged (gallons)		228,000	1

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

11/15/2017



9

DAILY TAILGATE SAFETY MEETING LOG

Date: 11/14/17	Client: USACE
Location: FORBES MISSILE	Job No.: 16-118
Meeting conducted by: Dung Murphy	
Details of safety meeting presented (use back of sheet if ne	cessary):
Level of Protection: MID D	
Contaminants: TCE V	
Physical Hazards: Shas Trips & for	11s pump truck
Heary Egnipment.	
Other: 0 /	

Signature:

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

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SITE ENTRY LOG

Date: 11/14/17 Client: USACE

Location: FRASES MISSILE Job No.: 16-118

Name	Company	Time In	Time Out
Cale Bergston	ACTI	800	1600
	ACT	800	1600
Glenn Seba	HMRI	800	1500
Taylor Bills	HMRI	800	1500
Lody Wisema	HMRI	800	1500
Dyla Blu	HMRI	800	1500
Kyl Botello	HMRE	800	1500
1			



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 interrruptions 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:	Inches0.0

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.

I Post

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: Daug Murphy	
Details of safety meeting presented (use back of sheet if neces	ssary):
Level of Protection: Mod D	
Contaminants: TRE, VCE, DO	c .
Physical Hazards:	
Ships/ tr, ps/ talls , Other:	moving / loading frak tonk,
treatment of water	

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

murph Vous r'a +m

Signature:



SITE ENTRY LOG

Name	Company	Time In	Time Out
Moug marphy	ACI	800	1600
1/oug murphy Cale Bargstron	ACT	800	1600
			1



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 interrruptions 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 (^o 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:	Inches0.0

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.

Dy Post

Site Superintendent / Quality Control Officer

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4955 Yarrow Street Arvada, CO 800002 Prinone (303) 736-0100 Fax (303) 431-7171		Chain	n of Custody Record	ody Re	cord						Test	estAmerica
Client Information	Sampler.	144		Lab PM: Rothm	Lab P.M: Rothmeyer, Stephanie K	hanie K		Carrier Ti	Carrier Tracking No(s)		COC No:	
Client Contact: Mr. Josin Phillips	Phoner 573) 465		esur	E-Mail: stepha	nie.rothm	eyer@testa	E-Mail: stephanie.rothmeyer@testamericainc.com	F			Page: / of	
Contrainy: Arrowhead Contracting							Analysis Requested	Requeste			#	
Autoress: 100861 Excher Drive	Due Date Requested;	LILLI			いない						Preservation Codes:	odes:
city: Lenexa	TAT Requested (clays):	tys):		Γ			_				A - HCL B - NaOH	M - Hexane N - None
States, Zip: KS, 66219		24 HRTA	74							_	C - Zn Acetate D - Nitric Acid E - NaHSO4	0 - AsNaO2 P - Na204S 0 - Na2SO3
Phone: (515)981-8000	PO#: 16-126			T	N.C. 15	-			-		F - MeOH G - Amchlor	R - Na2S203 S - H2SO4
Email: Dhillips@arrowhead-Jsa.com	;#OM								_			T - TSP Dodecahydrate U - Acetone
Project Name: Attas Missaile Site Lycn County, KS	Project #; 28017409				JO SE	lioi			_	-	_	W - pH 4-5 Z - other (specify)
Stiller	:#MOSS			lames	v) as		-		-		of other:	
Sample Identification	Samulo Dato	Sample		Matrix (Wrivater, Essolid, Downstelod,	seos_pops - ۷ فالمرتب MSIM	eeont Moistur					o tedmuki lato	
		X	Preservation Code:	-	A A a			+	-	-		Special Instructions/Note:
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52-50-15	nheho	1500			1 62	+		-	-		1111	-
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dentification					Sample	Disposal	A fee mav b	assessed	if sample	s are ret	Sample Disposal (A fee may be assessed if samples are retained innex than 1 month	- month I
ent	Poison B Unknown	DWN R	Radiological		۳ ۳	Return To Client	ent 🗍	Disposal	By Lab		Archive For	Months
Deliverable Requested: I, II, III, IV, Other (specify)					Special It	Istructions	Special Instructions/QC Requirements:	ients:				
Empty Kit Relinquish⊜d by:		Date:		ΪĻ	Time:			Met	Method of Shipment	ant		
Manufanana by:	DaterTime: 11/15/17	51:11	5 Company	Auto	Received by	ed by.			Date/Time:	Time:		Company
Keinquished by:	Date/Time:		Company	Auto	Received by	ed by			Date/	Date/Time:		Company
Relinquished by:	Date/Time:		Company	any	Received by:	ed by:			Date/	Date/Time:		Company
Custody Seals Intact: Custody Seal No.,					Cooler	Temperature	Cooler Temperature(s) °C and Other Remarks:	Remarks:	-			



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/16/17	Client: USACE
Location: Forbes Altas Missile	Job No.: 16-118
Meeting conducted by: <u>Cale Bergstrom</u>	
Details of safety meeting presented (use back of sheet if necessary):	
Level of Protection: 9Mod D	
Contaminants: THE, VCE, DC	
Physical Hazards:	
Other: Slips / trip3/ fall3, Truck	operation
Loading/moving Frak tank	

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name? on

Signature:



