



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification



 Signature of Certified Operator

11-3-17

 Date



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

 Signature of Certified Operator

11-3-17

 Date



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/3/17

Client: _____

Location: Forbes Atlas

Job No.: _____

Meeting conducted by: Cale Bergstrom

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

Level of Protection: Mod 0

Contaminants: TCE, DCE, VC

Physical Hazards: _____

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

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Signature:

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

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



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

Cub Byster
Signature of Certified Operator

ACI
Company

11/3/17
Date



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

Cub Bayton

Signature of Certified Operator

ACI

Company

11/3/17

Date



Arrowhead Contracting, Inc.

Sheet ___ of ___

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): #2 Powerwashing - Sump/traps funnels		Date: 11/3/17	Subcontract No:	
		Time: 900	Forbes Atlas	
Inspection Type (circle one): Initial <u>Follow-up</u>				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	<input checked="" type="checkbox"/>			
Is the work being performed in accordance with approved design drawings and specifications?	<input checked="" type="checkbox"/>			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	<input checked="" type="checkbox"/>			
Is the work being performed cautiously and with acceptable levels of workmanship?	<input checked="" type="checkbox"/>			
Is equipment being operated properly?	<input checked="" type="checkbox"/>			
Is the work being performed using proper methods and procedures?	<input checked="" type="checkbox"/>			
Have any defective or damaged materials been identified?		<input checked="" type="checkbox"/>		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			<input checked="" type="checkbox"/>	
Is the work being performed in a safe manner and in accordance with the SSHP?	<input checked="" type="checkbox"/>			
Have pertinent records been completed or collected?	<input checked="" type="checkbox"/>			
Have any nonconformances been identified, corrected, and re-inspected?		<input checked="" type="checkbox"/>		
Notes:				



Arrowhead Contracting, Inc.

Sheet of

Initial/Follow-up Inspection Checklist

Definable Feature of Work (DFW): # 3 Removal, disposal and testing	Date: 11/3/17	Subcontract No: Forbes Atlas
	Time: 900	

Inspection Type (circle one): Initial Follow-up

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

Notes:



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

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

Total Volume Discharged (gallons) 168,000

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

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

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



Daily Quality Control Report

REPORT NO. 16

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

Date: 11/06/17

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

DESCRIPTION: Interm Remedial Action.

WEATHER CLASSIFICATION:

CLASS A	No interruptions of any kind from weather conditions occurring on this or previous shifts	Classification:
CLASS 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

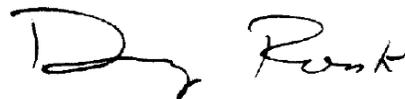
7. Remarks:

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.



Site Superintendent / Quality Control Officer



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

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

Total Volume Discharged (gallons) 168,000

Note: Tank #1 and Tank #3 designated as untreated water settling basin
Volume treated 238,000 gallons

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

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



Daily Quality Control Report

REPORT NO. 17

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

Date: 11/07/17

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

2. Work Performed Today by Subcontractors:

None

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

None

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

None

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/7/17

Client: USACE

Location: Forbes Atlas

Job No.: 16-118

Meeting conducted by: Cale Byrdon

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

Level of Protection: Mod D

Contaminants: TCE, DCE, VC

Physical Hazards:

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

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Signature:

Mr. Doug Murphy
Cale Byrdon

[Signature]
Cale Byrdon



Daily Quality Control Report

REPORT NO. 18

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

Date: 11/08/17

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

2. Work Performed Today by Subcontractors:

None

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

None

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

None

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer



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

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

Total Volume Discharged (gallons) 168,000

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

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

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

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

Total Volume through 11/8/17	264,000	gallons
Volume pumped through COB 11/6/17	270,000	gallons



Daily Quality Control Report

REPORT NO. 19

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

Date: 11/09/17

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

2. Work Performed Today by Subcontractors:

None

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

None

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

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

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

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

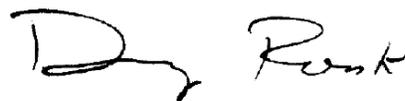
7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer



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

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

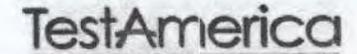
Note: Tank #1 and Tank #3 designated as untreated water settling basin

