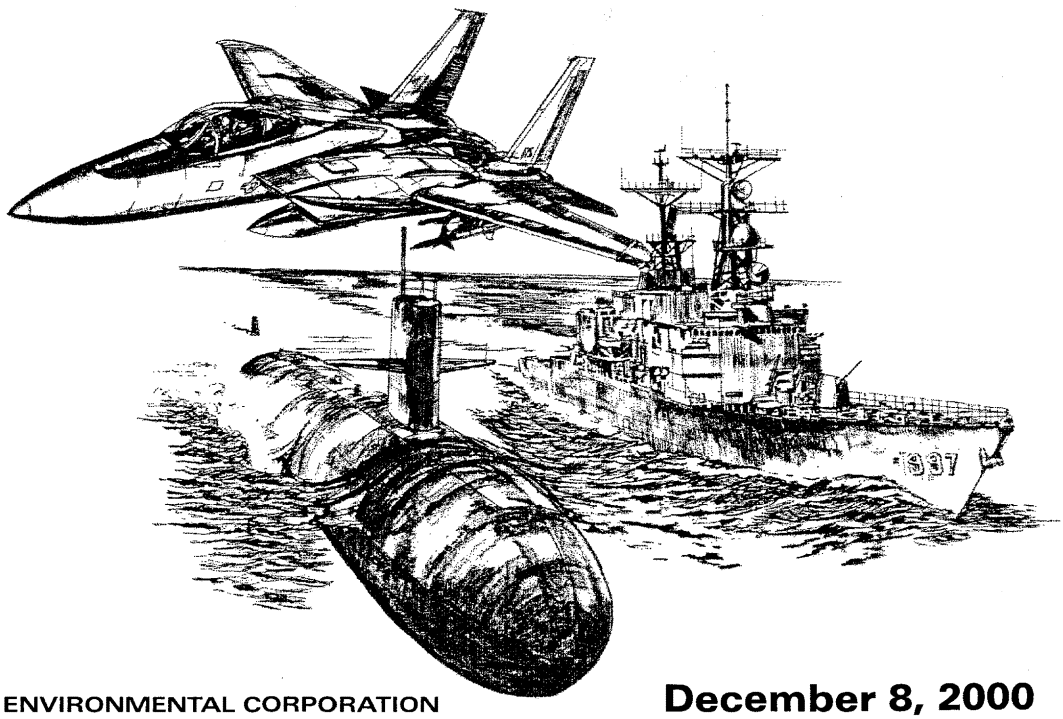
Contract No. N44255-95-D-6030

Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana, and Alaska

Addendum to Final Remedial Action Report

Repairs at Operable Unit A

Naval Station Bremerton
Bremerton, Washington
RACII/Delivery Order No. 0075



FOSTER WHEELER ENVIRONMENTAL CORPORATION

December 8, 2000

CONTRACT NO. N44255-95-D-6030
RAC II/DELIVERY ORDER NO. 0075

ADDENDUM TO FINAL REMEDIAL ACTION REPORT

REPAIRS AT OPERABLE UNIT A
NAVAL STATION BREMERTON
BREMERTON, WASHINGTON

FOSTER WHEELER ENVIRONMENTAL CORPORATION

DECEMBER 8, 2000

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ACRONYMS AND ABBREVIATIONS

ACP	asphalt concrete pavement
ARARs	applicable or relevant and appropriate requirements
BE	biological evaluation
BNC	Bremerton Naval Complex
CERCLA	Comprehensive Environmental Response, Compensation and Liability Act
COC	contaminant of concern
COIR	erosion control mat
CZMA	Coastal Zone Management Act
decon	decontamination water
DO	Delivery Order
Ecology	Washington State Department of Ecology
EPA	U.S. Environmental Protection Agency
ESA	Endangered Species Act
Foster Wheeler Environmental	Foster Wheeler Environmental Corporation
FS	Feasibility Study
HPA	Hydraulic Project Approval
MLLW	mean lower low water
MW	monitoring well
Navy	United States Navy
NMFS	National Marine Fisheries Service
NSB	Naval Station Bremerton
OU	Operable Unit
PCB	polychlorinated biphenyl
QA/QC	quality assurance/quality control
RAC	Remedial Action Contract
RD/RA	Remedial Action Design/Remedial Action
RI	Remedial Investigation
ROD	Record of Decision
Shipyard	Puget Sound Naval Shipyard
SMA	Shoreline Management Act
SVOC	semivolatile organic compound
SWP	Site Work Plan