SITE ENTRY LOG

Name	Company	Time In	Time Ou
aya mumbus	AUT	2800	1200
Lale Bergstrom	ACT	800	1200
	· · · ·		
	~~~~		



## Daily Quality Control Report

REPORT NO. 23

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

Date: 11/27/17

LOCATION OF WORK: <u>Former Forbes Atlas Missile S-5, Lyon County, KS</u> DESCRIPTION: <u>Interim Remedial Action.</u>

### WEATHER CLASSIFICATION:

No interrruptions 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.

D. Ronk

Site Superintendent / Quality Control Officer



### SITE ENTRY LOG

Date: 11/27/17 Client: USACE

Location: FORBES MISSILE Job No.: 16-118

Name	Company	Time In	Time Out
Doug Murphy	ACT	0800	1630
JA MU THE	HMR	0800	1630
Rybubh	Hone	0800	1630
Hustin Hall	HMZ	0800	1630
Gody Lang	HMRT	0800	1630
ody Wisoman	+mr1	0800	1630
1			
	States - States -		
			200
Selfer - Selfer			
	Contraction Annual		
			1
			1000



## DAILY TAILGATE SAFETY MEETING LOG

Client: USACE
Job No.: 16-118
prails prints
]

Signature:

Are any permits/clearances required on this day?:

### ATTENDEES:

Printed Name:

nu, Soman 00 17

Den S anona Har Metally

## **Detection Summary**

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

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

Lab Sample ID: 280-103649-2

Lab Sample ID: 280-103649-3

# 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
/inyl chloride	0.56	J	1.5	0.10	ug/L	1	8260B	Total/NA

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

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**

No Detections.

This Detection Summary does not include radiochemical test results.

TestAmerica Denver

#### **TestAmerica** Denver

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

## Chain of Custody Record



Then all which the matching state of the second

Client Information	Sampler. MURPH					r, Stephanie K			rier Tracking No(s):			COC No:				
Client Contact: Mr. Josh Phillips	Phone: (573) 4	E-Mail: stephanie.rothmeyer@testamericainc.co				nc com	1				Page: Page of					
Company:	-10.07.	0, 0.		Tereb	I		-)			sis Re	auor	tod	-	-	Job #:	
Arrowhead Contracting Address:	Due Date Requested	l:			11 108	10	T	T	Analy	515 110	ques	leu		198	Preservation Cod	es:
10981 Eicher Drive City:	TAT Requested (day	TAT Dequested (days):				HS								100	A - HCL B - NaOH	M - Hexane N - None
Lenexa					1	N								100	C - Zn Acetate D - Nitric Acid	O - AsNaO2
State, Zip: KS, 66219						3200							E - NaHSO4 F - MeOH	P - Na2O4S Q - Na2SO3		
Phone: (515)961-8000	PO#: 16-126					4									G - Amchlor H - Ascorbic Acid	R - Na2S2O3 S - H2SO4 T - TSP Dodecahydrate
Email:	WO#:				or Nc	Tara									1 - Ice	U - Acetone
jphillips@arrowhead-usa.com Project Name:	Project #:				e (Yes or es or No)	1								Iners	J - DI Water K - EDTA	V - MCAA W - pH 4-5
Atlas Missile Site Lyon County, KS	28017409	28017409			Soi As					containe		L-EDA	Z - other (specify)			
Site:	SSOW#.		-		Sam Sam	VOCS- S					ofe	Other:				
		Sample	Sample Type (C=comp,	Matrix (W=water, S=solid, Onwaste/oll,	Field Filtered Perform MS/N	- SOO	82608_DOD6 -	Percent Moisture						Totai Number		
Sample Identification	Sample Date	Time		BT=Tissue, A=Air tion Code:		2				0.000	10 1000-10	-	-	10	Special In	structions/Note:
			Fleselva		m	-	J/F 1	4	13 25.23	1000		10.00	12.29 0.29	-		
55-50-01	11/27/17	1200		solid	++-	3		-	-			-			Expect H	tigh Concentrat
						-	+	-	+						2 2	
		_			++-			-	-			-		1		
					11			-				_				
		-														
				-	П											
						-		-								
					++	1		-	-		1					
Possible Hazard Identification					Sa	mple	e Disp	osal (	A fee	may be	asses	sed if sa	amples ar	e retain	ed longer than 1	month)
Non-Hazard Flammable Skin Irritant	Poison B Unkno	wn 🗆	Radiological				Return	To Cli	ent		Dispo	sal By L			hive For	Months
Deliverable Requested: I, II, III, IV, Other (specify)					Sp	pecial	Instru	ctions/	QC Re	quirem	ents:					
Empty Kit Relinquished by:	1	Date:			Time:							Method of	Shipment			-
Relinquished by: MURPAY	Date/Time: ///27/17	5	15	Company		Rece	eived by	13					Date/Time			Company
Relinquished by:	Date/Time:			Company		Rece	eived by	-	-		-		Date/Time			Company
Relinquished by:	Date/Time:			Company	-	Rece	eived by	5				-	Date/Time			Company
Custody Seals Intact: Custody Seal No.:		-		-		Cont	ler Tem	oerature	(5) °C a	nd Other F	Remarks			-		
Δ Yes Δ No										C1-0.36	- and					



Initial/Follow-up Inspection	on C	heck	list	
finable Feature of Work (DFW): #3 Removal Disposal and testing			27/	
	Time	0	900	
InspectionType (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?	~	1		
s the work being performed in accordance with approved design drawings and specifications?	V	/		
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	V	-		
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?				
lave any defective or damaged materials been identified?		~	1	Constant States
Are results of applicable tests, samples, and/or measurements within acceptable levels?				collected soil Sungle from cont #
s the work being performed in a safe manner and in accordance with the SSHP?	L	/		
lave pertinent records been completed or collected?	~	-		
lave any nonconformances been identified, corrected, and re-inspected?	U	/		

to test facility for test Results.



Initial/Follow-up Inspecti	on C	heck	list	
inable Feature of Work (DFW): #44			zili	7 Subcontract No:
Restoring site	Time	· 0	200	
InspectionType (circle one): Initial Follow-up				
ltem	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	2	/		
is the work being performed in accordance with approved design drawings and specifications?	2	/		State Inc.
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	~	/		
s the work being performed cautiously and with acceptable levels of workmanship?	C	/		
s equipment being operated property?	V	/		
s the work being performed using proper methods and procedures?	L	/		
lave any defective or damaged materials been identified?		V	/	
ve results of applicable tests, samples, and/or measurements within acceptable levels?			4	/
s the work being performed in a safe manner and in accordance with the SSHP?	2	-		
lave pertinent records been completed or collected?	~			
lave any nonconformances been identified, corrected, and re-inspected?	1			
lotes:				

15



Initial/Follow-up Inspect	ion C	heck	list	Sheet
inable Feature of Work (DFW): 45		: UI	127/17	Subcontract No:
Remobalization	Time	: O	900	
InspectionType (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?	1	-		
Is the work being performed in accordance with approved design drawings and specifications?	1	-		
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	V	/		
s the work being performed cautiously and with acceptable levels of workmanship?	L	/		
s equipment being operated properly?	1	-		
s the work being performed using proper methods and procedures?	U	-		
lave any defective or damaged materials been identified?		1	/	
re results of applicable tests, samples, and/or measurements within acceptable levels?			1	
the work being performed in a safe manner and in accordance with the SSHP?		-		- S
ave pertinent records been completed or collected?	1	-		
ave any nonconformances been identified, corrected, and re-inspected?	1			