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

TestAmerica 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				Sampler: <u>Murphy</u>	Lab PM: Rothmeyer, Stephanie K	Carrier Tracking No(s):	COC No: 280-69806-23543.2																																																																																																													
Client Contact: Mr. Doug Ronk				Phone: <u>773-465-0565</u>	E-Mail: stephanie.rothmeyer@testamericainc.com		Page: <u>1</u> of <u>2</u>																																																																																																													
Company: Arrowhead Contracting				Analysis Requested				Job #:																																																																																																												
Address: 10981 Eicher		Due Date Requested:						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Field Filtered Sample (Yes or No)</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Perform MS/MSD (Yes or No)</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">8260B_DOD5 - VOCs (Torracores SHORT HOLD)</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">TCLP VOCs</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">TCLP SVOCs / METALS</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">TCLP Metals</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">PCBs / TPH</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Pesticides / 9095B (PFLT)</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Sulfide</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Cyanide</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Corrosivity / REACTIVITY</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Ignitability</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Percent Moisture</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Number of containers</td> </tr> </table>				Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	8260B_DOD5 - VOCs (Torracores SHORT HOLD)	TCLP VOCs	TCLP SVOCs / METALS	TCLP Metals	PCBs / TPH	Pesticides / 9095B (PFLT)	Sulfide	Cyanide	Corrosivity / REACTIVITY	Ignitability	Percent Moisture	Total Number of containers	Preservation Codes: A - HCL M - Hexane B - NaOH N - None C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3 F - MeOH R - Na2S2O3 G - Amchlor S - H2SO4 H - Ascorbic Acid T - TSP Dodecahydrate I - Ice U - Acetone J - DI Water V - MCAA K - EDTA W - pH 4-5 L - EDA Z - other (specify)																																																																																										
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City: Lenexa		TAT Requested (days):		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Sample Identification</th> <th>Sample Date</th> <th>Sample Time</th> <th>Sample Type (C=comp, G=grab)</th> <th>Matrix (W=water, S=solid, O=astellol, BT=Tissue, A=Air)</th> <th>Field Filtered Sample (Yes or No)</th> <th>Perform MS/MSD (Yes or No)</th> <th>8260B_DOD5 - VOCs (Torracores SHORT HOLD)</th> <th>TCLP VOCs</th> <th>TCLP SVOCs</th> <th>TCLP Metals</th> <th>PCBs</th> <th>TPH</th> <th>Pesticides</th> <th>Sulfide</th> <th>Cyanide</th> <th>Corrosivity</th> <th>Ignitability</th> <th>Percent Moisture</th> <th>Total Number of containers</th> <th>Special Instructions/Note:</th> </tr> <tr> <td colspan="5"></td> <td>J/F</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td><u>55-SD-01</u></td> <td><u>11/9/17</u></td> <td><u>0900</u></td> <td></td> <td><u>Solid</u></td> <td><u>Y</u></td> <td><u>3</u></td> <td><u>1</u></td> <td></td> <td></td> </tr> <tr> <td><u>55-SD-02</u></td> <td><u>11/9/17</u></td> <td><u>0930</u></td> <td></td> <td><u>Solid</u></td> <td><u>Y</u></td> <td><u>3</u></td> <td><u>1</u></td> <td></td> <td></td> </tr> <tr> <td><u>55-SD-03</u></td> <td><u>11/9/17</u></td> <td><u>1000</u></td> <td></td> <td><u>Solid</u></td> <td><u>Y</u></td> <td><u>3</u></td> <td><u>1</u></td> <td></td> <td></td> </tr> </table>								Sample Identification	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=astellol, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	8260B_DOD5 - VOCs (Torracores SHORT HOLD)	TCLP VOCs	TCLP SVOCs	TCLP Metals	PCBs	TPH	Pesticides	Sulfide	Cyanide	Corrosivity	Ignitability	Percent Moisture	Total Number of containers	Special Instructions/Note:						J/F	N	N	N	N	N	N	N	N	N	N	N	N	N			<u>55-SD-01</u>	<u>11/9/17</u>	<u>0900</u>		<u>Solid</u>	<u>Y</u>	<u>3</u>	<u>1</u>			<u>55-SD-02</u>	<u>11/9/17</u>	<u>0930</u>		<u>Solid</u>	<u>Y</u>	<u>3</u>	<u>1</u>			<u>55-SD-03</u>	<u>11/9/17</u>	<u>1000</u>		<u>Solid</u>	<u>Y</u>	<u>3</u>	<u>1</u>																																			
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State, Zip: KS, 66219		PO #: 16-126		Other:																																																																																																																
Phone: 515-577(Tel)		WO #:																																																																																																																		
Email: dronk@arrowhead.org		Project #: 28017409		Special Instructions/Note:																																																																																																																
Project Name: Atlas Missile Site Lyon County, KS		SSOW#:																																																																																																																		
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Possible Hazard Identification				Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)																																																																																																																
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological				<input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months																																																																																																																
Deliverable Requested: I, II, III, IV, Other (specify)				Special Instructions/QC Requirements:																																																																																																																
Empty Kit Relinquished by:		Date:		Time:		Method of Shipment:																																																																																																														
Relinquished by: <u>Murphy</u>		Date/Time: <u>11/9/17</u>		Company: <u>ACE</u>		Received by:																																																																																																														
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Relinquished by:		Date/Time:		Company:		Received by:																																																																																																														
Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custody Seal No.:		Cooler Temperature(s) °C and Other Remarks:																																																																																																																



Daily Quality Control Report

REPORT NO. 20

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

Date: 11/14/17

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

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

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

2. Work Performed Today by Subcontractors:

None

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

None

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

None

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

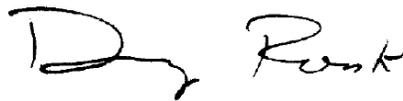
7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/14/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

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

Level of Protection: MID D

Contaminants: TCE, v

Physical Hazards: slips Trips & falls pump truck

Other: Hearm Equipment.