ACRONYMS AND ABBREVIATIONS

SWTS	Solid Waste Tracking Sheets
TPH	total petroleum hydrocarbon
URS	URS Consultants
USFWS	U.S. Fish and Wildlife Service
VOC	volatile organic compound
WAC	Washington Administrative Code
WDFW	Washington Department of Fish and Wildlife
WIS	Waste Information Sheet

1. PROJECT BACKGROUND

The purpose of this Remedial Action Report Addendum is to describe the remedial construction activities that were performed at Operable Unit (OU) A located at Naval Station Bremerton (NSB) in Bremerton, Washington under Contract No. N44255-95-D-6030 (RAC II) Delivery Order (DO) No. 0075. This report is an Addendum to the Final Remedial Action Report, Revision 0 dated August 3, 1999 (Foster Wheeler Environmental, 1999).

This project's objective was to make repairs to the Final Record of Decision (ROD) remedy at OU A consistent with the original remedial objectives. The basis for the repair was to replace an existing vertical concrete debris seawall between Mooring G and the former location of the Battleship Marker (anchor) because it was in imminent danger of failure due to the effects of surface water runoff, tidal action, and storm events. The intent of the repairs was to mitigate the potential chemical exposures and associated risks to human health and the environment. The repairs would prevent a more serious failure of the slope that could result in loss of dry land, potential adverse structural impacts to the adjacent mooring, and damage to the aquatic environment, including release of contaminated material located behind the seawall.

The repairs conducted involved: 1) replacing the existing vertical seawall with a steel sheet pile/engineered riprap shoreline protection system along approximately 100 lineal feet of shoreline; and 2) rerouting storm water, as needed, to existing drainage structures to prevent future erosion along the shoreline. The above-mentioned repairs meet the Final ROD objective of reducing the erosion of contaminated fill at the perimeter of the site into Sinclair Inlet, as well as limiting exposure to contaminated soils. These repairs provide erosion protection for the existing seawall and are consistent with the OU A remedy.

For detailed descriptions of the site background, remedial action objectives, and previous work conducted, refer to the Final ROD for OU A (URS Consultants, 1996), the Remedial Action Design/Remedial Action (RD/RA) Work Plan (Foster Wheeler Environmental, 1997), and the Final Remedial Action Report (Foster Wheeler Environmental, 1999).

The following subsection summarizes the location, setting, and previous work at OU A. Section 2 provides a description of the designed repair to the remedy and Section 3 details the construction highlights.

1.1 SITE DESCRIPTION

The Bremerton Naval Complex (BNC) is located just south of the city of Bremerton, Washington on the shores of Sinclair Inlet. OU A is situated at the southwestern end of the BNC, west of Mooring G. It encompasses an area of approximately 12 acres created by fill material. It is bordered by Sinclair Inlet to the south and State Highway 304 to the north (Figure 1-1).

The initial fill at OU A was placed in the 1940s. The site was brought to its present configuration by the placement of additional fill in 1956 and 1971. Between 1963 and 1972, liquid wastes were disposed of in unlined pits in the general area. Beginning in the mid-1950s, copper slag (grit) and sandblast materials also were deposited in the area. Some of this material was reportedly disposed of at OU A. Other potential contaminant sources include dredge spoils, burn pits, and helicopter fueling operations.

In August 1995 and October 1995, URS Consultants (URS) conducted a Remedial Investigation (RI) and Feasibility Study (FS) for OU A, respectively (URS, 1995a, b). During the RI/FS, OU A was divided into three zones: Charleston Beach Parking Lot (Zone I), Missouri Parking Lot (Zone II), and the Upland Parking Lot between the railroad tracks and State Highway 304 (Zone III) (Figure 1-2). The RI revealed that the primary area of contamination was Zone II. Contaminants of concern (COCs) identified by the RI/FS and summarized in the Final ROD (URS, 1996) included heavy metals, semivolatile organic compounds (SVOCs), pesticides/polychlorinated biphenyls (PCBs), volatile organic compounds (VOCs), and total petroleum hydrocarbons (TPHs).