lotes:	-			



Project Name:	Project Number: 16-118	Client: USACE
FORBES MISSILE Project: Atles missile	Contractor: ACL	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
TA Keuchi	TL8	10659850

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

Remarks:

Certification

22 220 Signature of Certified Operator

Act Company

ulzz/m Date



Project Name:	Project Number:	Client:
FORBES MUSSILE	16-118	USACE
Project: Atlas missice	Contractor:	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
Tele handler	Gene	10673495

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

Remarks:

Certification

Signature of Certified Operator

ACE Company

11/22/17 Date



Project Name:	Project Number:	Client:
FORBES MUSSILE	16-118	USACE
Project: A+las BAJssila	Contractor: Hmr	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
Peter Bilt Vac Truck	E T260 18348	T260

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

Remarks:

Certification

Signature of Certified Operator

Company

11/27/17 Date



## Daily Quality Control Report

REPORT NO. <u>24</u>

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

Date: 11/28/17

LOCATION OF WORK: <u>Former Forbes Atlas Missile S-5, Lyon County, KS</u> DESCRIPTION: <u>Interim Remedial Action.</u>

### WEATHER CLASSIFICATION:

No interrruptions 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.

Dy Post

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: MODD	
Contaminants: TCE DEC. VC	
Contaminants: TCE, DEC, UC Physical Hazards: 3Lips mips & falls	pinch Points
Other: P.P.E. Pump operations	

Are any permits/clearances required on this day?:

### ATTENDEES:

Printed Name:

Soma COdi voy Beach 7 The Mille

Migharion Michael

ody Long

Signature:



### SITE ENTRY LOG

Date: 11/28/17 Client: USACE

Location: FORBES MISSILE Job No.: 16-118

Name	Company	Time In	Time Out
Doug Murphy	ACI	0500	1630
Lody Wiseman	HMR	0800	1000
Ting Rench	HMRI	0800	1000
IAm Mille	HMRE	0800	1000
Michael Milherson	HMRT	0800	
Michael MERkesson Cody Lang	HMRI	0800	1000
	<u></u>		



Initial/Follow-up Inspect	on C	heck	list	
Definable Feature of Work (DFW): #4	Date: 11/28/17		28/17	Subcontract No:
Restaring site	Time	0	900	
InspectionType (circle one): Initial Follow-up				
ltem	Yes	No	NA	Remarks
is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	2	~		
is the work being performed in accordance with approved design drawings and specifications?	~	/		
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	V	/		
s the work being performed cautiously and with acceptable levels of workmanship?	~	-		
s equipment being operated property?	~	/		
s the work being performed using proper methods and procedures?	1	/		
lave any defective or damaged materials been identified?		V	/	
are results of applicable tests, samples, and/or measurements within acceptable levels?			4	
s the work being performed in a safe manner and in accordance with the SSHP?	2	-		
lave pertinent records been completed or collected?	V	-		
lave any nonconformances been identified, corrected, and re-inspected?	4			
lotes:				



Initial/Follow-up Inspecti	on Cl	heck	list	
Definable Feature of Work (DFW): #S	Date: 11/28/17			7 Subcontract No:
Demobalization	Time	: C	0900	
InspectionType (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?	5	/		
Is the work being performed in accordance with approved design drawings and specifications?	5	1		
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	5	/		
is the work being performed cautiously and with acceptable levels of workmanship?	V	/		
s equipment being operated properly?	5	1		
is the work being performed using proper methods and procedures?	V	/		
Have any defective or damaged materials been identified?		V		
Are results of applicable tests, samples, and/or measurements within acceptable levels?				
s the work being performed in a safe manner and in accordance with the SSHP?	1			
Have pertinent records been completed or collected?	2	1		
Have any nonconformances been identified, corrected, and re-inspected?	~	/		

Notes:

Removed all Itolding TANKS, GAC Filter system.



Project Name:	Project Number:	Client:
FORAES MUSILE	16-118	USACE
Project: ATLAS MUSILE	Contractor: AcT	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
Takechi	TES	10659850

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

Certification

Signature of Certified Operator

ACL Company

U/28/17 Date



Project Name:	Project Number:	Client:
FORBES MISSILE	16-118	USACE
Project: ATLAS MUSSILE	Contractor: ACE	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
The handles	ane	10673495

CHECKLIST	ОК	Not OK	N/A
1. Fuel	~		
2. Lubrication, engine oil			
3. Brakes		1	
4. Tires, tracks			
5. Air systems			L
6. Horn	V		1
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			1-
16. Seat belts	V		
17. Filters (air, oil, fuel, hydraulic)	~		
18. Lift arm and bucket	~		
19. Grab handles			
20. Steps (tread, no slip hazards)	/		
21. Parking brake	6		
22. General condition			

Remarks:

Certification

Signature of Certified Operator

ACT 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: <u>Former Forbes Atlas Missile S-5, Lyon County, KS</u> DESCRIPTION: <u>Interim Remedial Action.</u>

### WEATHER CLASSIFICATION:

No interrruptions 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.

Dr. Ronk

Site Superintendent / Quality Control Officer



Restored site area.



## SITE ENTRY LOG

Date: 11/29/17 Client: USACE

Location: FORBES MISSLE Job No.: 16-118

Name	Company	Time In	Time Out
Doug Muphy	AUT	0800	1630
ni - ang			
and the second			
the second s			
and the second			
	1.5.5.2.8		
Charles and the second second			
	the state of the s		
ana ya ana malana malana ina ana ana ana			-
	-		
			12000
			1.1.1



Initial/Follow-up Inspecti	on Cl	heck	list		
Definable Feature of Work (DFW): $\frac{\pi}{4}$	Date: 11/29/17		7	Subcontract No:	
Restoring site	Time	0	400		
InspectionType (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?	~	1			
s the work being performed in accordance with approved design drawings and specifications?	1	/			
s the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	~	/			
s the work being performed cautiously and with acceptable levels of workmanship?	1				
s equipment being operated properly?	2	1			
s the work being performed using proper methods and procedures?	V				
Have any defective or damaged materials been identified?		V			
Are results of applicable tests, samples, and/or measurements within acceptable levels?			V	/	
is the work being performed in a safe manner and in accordance with the SSHP?	-	-			
Have pertinent records been completed or collected?	V	1			
Have any nonconformances been identified, corrected, and re-inspected?	V	1			
Notes:	-				



Initial/Follow-up Inspect	on C	heck	list	A DA	
Definable Feature of Work (DFW): #5	Date: 11/20/17 Time: 0900		In	Subcontract No:	
Neno battation	Time	:0	900		
InspectionType (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?	V				
Is the work being performed in accordance with approved design drawings and specifications?	~	1			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	0	r			