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Signature:

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

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



Daily Quality Control Report

REPORT NO. 21

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

Date: 11/15/17

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

Two frak tanks were removed from the site today.

2. Work Performed Today by Subcontractors:

None

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

None

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

S5-W-14

S5-W-15

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

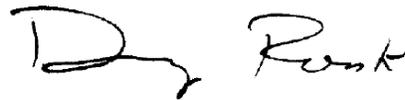
7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/15/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

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

Level of Protection: Mod D

Contaminants: TCE, VCE, DC

Physical Hazards:

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

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Signature:

Doug Murphy
Cale Bergstrom

[Signature]
[Signature]



Daily Quality Control Report

REPORT NO. 22

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

Date: 11/16/17

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

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

2. Work Performed Today by Subcontractors:

None

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

None

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

S5-W-14

S5-W-15

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

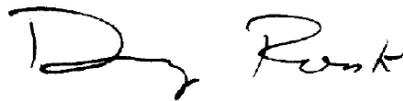
7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer

Chain of Custody Record

Client Information Client Contact: Mr. Josh Phillips Company: Arrowhead Contracting Address: 10981 Elchar Drive City: Lenexa State, Zip: KS, 66219 Phone: (515) 981-8000 Email: jphillips@arrowhead-usa.com Project Name: Atlas Missile Site Lyon County, KS Site:		Lab PM: Rothmeyer, Stephanie K E-Mail: stephanie.rothmeyer@testamericainc.com Carrier Tracking No(s):	
Due Date Requested: 11/17/17 TAT Requested (days): 24 HOURS		Page: 1 of 1 Job #:	
PO #: 16-126 WO #:		Preservation Codes: A - HCL B - NaOH C - Zn Acetate D - Nitric Acid E - NaHSO4 F - MeOH G - Amchlor H - Ascorbic Acid I - Ice J - DI Water K - EDTA L - EDA Other:	
Sample Identification 55-W-14 55-W-15 TIP BLANK		Matrix (W=water, S=solid, O=organic, A=air) Sample Type (C=Comp, G=grab) Sample Time Sample Date Preservation Code:	
Sample Date: 11/15/17 Sample Time: 1500 11/15/17 1500		Field Filtered Sample (Yes or No) [X] Perform MS/MSD (Yes or No) [X] 8268_DDS - VOCs - Water [X] 8268_DDS - VOCs - Soil [X] Percent Moisture [X]	
Analysis Requested		Total Number of Containers	
Possible Hazard Identification <input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Radiological Deliverable Requested: I, II, III, IV, Other (specify)		Special Instructions/Note: 24 HOURS TAT 24 HOURS TAT	
Empty Kit Relinquished by: Mr. Josh Phillips Relinquished by:		Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months	
Date/Time: 11/15/17 17:05 Date/Time:		Method of Shipment:	
Date/Time: 11/15/17 17:05 Date/Time:		Received by: Company	
Date/Time: Date/Time:		Received by: Company	
Date/Time: Date/Time:		Received by: Company	
Custody Seals Intact: Δ Yes Δ No		Cooler Temperature(s) °C and Other Remarks:	



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/16/17

Client: USACE

Location: Forbes Atlas Missile

Job No.: 16-118

Meeting conducted by: Cale Bergstrom

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

Level of Protection: Mod D

Contaminants: TKE, VCE, DE

Physical Hazards:

Other: Slips/trips/falls, Truck operation

Loading/moving. Frak tank

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name
Cale Bergstrom
Doug Murphy

Signature:
Cale Bergstrom
Doug Murphy



Daily Quality Control Report

REPORT NO. 23

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

Date: 11/27/17

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

DESCRIPTION: Interim Remedial Action.

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

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

2. Work Performed Today by Subcontractors:

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

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

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

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

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

5. Verbal Instructions Received:

None.

6. Corrective Actions Proposed/Taken:

None.

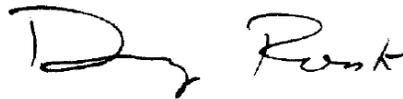
7. Remarks:

None.

8. Safety Violations Observed:

None.

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



Site Superintendent / Quality Control Officer



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/27/17

Client: USACE

Location: FORBES MISSILE

Job No.: 16-118

Meeting conducted by: Doug Murphy

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

Level of Protection: MWD (D)

Contaminants: TCE, DEE, VC

Physical Hazards: Slips Trips & Falls pinch points

Heavy Equipment operations

Other: P.P.E Pump operations

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Signature:

Doug Murphy

[Signature]

[Name]

[Name]

[Signature]

[Name]

[Signature]

[Name]

[Signature]

[Name]

[Signature]

Detection Summary

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

TestAmerica Job ID: 280-103649-1

Client Sample ID: S5-W-14

Lab Sample ID: 280-103649-1

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

Client Sample ID: S5-W-15

Lab Sample ID: 280-103649-2

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

Client Sample ID: TRIP BLANK

Lab Sample ID: 280-103649-3

No Detections.

This Detection Summary does not include radiochemical test results.

TestAmerica Denver



Arrowhead Contracting, Inc.

Sheet 1 of 3

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): #3 Removal Disposal and Testing	Date: 11/27/17		Subcontract No:	
	Time: 0900			
Inspection Type (circle one): Initial Follow-up				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?	✓			collected soil sample from cont #1
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			
Notes: Collected soil sample from container #1. and sent to test facility for test results.				



Arrowhead Contracting, Inc.

Sheet 3 of 3

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): 45 Remobilization	Date: 11/27/17	Subcontract No:		
	Time: 0900			
Inspection Type (circle one): Initial Follow-up				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			✓	
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			
Notes:				



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

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



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

Signature of Certified Operator	<i>ACE</i> Company	<i>11/22/17</i> Date
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HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

Project Name: <i>FORBES MISSILE</i>	Project Number: <i>16-118</i>	Client: <i>USACE</i>
Project: <i>Atlas Missile</i>	Contractor: <i>HMP</i>	Contract No.: Subcontract No.
Equipment Description: <i>Peterbilt VAC Truck</i>	Model No.(s): <i>T260 1P3348</i>	Serial No.(s): <i>T260</i>

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

Remarks:

Certification

[Signature]

Signature of Certified Operator

HMP

Company

11/27/17

Date



Daily Quality Control Report

REPORT NO. 24

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

Date: 11/28/17

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

DESCRIPTION: Interim Remedial Action.

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

Rental Company removed GAC filter system from site.

2. Work Performed Today by Subcontractors:

Cleaned and removed equipment from site.

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

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

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

None.

5. Verbal Instructions Received:

None.

6. Corrective Actions Proposed/Taken:

None.

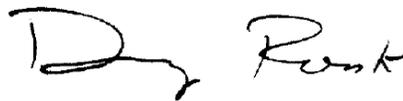
7. Remarks:

None.

8. Safety Violations Observed:

None.

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



Site Superintendent / Quality Control Officer



DAILY TAILGATE SAFETY MEETING LOG

Date: 11/28/17

Client: USAFC

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

Physical Hazards: Slips trips & falls pinch points

heavy equipment operations

Other: P.P.E. pump operations

Are any permits/clearances required on this day?:

ATTENDEES:

Printed Name:

Signature:

Cody Wiseman

[Signature]

Troy Beach

[Signature]

[Signature]

[Signature]

Michael McPherson

[Signature]

Cody Kenny

[Signature]



Arrowhead Contracting, Inc.

Sheet 1 of 2

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): #4 <i>Restoring site</i>	Date: 11/28/17	Subcontract No:		
	Time: 0900			
Inspection Type (circle one): Initial Follow-up				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?		✓		
Are results of applicable tests, samples, and/or measurements within acceptable levels?			✓	
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			
Notes:				



Arrowhead Contracting, Inc.

Sheet 2 of 2

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



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification _____ Signature of Certified Operator	<i>ACI</i> _____ Company	<i>11/28/17</i> _____ Date
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HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

 _____ Signature of Certified Operator	 _____ Company	<i>11/28/17</i> _____ Date
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Daily Quality Control Report

REPORT NO. 25

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

Date: 11/29/17

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

DESCRIPTION: Interim Remedial Action.

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

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

2. Work Performed Today by Subcontractors:

None.

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

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

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

None.

5. Verbal Instructions Received:

None.

6. Corrective Actions Proposed/Taken:

None.

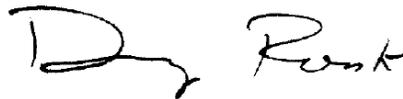
7. Remarks:

None.

8. Safety Violations Observed:

None.

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



Site Superintendent / Quality Control Officer



Restored site area.



Arrowhead Contracting, Inc.

Sheet of

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



Arrowhead Contracting, Inc.