is the work being performed cautiously and with acceptable levels of workmanship?	1	/			
s equipment being operated properly?	C	-			
s the work being performed using proper methods and procedures?	~				
Have any defective or damaged materials been identified?		V			
Are results of applicable tests, samples, and/or measurements within acceptable levels?			~	/	
s the work being performed in a safe manner and in accordance with the SSHP?	0	/			
Have pertinent records been completed or collected?	0	/			
Have any nonconformances been identified, corrected, and re-inspected?	V				
Notes:	-			-	



Project Name:	Project Number:	Client:
FORBES MISSILE	16-118	USACE
Project: ATLAS MUSILE	Contractor:	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
Tele handles	Gence	10673495

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

Remarks:

Certification

1 Signature of Certified Operator

HET. Company

11/24/17 Date



Project Name:	Project Number:	Client:
FORMES MISSILE	16-118	USACE
Project: ATUBS MISSILE	Contractor: ACE	Contract No.: Subcontract No.
Equipment Description:	Model No.(s):	Serial No.(s):
TAKech;	TL8	10659850

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

Remarks:

Certification

Signature of Certified Operator

A CE Company

uleglin Date



## Daily Quality Control Report

REPORT NO. <u>26</u>

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 interrruptions 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 ( ^o 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:	Inches0.0

#### 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.

12 Post

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 interrruptions 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:	Inches0.0

#### 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.

I Ronk

Site Superintendent / Quality Control Officer

# **APPENDIX B**

Photographs

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





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





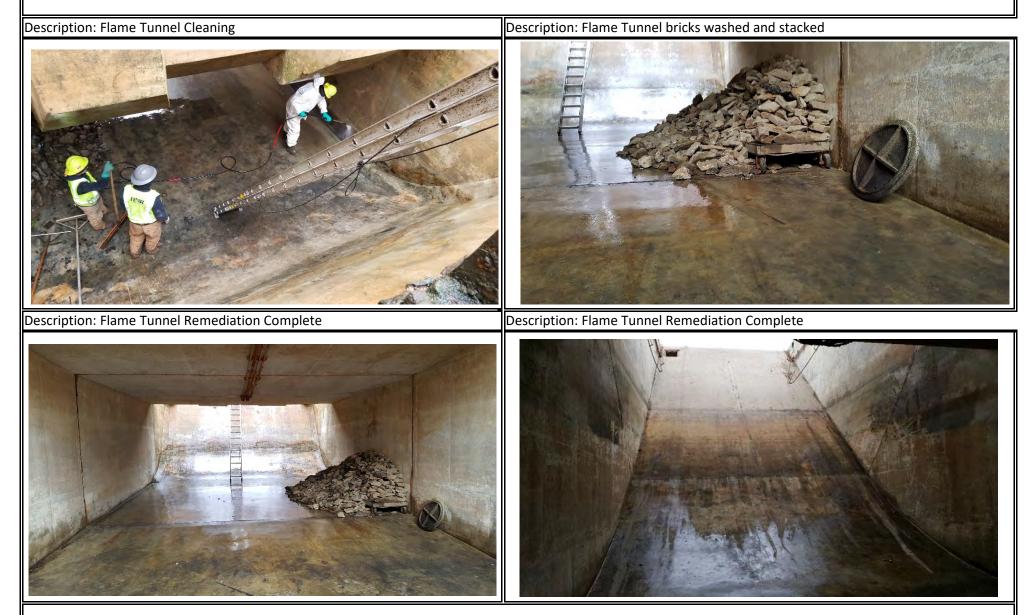
Client name:	USACE	Project Number:	CH0035
Site Name:	Forbes Atlas Missile S-5	Site Location:	Lyons, KS

Description: Flame Tunnel Cleaning

Description: Flame Tunnel Cleaning



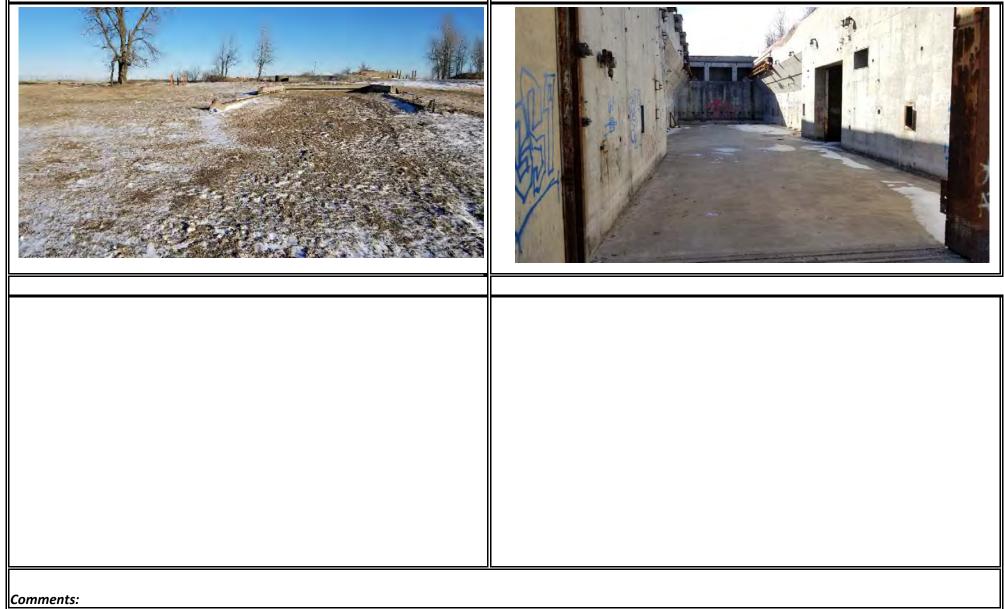
Client name:	USACE	Project Number:	CH0035
Site Name:	Forbes Atlas Missile S-5	Site Location:	Lyons, KS



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

Description: Site after demobilization - tank staging area

Description: Site after demobilization - Missile Bay



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 ADLER 2.5 Description: Missile Bay Remediation Complete Description: Flame Tunnel Remediation Complete

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

Photographer:

Description: Flame Tunnel/ Missile Bay Remediation Complete

Description: Missile Bay Remediation Complete



Description: Missile Bay Remediation Complete



Description: Debris in Main Sump





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

Description: Debris in Main Sump	Description: Debris in Main Sump
Description: Main Sump Removal	Description: Entry Procedures for Main Sump Removal
<image/>	

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

Description: Missile Bay drain remediation complete

Description: Debris Removal





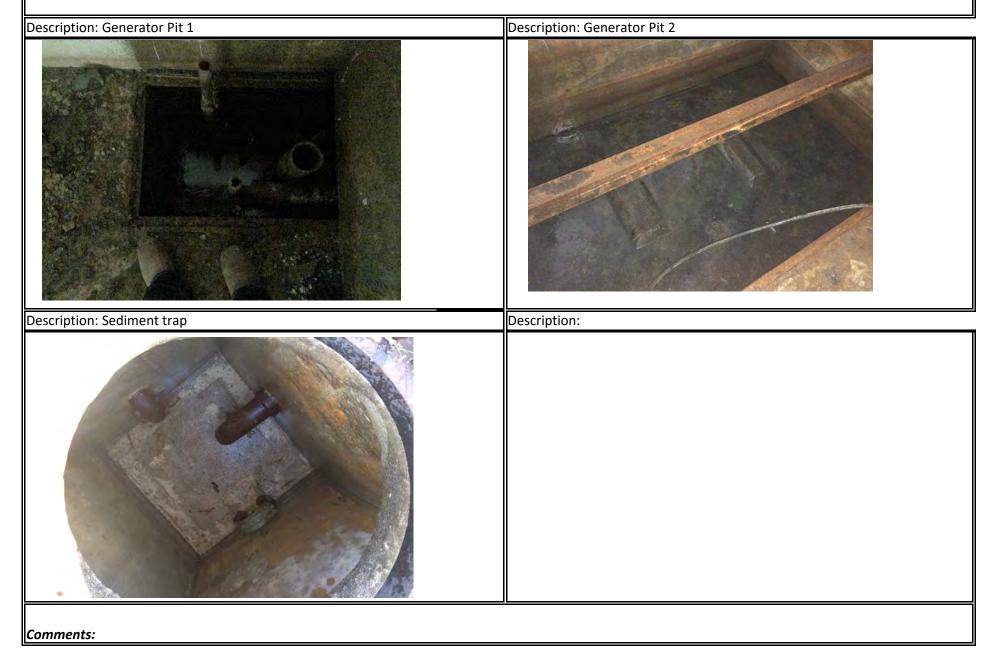
Description: Frac tank decontamination complete

Description: Site after demobilization - roll-off staging area





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



# 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														S5-W-12 retest	S5-W-13 retest
Analyte (ug/L)															
Acetone	ND	17	ND												
Chloromethane	1.9 J	0.33 J	1.7	1.9 J	ND	1.1 J	ND								
Methylene Chloride	ND	0.38 J	0.38	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
o-xylene	ND	0.26	J 0.24 J		ND	0.41	0.42	J ND	ND						
Toluene	ND	0.19	J ND		ND	0.29	0.3210	Q ND	ND						
Vinyl Chloride	ND	0.23 J	ND ND	3.4	3.2	0.56	J 0.55 J								
1,2,4-Trimethylbenzene	ND	0.79	0.81	J ND	ND										
1,3,5-Trimethylbenzene	ND	0.48	0.44	J ND	ND										
4-Isopropyltoluene	ND	0.26	0.25	J ND	ND										
N-propylbenzene	ND	0.27	0.24	J ND	ND										
sec-Butylbenzene	ND	0.25	ND	ND	ND										
Trichloroethene-DL	ND	290 D	290 0	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:
	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	
#2	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	
	17-Oct	21,000	17-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
#3								
	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	
#4	31-Oct	18,000	31-Oct	1-Nov	S5-W-11	14-Nov	18,000	
	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	
#5								
	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	
#6								

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 Numbe	er:
E-Mail Address, if applicable:		Fax Numbe	r:
II. POINT/LOCATION OF	GENERATION INFORMATION	l (only if different from t	he information in Section I above)
Name:			
City:	State:	Zip Code	County:
Contact Person:		Telephone Numb	er:
III. WASTE INFORMATION	I - Use back of form if additiona	al space is required	
Waste Description:			
Physical Characteristics of W	aste:		
Quantity for Disposal:	(Please Select One)	Lbs. Tons Cubic	Yards Containers/Drums Bags
One Time Disposa	I Per Year/Annually	Per Month	Per Week
Laboratory Analyses Attached	d: Yes No Material Safe	ety Data Sheets (MSDS	6) Attached: Yes No
Renewal of Previous Authoriz	ation: Previous Authorization	No:	Date Issued:
IV. DISPOSAL INFORMAT	ION		
Landfill Proposed for Disposa	l:		

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.

Josh Phillips

Printed Name

12/20/17

Date

Signature

Form sw600-specialwaste.pdf

#### 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

- 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 <u>not</u> 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.

<u>Process producing waste</u> - Provide a brief description of the process that produced the waste. For example, "grinding operation", "wastewater treatment plant", "product spill", etc.

<u>Physical Characteristics of Waste</u> - Provide a brief description of the physical make-up of the waste. For example, "gray sludge", or "dark soils with petroleum odor", etc.

<u>Quantity for Disposal</u> - Estimate the quantity of the waste for disposal in units of pounds, tons, cubic yards, containers, or bags. It is best to slightly overestimate.

<u>Frequency</u> - 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.

<u>Laboratory Analyses Attached</u> - 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.

<u>Material Safety Data Sheet (MSDS) Attached</u> - 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.

<u>Renewal of Previous Authorization</u> – 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.

<u>Solid Waste Transfer Station Proposed</u> - 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. Bureau of Waste Management Curtis State Office Building 1000 SW Jackson St., Suite 320 Topeka, KS 66612-1366

Susan Mosier, MD, Secretary



Phone: 785-296-1600 Fax: 785-559-4253 or 785-559-4252 bwmweb@kdheks.gov www.kdheks.gov/waste

Sam Brownback, Governor

Department of Health & Environment

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 operaton 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 resealed 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 Sani

Generator's Nor	hazardous Waste Profile Sheet		
A.Waste Generator Facility Information (must ref	lect location of waste generation/origin)		
1. Generator Name: Forbes Atlas S-5	<b>o o</b> <i>i</i>		
2. Site Address: 3622 Road D	6. Email Address: calley.w.havens@usace.army.mi	1	
3. City: Bushong State: KS	7. Phone: 816-389-3717 Fax: 816-389-		
4. Zip: 66833         County: Lyon	8. NAICS Code: 924110	2023	
5. Contact Name/Title: Calley Havens/Project Manag	ger 9. Generator USEPA ID #:		
B. Customer Information [ ] same as above, if	the same please complete 7 - 11.		
1. Customer Name: Arrowhead Contracting, Inc			
2. Billing Address: 10981 Eicher Dr.	7. Transporter Name: Haz-Mat Response (HMR)		
3. City, State and ZIP: Lenexa, KS 66219	8. Hamm roll-off dumpster for this project? Yes	NoX	
4. Contact Name: Josh Phillips	9. Transporter Address: 1203 Parker St.		
5. Contact Email: jphillips@arrowhead-usa.com	10. City, State & Zip: Olathe, KS 66061		
6. Phone: 515-961-8000 Fax: 515-961-8009	11. P.O. Number:		
C. Waste Stream Information			
1 a Common Waste Name: Decontamination Wa	aste Solids removed from cleaning accumulated ma	aterial from an	
b. Describe Process Generating Waste or Sou	rce of Contamination: abandoned missile silo		
c. Typical Color(s): Gray			
d. Strong Odor? [ ]Yes [ X ]No Describe:			
e. Physical State at 70°F: [ X ]Solid [ ]Liq			
f. Water Reactive? [ ]Yes [ X ]No If Yes,	Describe:		
g. pH: NA			
h. Open Cup Flash Point: [   ]< 140°F [   ]>	> 140°F [ 🗙 ]NA(solid) [ ]Actual:		
i. Physical Constituents: List all constituents of	waste stream - (e.g. Soil 0-80%, Wood 0-20%): [ ](See Attac	ched)	
Constituents(Total Composition Must be > 100%)	Concentration % Constituents(Total Composition Must be > 100%)	-	6
			0
1. Soil	60 % 4. Chemicals (see lab results)	<1 %	
2. Debris	17 % 5.	%	
3. Water	23 % 6.	%	
2. ESTIMATED QUANTITY OF WASTE AND SHIPI			
a. Estimated Annual Quantity:	_[ ]Tons [100]Cubic Yards [ ]Drums [ ]Gallons [ ]Other (s		
	_Units per [ ]Month [ ]Quarter [ ]Year [ X ]One Time [ ]Ot		
c. Is this a U.S. Department of Transportation (I	JSDOT) 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 r			
1. Is this a USEPA (40 CFR Part 261) / Kansas ha	• •	[]Yes [X]	1No
	neck all that apply/? If yes, attach supporting documentation		
		[ ]Yes [X]	JNo
<ul> <li>[ ]Delisted Hazardous Waste</li> <li>[ ]Treated Hazardous Waste Debris</li> </ul>	<ul> <li>[ ] Excluded Wastes Under 40 CFR 261.4</li> <li>[ ] Treated Characteristic Hazardous Waste</li> </ul>		
3. Is the waste from a Federal (40 CFR 300, Appel			1NIa
	nuix b) of state manualeu clean-up?	[]Yes [X]	
<ol> <li>Does this waste contain radioactive material?</li> <li>a. If yes, is disposal regulated by the Nuclear</li> </ol>	r Pogulatory commission?	[ ]Yes [X] [ ]Yes [ ]	-
b. If yes, is disposal regulated by a State Age Does the waste represented by this waste pre-	ofile sheet contain concentrations of regulated Polychlorinated	[ ]Yes [ ]	INO
5. Biphenyls (PCBs) as defined in 40 CFR Part		[]Yes [X]	lNo
a. If yes, is disposal regulated under TSCA?		[]Yes []	
	adiaal ar infactious wasta?		
<ul><li>6. Does the waste contain untreated, regulated, m</li><li>7. Does the waste contain asbestos?</li></ul>		[ ]Yes [X] [ ]Yes [X]	-
	If Yes, [ ]Friable	e []Non Fria	-
8. Is this profile for remediation waste from a fact	cility that is a major source of Hazardous Air Pollutants		2.0
(Site Remediation NESHAP,40 CRF 63 subp		[ ]Yes [X]	]No
If yes, does the waste contain <500 ppmw V0	OHPs 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 CFR261.31, 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:

- 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 Enviroment (KDHE) certified laboratory and are representative of the waste identified for disposal.
- 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.

Company Name				
Company Name				
12/20/2017				
Date				
Approval Decisior	1:			
Approved	Not Approved			
Reviewed previo	ous analysis			
Shall not contain	ı free liquid			
Approval Numbershipment	er must accompany each			
□ Waste must be o	containerized			
Date:				
Mixed Spec	SludgeMed. Waste			
	12/20/2017         Date         Approval Decision         Approved         Reviewed previo         Shall not contain         Approval Number         Waste must be of         Date:			

Straight bill of lading - Short form

Generator Information:	Date: 01/12/2018	
Name: US Army Corp of Engineers	HMRI Job# 12171350	
Address: 601 E. 12th		
City: Kansas City		
State: MO County: 6406		

Ship To:			
Name: Hamms Quarry Landfill			
Address: 16984 379 57.			
City: Lawerence			
State: KS County:			

Client Contact:	Cale	Bergstrom	Phone #:	712-621-1056
Email Address:		<b>`</b>	Fax #:	

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

No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
	N	#27707	
		Decon. Soil (18-0005) Solids	(3,000 1b
		\ 	
		KO# 218	
L	L		

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

Name (Print): Natalie ( ONV) evi	
Signature: Mutor Cri	Date: 1/17//8
Generator: (To be signed by Generator or Haz-Mat Response upon completion	of Agency letter)
Name (Print): Cale Brigstom	
Signature:	Date: 1/12/13
Transporter:	
Haz-Mat Response, Inc.	
Drivers Name (Print): Jason For d	
Signature: A-C	Date:01/12/18
HAZ-MAT RESPONSE, INC.sm 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	

Straight bill of lading - Short form

Generator Information:	Date: 01/10/2218
Name: US Army Corp of Engineers	HMRI Job# 182171350 - 2
Address: 1001 E. 17th	•
City: Kansas City	
State: MD County: 64/06	

Shipped From:		Ship To:
Name: Enchas	Atlas S-E	Name: Hammis Quary Landfill
Name: For has Address: 36 72	. Road D	Address: 16984 37 54.
City: Allen		City: Lawgrence
State: Kc	County:	State: 12 S County:
· · · · · ·		•

Client Contact:	Lale Bernstrom	Phone #: 712 -621 - 1056
Email Address:	0	Fax #:

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

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

Scale Ticket # :	Transporting Unit # :

#### Accepted By:

	Name (Print): Andi Hill Clin 5	
	Signature: Anovi Higtorin	Date: // 2/19-
,	Generator: (To be signed by Generator or Haz-Mat Response upon completion c	of Agency letter)
X	Name (Print): Cale, BRrystrom	
	Signature: //// 19 milar	Date:
	Transporter:	
	Haz-Mat Response, Inc.	
	Drivers Name (Print): Juson Ford	
	Signature: the	Date: 01/12/2018
	HAZ-MAT RESPONSE, INC.sm 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

Straight bill of lading - Short form

Generator Information:	Date: 1/10/2018
	HMRI Job# 18 2171350
Address: 601 Et 12+4	
City: Kaysas City	
State: Mo County: 64/06	

Shipped From:	Ship To:
Name: Forbes Atlas 5-5	Name: HAMMS Quarry Candfill
Address: 3622 Road D	Address: 16984 3rd St.
City: Allen	City: Laurence
State: Ks County:	State: Ks County:

Client Contact:	Phone #: 712-1021 - 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