Sheet 2 of 2

Initial/Follow-up Inspection Checklist				
Definable Feature of Work (DFW): #5 <i>Demolition</i>	Date: 11/29/17		Subcontract No:	
	Time: 0900			
Inspection Type (circle one): Initial Follow-up				
Item	Yes	No	NA	Remarks
Is the work being performed in accordance with the applicable section(s) of the subcontract specifications?	✓			
Is the work being performed in accordance with approved design drawings and specifications?	✓			
Is the work being performed in accordance with approved work plans (e.g. CQCP, EPP, SAMP/QAPP)?	✓			
Is the work being performed cautiously and with acceptable levels of workmanship?	✓			
Is equipment being operated properly?	✓			
Is the work being performed using proper methods and procedures?	✓			
Have any defective or damaged materials been identified?			✓	
Are results of applicable tests, samples, and/or measurements within acceptable levels?				✓
Is the work being performed in a safe manner and in accordance with the SSHP?	✓			
Have pertinent records been completed or collected?	✓			
Have any nonconformances been identified, corrected, and re-inspected?	✓			
Notes:				



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

[Signature]

Signature of Certified Operator

AET

Company

11/29/17

Date



HEAVY EQUIPMENT DAILY INSPECTION CHECKLIST

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

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

Remarks:

Certification

[Signature]
Signature of Certified Operator

ACE
Company

11/29/17
Date



Daily Quality Control Report

REPORT NO. 26

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

Date: 1/10/18

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

2. Work Performed Today by Subcontractors:

Transport of 3 roll-offs to the Hamm Landfill.

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

None

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

None

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

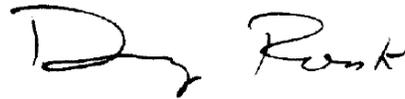
7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer



Daily Quality Control Report

REPORT NO. 27

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

Date: 1/12/18

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

DESCRIPTION: Interm Remedial Action

WEATHER CLASSIFICATION:

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

1. Work Performed Today by Kemron/Arrowhead JV:

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

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

2. Work Performed Today by Subcontractors:

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

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

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

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

None

5. Verbal Instructions Received:

None

6. Corrective Actions Proposed/Taken:

None

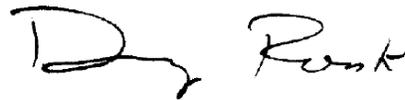
7. Remarks:

None

8. Safety Violations Observed:

Non

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



Site Superintendent / Quality Control Officer

APPENDIX B

Photographs

FORBES ATLAS MISSILE S-5

Client name: USACE

Project Number: CH0035

Site Name: Forbes Atlas Missile S-5

Site Location: Lyons, KS

Description: Flame Tunnel Pumping



Description: Flame Tunnel Initial



Description: Flame Tunnel vac truck pumping



Description: Flame Tunnel Initial



Comments:

FORBES ATLAS MISSILE S-5

Client name: USACE

Project Number: CH00355

Site Name: Forbes Atlas Missile S-5

Site Location: Lyons, KS

Photographer:

Description: Flame Tunnel Cleaning



Description: Flame Tunnel Entry Setup



Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Comments:

FORBES ATLAS MISSILE S-5

Client name: USACE

Project Number: CH0035

Site Name: Forbes Atlas Missile S-5

Site Location: Lyons, KS

Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Description: Flame Tunnel Cleaning



Comments:

FORBES ATLAS MISSILE S-5

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

Description: Flame Tunnel Cleaning



Description: Flame Tunnel bricks washed and stacked



Description: Flame Tunnel Remediation Complete



Description: Flame Tunnel Remediation Complete



Comments:

FORBES ATLAS MISSILE S-5

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



Comments:

FORBES ATLAS MISSILE S-5

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

Description: Flame Tunnel Remediation Complete



Description: Liquid Storage and treatment



Description: Missile Bay Remediation Complete



Description: Flame Tunnel Remediation Complete



Comments:

FORBES ATLAS MISSILE S-5

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

Description: Flame Tunnel/ Missile Bay Remediation Complete



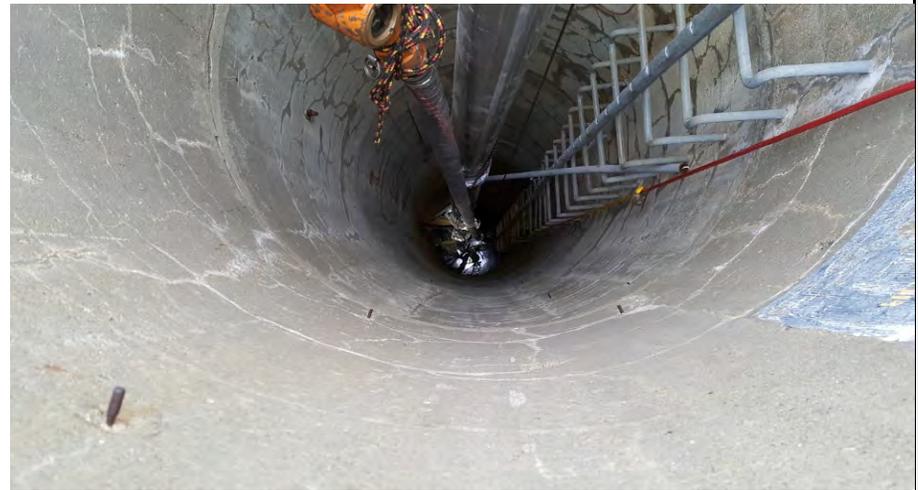
Description: Missile Bay Remediation Complete