	N	# 8 084 8 Decon 3011 (18-0005) Solids	13,000 11
	· · · · · · · · · · · · · · · · · · ·		

Scale Ticket # :	Transporting Unit # :

Name (Print): Natalie Carrieri.	
Signature: Martin C	Date: 1/10/18
Generator: (To be signed by Generator or Haz-Mat Response upon completion	n of Agency letter)
Name (Print): Cale Berg. Strom	,
Signature:	Date: 1/10/18
Transporter:	
Haz-Mat Response, Inc.	
Drivers Name (Print): Jo Son Ford	
Signature:	Date: $t/16/18$
HAZ-MAT RESPONSE, INC.sm 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	<i>, , , , , , , , , , , , , , , , , , , </i>

Straight bill of lading - Short form

Generator Information:	Date: / -10 - 18
Name LIS Army Corpof Engineers	HMRI Job# 18 2171350
Address: GOLE 12th	
City: Kangas Cotil	
State: MO County: 64/06	

Shipped From:		Ship To:	
Name: For	Des Atlas 5-5	Name: HAMN	15 Quarry Lavel
Address: 26	22 Road P	Address: 16,984	3RP ST
City: Allei	1	City: Lawren	ill
State: KS	County:	State: KS	County:
	r.		

Client Contact:	C. Le Boratssein	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 Spil (18-0005) Solids	13,000

Scale Ticket # :	
JUDIE HUREL # .	

Transporting Unit # :  $\mathcal{T}$ - $\mathcal{Q}\mathcal{O}$ 

<u></u>	
Name (Print): Natalie Courser?	
Signature: Thetel Canin	Date: 10118
Generator: (To be signed by Generator or Haz-Mat Response upon completion	of Agency letter)
Name (Print): Cale Barastrom	1.
Signature:	Date: ///0/18
Transporter:	, ,
Haz-Mat Response, Inc.	
Drivers Name (Print): Trop Brach	
Signature: Troy Blut	Date: 1-10-18
HAZ-MAT RESPONSE, INC.sm 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	

Straight bill of lading - Short form

Straight bill of lading - Short form		
Generator Information:	Date: 1/10/2018	
Name: U.S. Army Curp of Engineers	HMRI Job# 182171350	
Address: Gol E 12TH		
City: Kowsos City		
State: Mo County: 64/06		

Shipped From:	Ship To:
Name: ForBes Atlas 5-5	Name: Horns Querry Lowsfill
Address: J622 Roop	Address: 16984 3rs ST.
City: Allen	City: Low revue
State: KS County:	State: KS County:

Client Contact:	Cale Benstrom	Phone #: (712) 62/ - 1656
Email Address:	3	Fax #:

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

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

See	ماد	Ticket	#	
300	ΖIÇ	IICRCL	$\pi$	

Transporting Unit # : 1-

·····	
Name (Print): Natalie Carrieri	
Signature: Theether and	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//0/18
Transporter:	, · ·
Haz-Mat Response, Inc.	
Drivers Name (Print): Troy Black	
Signature: They Bearl	Date: / - 10 - 18
HAZ-MAT RESPONSE, INC.sm 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	

	·		
T	WASTE SHIPMENT RECORD - Instru	ctions on back side	Owner's telephone no:
$\frac{1}{1}$	Nork site name and mailing address:	Owner's Name:	
1.	Forhes Atlas 5-5	US Army corps of	816-839-3717
	Nork site name and mailing address: Forbes Atlas 5-5 362 <u>2 Road D</u> , Bushong KS 66833 Operator's name, address, zip code:	- Engineers	Operator's telephone no:
5	Operator's name, address, zip code:	e a r C	
2.	Operator's name, address, zip code: Calley Havens, US Army Corps of Engine Calley Havens, US Army Corps of Engine		816-839-3717
	Calley Havens, USHrmg arps city, MO 601 E, 12th St, Kansas City, MO	64106	WDS phone:
12	Waste disposal SILE (WUS): naturi Samuri y currenti, ser	3rd St,	785-842-2221
lla	wrence. KS 66044 (4 miles north of 1-70-05 55727		
Ju	nction). Kansas Operating Permit #394	4a. KDHE Permit Authorization N	lo:
A	Name and address of responsible agency:		
Ka	insas Dept. of Health & Environment, 1000SW Jackson,	18-0005	
To	opeka, KS 66612	6. Container:	7. Total quantity:
5.	Description of materials:	No. 3 Type Roll-Off	m3 /00 (yd3)
1.	Decontamination Waste	No. 3 Type Lotte Cit	
	Realization frage		l'
	information:		•
8	Special handling instructions and additional information:		
	None		
5	OPERATOR'S CERTIFICATION: I hereby declare that the		
1_	antonto of this consignment are fully and accurately		
	lescribed above by proper shipping name and are classified	i,	
	acked, marked, and labeled, in accordance with all		
	equiations.	loisesturo	Month Day Year
ĥ	Printed/typed name & title:	Signature:	
ľ	Carl Shaw, Project Manager	Carl & Shan	01 10 2018
	Carl Shaw, Project Flandinger	and got	
	10. Transporter1 - Individual/Company name:		
ł	(Acknowledgement of receipt of materials)	AT RESPONSE	
	(ACNIONICUIGEINENE OF TOTAL	AI KESFUNSL	Month Day Year
	TIACM		Month Day Year
ļ		Signature:	Month Day Tear
	Printed/typed name & title:	Signature:	01/12/18
ļ		Signature:	01/12/18
	Printed/typed name & title:	Signature:	01/12/18
	Printed/typed name & title: <u>TaSon ForD</u> Address and telephone no.:	Signature:	01/12/18
	Printed/typed name & title: <u>TaSon ForD</u> Address and telephone no.:	Signature:	01/12/18
	Printed/typed name & title: Tason FORD Driver	Signature:	01/12/18
	Printed/typed name & title: <u>TaSon ForD</u> Address and telephone no.:	Signature:	5151
	Printed/typed name & title: <u>Jason Ford</u> Driver Address and telephone no.: <u>120'3 S. Parker - Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of materia	Signature:	01/12/18
	Printed/typed name & title: <u>TaSon ForD</u> Address and telephone no.:	Signature: 913-782- als)	5151
	Printed/typed name & title: <u>Jason Ford</u> Driver Address and telephone no.: <u>120'3 S. Parker - Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of materia	Signature: 913-782- als)	5151
	Printed/typed name & title: <u>JaSon ForD</u> Driver Address and telephone no.: <u>120'3 S. Parker - Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of materia Printed/typed name & title:	Signature: 913-782- als)	5151
	Printed/typed name & title: <u>Jason Ford</u> Driver Address and telephone no.: <u>120'3 S. Parker - Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of materia	Signature: 913-782- als)	5151
	Printed/typed name & title: <u>JaSon For D</u> <u>Driver</u> Address and telephone no.: <u>120'3 S. Parker Olathe K</u> 11. Transporter 2 (Acknowledgement of receipt of materia Printed/typed name & title: Address and telephone no:	Signature: 913-782- als)	5151
	Printed/typed name & title: <u>JaSon ForD</u> Driver Address and telephone no.: <u>120'3 S. Parker - Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of materia Printed/typed name & title:	Signature: 913-782- als)	5151
	Printed/typed name & title: <u>JaSon For D</u> <u>Driver</u> Address and telephone no.: <u>120'3 S. Parker Olathe K</u> 11. Transporter 2 (Acknowledgement of receipt of materia Printed/typed name & title: Address and telephone no:	Signature: 913-782- als)	5151
Transporter	Printed/typed name & title: <u>JaSon For D</u> <u>Driver</u> Address and telephone no.: <u>120'3 S. Parker Olathe K</u> 11. Transporter 2 (Acknowledgement of receipt of material Printed/typed name & title: Address and telephone no: 12. Discrepancy indication space:	Signature: Signature:	5151
Site	Printed/typed name & title: <u>JaSon ForD</u> Address and telephone no.: <u>J20'3</u> <u>S. Parker</u> <u>Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of material Printed/typed name & title: Address and telephone no: 12. Discrepancy indication space: 13. Waste disposal site owner or operator: Certification of	Signature: Signature: Signature:	5151
Site	Printed/typed name & title: <u>JaSon ForD</u> Address and telephone no.: <u>J20'3</u> <u>S. Parker</u> <u>Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of material Printed/typed name & title: Address and telephone no: 12. Discrepancy indication space: 13. Waste disposal site owner or operator: Certification of	Signature: Signature: Signature:	01/12/18 5151 Month Day Year
Site	Printed/typed name & title: <u>JaSon For D</u> <u>Driver</u> Address and telephone no.: <u>120'3 S. Parker Olathe K</u> 11. Transporter 2 (Acknowledgement of receipt of materia Printed/typed name & title: 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 materials as noted in item 12.	Signature: Signature: Signature: of anifest except	01/12/18 5151 Month Day Year
Transporter	Printed/typed name & title: <u>JaSon ForD</u> Address and telephone no.: <u>J20'3</u> <u>S. Parker</u> <u>Olatherk</u> 11. Transporter 2 (Acknowledgement of receipt of material Printed/typed name & title: Address and telephone no: 12. Discrepancy indication space: 13. Waste disposal site owner or operator: Certification of	Signature: Signature: Signature:	01/12/18 5151 Month Day Year
Site	Printed/typed name & title: <u>JaSon For D</u> <u>Driver</u> Address and telephone no.: <u>120'3 S. Parker Olathe K</u> 11. Transporter 2 (Acknowledgement of receipt of materia Printed/typed name & title: 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 materials as noted in item 12.	Signature: Signature: Signature: of anifest except	01/12/18 5151 Month Day Year

	WASTE SHIPMENT RECORD - Instructi	ons on back side	
+-	Work site name and mailing address:		Owner's telephone no:
	Forbes Atlas 5-5	US Army Corps of Engineers	816-839-3717
	Forbes Atlas 5-5 3622 Road D, Bushong KS 66833		Operator's telephone no:
2	2. Operators name, address, 20 duce. The of Engineers		816-839-3717
	Calley Havens, US Hring Wirps City, MO 64106		WDS phone:
3	Waste disposal site (WDS), Harrin Samany mentality	u 54	785-842-2221
L	awrence, KS 66044 (4 miles north of I-70-US 59/24		
- P	unction). Kansas Operating Permit #394 . Name and address of responsible agency:	4a. KDHE Permit Authorization No:	;
4	Cansas Dept. of Health & Environment, 1000SW Jackson,	18-0005	
	Topeka, KS 66612		
	5. Description of materials:	6. Container:	7. Total quantity: m3 /00 (yd3)
Generator	Decontamination Waste	No. 3 Type Roll-Off	m3 /00 (yd3)
Ğ	Decontamination wasic		
	in the second additional information:		
1	8. Special handling instructions and additional information:		
	None		
Ī	9. OPERATOR'S CERTIFICATION: I hereby declare that the	·	
	contents of this consignment are fully and accuracely		
	described above by proper shipping name and are classified,		
	packed, marked, and labeled, in accordance with all		Month Day Year
	regulations. Printed/typed name & title:	Signature:	
	Princeu/cypeu name a dider	Carl & Shan	01 10 ZOB
	Carl Shaw, Project Manager	Care Gour	· · · · · · · · · · · · · · · · · · ·
	10. Transporter1 - Individual/Company name:		
	(Acknowledgement of receipt of materials)		
			Month Day Year
	Printed/typed name & title:	Signature:	1-12-18
	Thoy Teach Asiser	A VIEW Der	1. 10-10
	1019		
Ja Ja	Address and telephone no.: 12020 South & arker Olat	In to boo	CS .
	12020 5000 Farker 019	re i a pere	
Transpoi	11. Transporter 2 (Acknowledgement of receipt of materials)		
Tra			
	Printed/typed name & title:	Signature:	Month Day Year
	Printed/typed hance & duct		
		1	
	Address and telephone no:		
<b> </b>	12. Discrepancy indication space:		
[	וב. עוגנופאמותי אישונטוטו אשניי.		
Site		art moant	
		est except	
Disposal	as noted in item 12.	Signature	Month Day Year
ă	Printed/typeg hame & title:		1-10-18
1	Nevert	1 PTC	I F 10 10

	WASTE SHIPMENT RECORD - Instruction	ons on back side	
	. Work site name and mailing address:	Owner's Name:	Owner's telephone no:
'	Carlas Atlas 5-5	US Army Corps of	816-839-3717
	3622 Road D, Bushong KS 66833.	Engineers	Operator's telephone no:
	Calley Hovens US Army Orps of Englice		816-839-3717
Ļ	10/21 F. 1/19 27. Lansas - 11 10		WDS phone:
	3, Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3r	785-842-2221	
	Lawrence, KS 66044 (4 miles north of I-70-US 59/24 Junction). Kansas Operating Permit #394		
	4. Name and address of responsible agency:	4a. KDHE Permit Authorization No:	
	Kansas Dept. of Health & Environment, 1000SW Jackson,	18-0005	
	Topeka, KS 66612		
ţ	5. Description of materials:	6. Container:	7. Total quantity:
Generator	Decontamination Waste	No. 3 Type Roll-Off	m3 /00 (yd3)
- B			
	8. Special handling instructions and additional information:		•
	None		
Í			
·	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.		Month Day Year
	Printed/typed name & title:	Signature:	
Ì	Carl Shaw, Project Manager	Carl G Shan	01 10 ZOB
	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials)		
	147 MAT KESS	Signature:	Month Day Year
	Printed/typed name & title:	Signature.	
j .	Jason Frid Driver	1 the	01 10 2018
	Address and telephone no.:		
fe	A A A A A A A A A A A A A A A A A A A	111 913-707-SI	51
Transpor	1203 C South Fasker St - Olich 11. Transporter 2 (Acknowledgement of receipt of materials)		
Lan	11. Transporter 2 (Acknowledgement of receipt of metericity)		•
1			Month Day Year
	Printed/typed name & title:	Signature:	pondi buy re-
	Address and telephone no:		
			الأكار وبالالد عندان ومستبيه بالمتشورين وتبريون في وي
ľ	12. Discrepancy indication space:		
Site	13. Waste disposal site owner or operator: Certification of		
100	receipt of asbestos or other materials covered by this manife	st except	
Diemeal	as noted in item 12.	Signature:	Month Day Year
Ϊ	Printed/typed name & title:	$M_{\rm LC} = 1 + 1 + 1 + 1$	A) In I
	MX/ Kom mallys mar	( X) Kerminin	(1X) $10$ $10$
L	WUS: Send copy of this form to Operator as listed in item 2		
	New Market		

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	WASTE SHIPMENT RECORD - Instructi	ons on back side					
	1. Work site name and mailing address:	LOursenie Nomor	Owner's telephone no:				
		US Army Corps of	816-839-3717				
	Forbes Atlas 5-5 3622 Road D, Bushong KS 66833	Operator's telephone no:					
	2. Operator's name, address, zip code: Calley Havens, US Army Corps of Engineer	~	816-839-3717				
	GOI E, 12th St, Kansas City, MB C	4106	816 051 5111				
-	3, Waste disposal site (WDS): Harrin Sanitary Landfill, 16984 3r		WDS phone:				
	Lawrence, KS 66044 (4 miles north of I-70-US 59/24	785-842-2221					
	Junction). Kansas Operating Permit #394	4a. KDHE Permit Authorization No:					
	4. Name and address of responsible agency:						
	Kansas Dept. of Health & Environment, 1000SW Jackson,						
F	Topeka, KS 66612	6. Container:	7. Total quantity:				
Generator	5. Description of materials:	No. 3 Type Roll-Off	m3 /00 (yd3)				
ene	Decontamination Woste						
Ō			<u>, Li</u>				
	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.		Month Day Year				
	Printed/typed name & title:	Signature:					
	Carl Shaw, Project Manager	Calleshan	01 10 ZOB				
	10. Transporter1 - Individual/Company name:						
	(Acknowledgement of receipt of materials)	4					