Description: Missile Bay Remediation Complete



Description: Debris in Main Sump



Comments:

FORBES ATLAS MISSILE S-5

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

Description: Debris in Main Sump



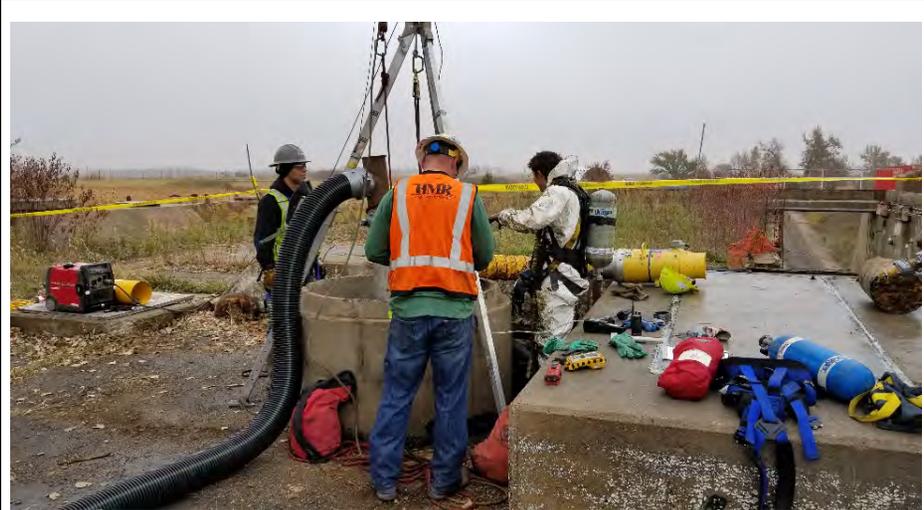
Description: Debris in Main Sump



Description: Main Sump Removal



Description: Entry Procedures for Main Sump Removal



Comments:

FORBES ATLAS MISSILE S-5

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



Comments:

FORBES ATLAS MISSILE S-5

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

Description: Generator Pit 1



Description: Generator Pit 2



Description: Sediment trap



Description:

Comments:

APPENDIX C

Waste Analytical Results (CD)
Wastewater Confirmation Sample Analytical Summary

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

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

ND = Analyte not detected above method detection limit.
J = Estimated: The analyte was positively identified; the quantitation is an estimation.
Q = One or more Quality Control criteria failed.
D = The reported value is from a dilution.

APPENDIX D

Sump Dewatering Summary Table

APPENDIX E

Waste Disposal Records

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



January 3, 2018

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

RE: Special Waste Disposal Authorization Number 18-0005

THIS AUTHORIZATION EXPIRES: July 4, 2018

Dear Calley Havens:

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

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

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

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

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

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

Sincerely,



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

ABG

C Charles Sedlock
e-file

Requester phone: 816-389-3717



QUARRIES
CONSTRUCTION
ASPHALT
WASTE MANAGEMENT

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

09 January 18

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

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

Dear Ms. Havens:

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

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

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

Sincerely,


Charlie M. Sedlock

cc: Hamm Sanitary Landfill

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

1. Generator Name: Forbes Atlas S-5
 2. Site Address: 3622 Road D
 3. City: Bushong State: KS
 4. Zip: 66833 County: Lyon
 5. Contact Name/Title: Calley Havens/Project Manager
 6. Email Address: calley.w.havens@usace.army.mil
 7. Phone: 816-389-3717 Fax: 816-389-2023
 8. NAICS Code: 924110
 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.
 3. City, State and ZIP: Lenexa, KS 66219
 4. Contact Name: Josh Phillips
 5. Contact Email: jphillips@arrowhead-usa.com
 6. Phone: 515-961-8000 Fax: 515-961-8009
 7. Transporter Name: Haz-Mat Response (HMR)
 8. Hamm roll-off dumpster for this project? Yes ___ No X
 9. Transporter Address: 1203 Parker St.
 10. City, State & Zip: Olathe, KS 66061
 11. P.O. Number:

C. Waste Stream Information

1 a Common Waste Name: Decontamination Waste
 b. Describe Process Generating Waste or Source of Contamination: Solids removed from cleaning accumulated material from an abandoned missile silo
 c. Typical Color(s): Gray
 d. Strong Odor? []Yes [X]No Describe: _____
 e. Physical State at 70°F: [X]Solid []Liquid []Powder []Semi-Solid or Sludge []Other: _____
 f. Water Reactive? []Yes [X]No If Yes, Describe: _____
 g. pH: NA _____
 h. Open Cup Flash Point: []< 140°F []> 140°F [X]NA(solid) []Actual: _____
 i. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): [](See Attached)