	Printed/typed name & title:	Signature:	Month Day Year				
1.	Time Real A South	Righ Berl					
	1804 Black Fried	Y CONTE C					
ter	Address and telephone no.:						
		5					
Transpoi	11. Transporter 2 (Acknowledgement of receipt of materials)						
1							
	Printed/typed name & title:	Signature:	Month Day Year				
	Address and baladhaps 20:						
	Address and telephone no:						
-	12. Discrepancy indication space:						
	n :						
	13. Waste disposal site owner or operator: Certification of						
	receipt of asbestos or other materials covered by this manife	st except					
	as noted in item 12.		Month Day Year				
1	Printed/typed name & title:	Signature:	1018				
	1 reinent 28	the second secon					
L	2 A start of the second	Sector State					

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

.

	WASTE SHIPMENT RECORD - Instructi	Oursele Nomot	Owner's telephone no:		
	Work site name and mailing address:	Owner's Name: US Army Corps of			
	Forbes Atlas 5-5	Engineers	816-839-3717		
	Forbes Atlas 5-5 3622 Road D, Bushong KS 66833	Operator's telephone no:			
2.	Operator's name, address, zip code: Calley Havens, US Army Corps of Engineer GOI E, 12th St, Kansas City, MO C What a disconductor (MOS): Harmy Sanitary Landfill 16984 31	~			
	Calley Havens, US Army Corps of Ching	816-839-3717			
	601 E. 12th St. Kansas Lity, MO G	WDS phone:			
13.	Waste disposal site (WDS). Harmin Samany Lunamy 2000 1 St	a st,	785-842-2271		
La	wrence, KS 66044 (4 miles north of I-70-US 59/24				
	nction). Kansas Operating Permit #394	4a. KDHE Permit Authorization No			
4.	Name and address of responsible agency:		•		
	ansas Dept. of Health & Environment, 1000SW Jackson,	18-0005			
	opeka, KS 66612		7. Total quantity:		
5.	Description of materials:	6. Container:	m3 /00 (yd3)		
	Decontamination Waste	No. 3 Type Roll-Off	1115 700 (100)		
F	a (a) have list with an and additional information,		· · · · · · · · · · · · · · · · · · ·		
8	. Special handling instructions and additional information:				
	None				
10	, OPERATOR'S CERTIFICATION: I hereby declare that the				
3	ontents of this consignment are fully and accurately				
	lescribed above by proper shipping name and are classified,				
	backed, marked, and labeled, in accordance with all				
1.	equiations.		Month Day Year		
ĥ	Printed/typed name & title:	Signature:	Month Day Year		
ſ		Carl G Shan	01 10 ZOLE		
	VAL SACUL KEART MUNUS				
	Carl Shaw, Project Manager	un G Bh			
		Can G She	<u></u>		
	10. Transporter1 - Individual/Company name:				
	10. Transporter1 - Individual/Company name:	SPO IN SE	Month Day Year		
	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) <u>HAIZINAIT</u> RE.		Month Day Year		
	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) <u>HAIZINAIT</u> RE.	SPO IN SE			
	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) Printed/typed name & title: Ja San Ford Driver (D percetor	SPO IN SE			
	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) <u>HAIZINAIT</u> RE.	SPO IN SE			
er	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) Printed/typed name & title: <u>Jaisan Ford</u> Address and telephone no.:	SPO IN SE			
er	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) Printed/typed name & title: <u>Jaisan Ford</u> Address and telephone no.: Day Parker - Olather KS	SPO IN SE Signature:			
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er	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) Printed/typed name & title: <u>Jasa Ford</u> Address and telephone no.: <u>1203</u> PARKER - Olathy, KS 11. Transporter 2 (Acknowledgement of receipt of materials)	SPO IN SE Signature:	01 12 20/1		
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Site	10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials) Printed/typed name & title: <u>Jasa Ford</u> Address and telephone no.: <u>1203</u> PARKER - Olathe, KS 11. Transporter 2 (Acknowledgement of receipt of materials) Printed/typed name & title: Address and telephone no: 12. Discrepancy indication space: 13. Waste disposal site owner or operator: Certification of	SPONSE Signature: Signature:	01 12 201		
Site	<ul> <li>10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials)</li> <li>Printed/typed name &amp; title: <u>Jasa Ford</u> Address and telephone no.: <u>1203</u> <u>PARKER - Olathy, KS</u> 11. Transporter 2 (Acknowledgement of receipt of materials)</li> <li>Printed/typed name &amp; title: 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 maniference of the space of the s</li></ul>	SPONSE Signature: Signature:	01 12 201		
Site	<ul> <li>10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials)</li> <li>Printed/typed name &amp; title: <u>Ja San Ford</u> Address and telephone no.: <u>1203</u> PARKER - Olathe, KS</li> <li>11. Transporter 2 (Acknowledgement of receipt of materials)</li> <li>Printed/typed name &amp; title: 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 manife as noted in item 12.</li> </ul>	SPONSE Signature: Signature: est except	Month Day Year		
Transporter	<ul> <li>10. Transporter1 - Individual/Company name: (Acknowledgement of receipt of materials)</li> <li>Printed/typed name &amp; title: <u>Jasa Ford</u> Address and telephone no.: <u>1203</u> <u>PARKER - Olathy, KS</u> 11. Transporter 2 (Acknowledgement of receipt of materials)</li> <li>Printed/typed name &amp; title: 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 maniference of the space of the s</li></ul>	SPONSE Signature: Signature:	Month Day Year		

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

ANA MAS	Hamm Sanitary Landfill						
FULFULFULFU	PO Box 17. Perry, KS 66073-0 785-597-5111	0017	IICK	et No.:	962009		
	/ 785-597-5111	Date	: 1/17/2018	Time:	12/30/	2/30/1899	
Customer: 999	CASH						
Authorization Number:: Order:	18-0005						
	10-0000						
Hauler:	CA 011 11						
Truck: XXX-11 Rolloff Container:	CASH-11						
Cell Location:	760S3089W970		Pounds	Tons			
Neighmaster: Natalie Ca	arrieri	Gross:	49420	24.71			
z Signature:		Tare	37640	18.82		Today:	1
		Net:	11780	5.89	Qty To	day:	5.89
		(	Customer				

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

# 

T	icket	No.:
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961516

Date: 1/10/2018

Time:

12/30/1899

Authorization Number::

Customer: 999

Signature:

18-0005

CASH

Authorization Number:: Order:

Hauler: Truck: XXX-23 CASH-Rolloff Container: Cell Location: 800S35 Weighmaster: Natalie Carrieri

CASH-23 800S3570W970

 Pounds
 Tons

 Gross:
 52340
 26.17

 Tare:
 37280
 18.64

 Net:
 15060
 7.53

 Customer

Loads Today: Qty Today:

3 23.25

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$\left( - \lambda - \right)$	Hamm Sanitary La	ndfill					I	
FUALMAN	PO Box 17, Perry, KS 66073 785-597-5111	3-0017	Ticke	et No.:		96	1452	
			Date:	1/10/20	018	Time:	12/30/1	899
Customer: 999	CASH							
Authorization Number:: Order:	18-0005							
Hauler: Truck: XXX-12 Rolloff Container:	CASH-12							
Cell Location: Weighmaster: Natalie Car Signature:	800S3570W970 rieri	Gross: Tare:	Pounds 62380 * 38100 *	<u>Tons</u> 31.19* 19.05*	* Manual W	Loads To	•	1
		Net:	24280 * ustomer	12.14*		Qty Toda	ay:	12.14

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