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

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. Estimated Annual Quantity: _____ []Tons [100]Cubic Yards []Drums []Gallons []Other (specify): _____
 b. Shipping Frequency: _____ Units per []Month []Quarter []Year [X]One Time []Other _____
 c. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) []Yes [X]No
 d. USDOT Shipping Description (if applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.):

D. Regulatory Status (Please check appropriate responses)

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

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

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

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

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

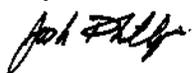
- 1. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. Representative waste collected sample(s) in accordance with 40 CFR 261.20(c) or equivalent rules; and are from a Kansas Department of Health and Environment (KDHE) certified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

Generator Certification

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

Josh Phillips Project Manager

Authorized Representative Name and Title (Printed)

 X 

Authorized Representative Signature

Arrowhead Contracting Inc.

Company Name

 12/20/2017

Date

FOR HAMM USE ONLY

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

Hamm Authorization Signature:

Approval Decision:
 Approved Not Approved

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

Date:

State Authorization No: _____ **Approval Expiration Date:** _____
Product: ACM _____ Cont. Soil _____ Mixed Spec. _____ Sludge _____ Med. Waste _____

HAZ-MAT RESPONSE, INC.sm

"YOUR FIRST LINE OF DEFENSE"[®]

Straight bill of lading - Short form

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

Shipped From:

Ship To:

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

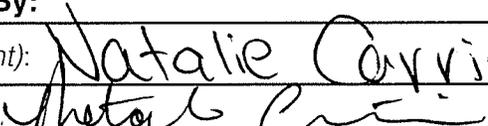
Client Contact: Cale Bergstrom	Phone #: 712-621-1056
Email Address:	Fax #:

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

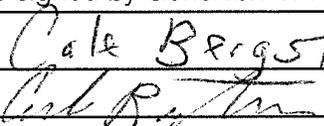
No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	N	# 27707 Decon. Soil (18-0005) Solids	13,000 lbs
		RO# 218	

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

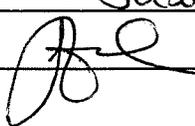
Accepted By:

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

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

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

Transporter:

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

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

HAZ-MAT RESPONSE, INC.sm

"YOUR FIRST LINE OF DEFENSE"[®]

Straight bill of lading - Short form

Generator Information:	Date: 01/10/2018
Name: US Army Corp of Engineers	HMRI Job# 1RZ171350 - 2
Address: 601 E. 12th	
City: Kansas City	
State: MO	County: 64106

Shipped From:

Ship To:

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

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

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

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

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

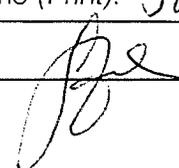
Accepted By:

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

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

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

Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Jason Ford	
Signature: 	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

HAZ-MAT RESPONSE, INC.sm

"YOUR FIRST LINE OF DEFENSE"[®]

Straight bill of lading - Short form

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

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

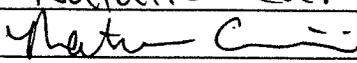
Client Contact: Cale Bergstrom	Phone #: 712-621-1056
Email Address:	Fax #:

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

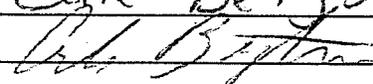
No. Containers	Hazard. Mat. Yes or No	Description of Items Being Shipped	Weight
1	N	#82848 Decon soil (18-0005) solids	13,000 lbs

Scale Ticket # :	Transporting Unit # :
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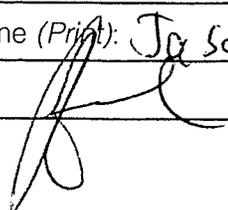
Accepted By:

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

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

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

Transporter:

Haz-Mat Response, Inc.	
Drivers Name (Print): Jason Ford	
Signature: 	Date: 1/10/18

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

HAZ-MAT RESPONSE, INC.sm

"YOUR FIRST LINE OF DEFENSE"[®]

Straight bill of lading - Short form

Generator Information: US Army		Date: 1-10-18
Name: US Army Corp of Engineers		HMRI Job# 1R2171350
Address: 601 E 12th		
City: Kansas City		
State: MO	County: 64106	

Shipped From:		Ship To:	
Name: Fortes Atlas S-S		Name: HAMMS Quarry Level 11	
Address: 2622 Road D		Address: 16984 3RD ST	
City: Allen		City: Lawrence	
State: KS	County:	State: KS	County:

Client Contact: Cole Bergstrom	Phone #: 712-621-056
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-Oil soil (18-0005) solids	13,000

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

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

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

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

Transporter:

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

HAZ-MAT RESPONSE, INC.sm

"YOUR FIRST LINE OF DEFENSE"[®]

Straight bill of lading - Short form

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

Shipped From:

Ship To:

Name: FORBES ATLAS S-S	Name: HARMS QUARRY LANDFILL
Address: 3622 ROAD D	Address: 16984 3 RD ST.
City: ALLEN	City: LAWRENCE
State: KS	County:

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

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

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

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

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

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

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

Transporter:

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

WASTE SHIPMENT RECORD - Instructions on back side

Generator	1. Work site-name and mailing address: <i>Forbes Atlas S-5 3622 Road D, Bushong, KS 66833</i>		Owner's Name: <i>US Army Corps of Engineers</i>	Owner's telephone no: <i>816-839-3717</i>	
	2. Operator's name, address, zip code: <i>Calley Havens, US Army Corps of Engineers 601 E. 12th St, Kansas City, MO 64106</i>			Operator's telephone no: <i>816-839-3717</i>	
	3. Waste disposal site (WDS): Hamm Sanitary Landfill, 16984 3rd St, Lawrence, KS 66044 (4 miles north of I-70-US 59/24 Junction). Kansas Operating Permit #394			WDS phone: <i>785-842-2221</i>	
	4. Name and address of responsible agency: <i>Kansas Dept. of Health & Environment, 1000SW Jackson, Topeka, KS 66612</i>		4a. KDHE Permit Authorization No: <i>18-0005</i>		
	5. Description of materials: <i>Decontamination Waste</i>		6. Container: <i>No. 3 Type Roll-off</i>	7. Total quantity: <i>m3 100 (yd3)</i>	
	8. Special handling instructions and additional information: <i>None</i>				
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, in accordance with all regulations.				
	Printed/typed name & title: <i>Carl Shaw, Project Manager</i>		Signature: <i>Carl Shaw</i>	Month Day Year <i>01 10 2018</i>	
Transporter	10. Transporter 1 - Individual/Company name: (Acknowledgement of receipt of materials) <i>HAZMAT RESPONSE</i>				
	Printed/typed name & title: <i>Jason Ford Driver</i>		Signature: <i>[Signature]</i>	Month Day Year <i>01/12/18</i>	
	Address and telephone no.: <i>1203 S. Parker - Olathe, KS 913-782-5151</i>				
	11. Transporter 2 (Acknowledgement of receipt of materials)				
Printed/typed name & title:		Signature:	Month Day Year		
Address and telephone no.:					
Disposal Site	12. Discrepancy indication space:				
	13. Waste disposal site owner or operator: Certification of receipt of asbestos or other materials covered by this manifest except as noted in item 12.				
	Printed/typed name & title: <i>DJ Henderson</i>		Signature: <i>[Signature]</i>	Month Day Year <i>1-17-18</i>	

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

WASTE SHIPMENT RECORD - Instructions on back side

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

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

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

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

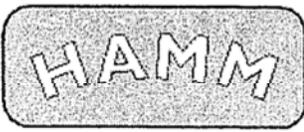
WASTE SHIPMENT RECORD - Instructions on back side				
Generator	1. Work site name and mailing address: <i>Forbes Atlas S-5 3622 Road D, Bushong, KS 66833</i>		Owner's Name: <i>US Army Corps of Engineers</i>	Owner's telephone no: <i>816-839-3717</i>
	2. Operator's name, address, zip code: <i>Calley Havens,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

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

WASTE SHIPMENT RECORD - Instructions on back side

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

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



Hamm Sanitary Landfill

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



Ticket No.:

962009

Date: 1/17/2018

Time: 12/30/1899

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

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-11 CASH-11

Rolloff Container:

Cell Location: 760S3089W970

Weighmaster: Natalie Carrieri

Signature: _____

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

Loads Today: 1
Qty Today: 5.89

Customer



Hamm Sanitary Landfill

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



Ticket No.: **961516**

Date: 1/10/2018 Time: 12/30/1899

Customer: **999 CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-23 CASH-23

Rolloff Container:

Cell Location: 800S3570W970

Weighmaster: Natalie Carrieri

Signature: _____

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

Loads Today: 3
Qty Today: 23.25

Customer



Hamm Sanitary Landfill

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



Ticket No.:

961452

Date: 1/10/2018

Time: 12/30/1899

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

Authorization Number.:

Order: 18-0005

Hauler:

Truck: XXX-12 CASH-12

Rolloff Container:

Cell Location: 800S3570W970

Weighmaster: Natalie Carrieri

Signature: _____

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

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

Ticket No.:

961458

Date: 1/10/2018

Time: 12/30/1899

Customer: **999 CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-11 CASH-11

Rolloff Container:

Cell Location: 800S3570W970

Weighmaster: Natalie Carrieri

Signature: _____

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

Loads Today:	2
Qty Today:	15.72

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

Ticket No.:

961671

Date: 1/12/2018

Time: 12/30/1899

Customer: **999 CASH**

Authorization Number::

Order: 18-0005

Hauler:

Truck: XXX-3 CASH-3

Rolloff Container:

Cell Location: 750S3050W970

Weighmaster: ANGI HIGGINS

Signature: _____

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

Loads Today:	1
Qty Today:	5.51

Customer