The Final ROD addressed the entire OU A; however, the remedial action under DO No. 0075 focused only on the area of contamination between Mooring G and the former Battleship Marker location, approximately 100 lineal feet (west edge of Zone II). The area just east of the city of Bremerton 84-inch storm water outfall to approximately 1,200 feet west (Zone II) was remediated in 1998 as part of the OU A remedy under DO No. 0006 (Foster Wheeler Environmental, 1999). This remediation consisted primarily of engineered riprap to provide slope protection. At the time of the signing of the ROD in December 1996 and January 1997, the shoreline between Mooring G and the former location of the Battleship Marker was deemed to be stable and protective of the environment and human health. However, during inspections in 1999, it was noted that the existing concrete debris seawall appeared to be failing. To mitigate the potential chemical exposures and associated

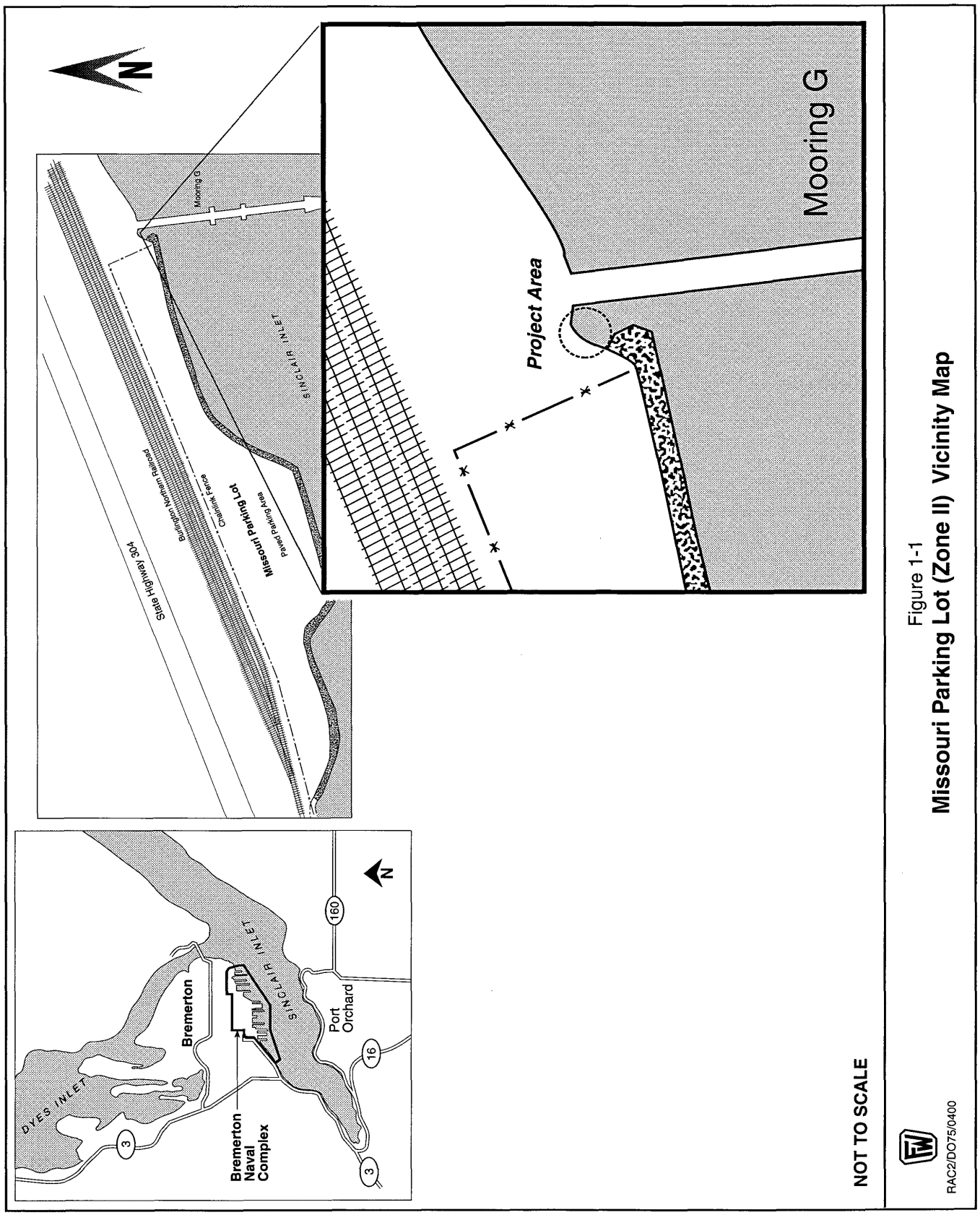
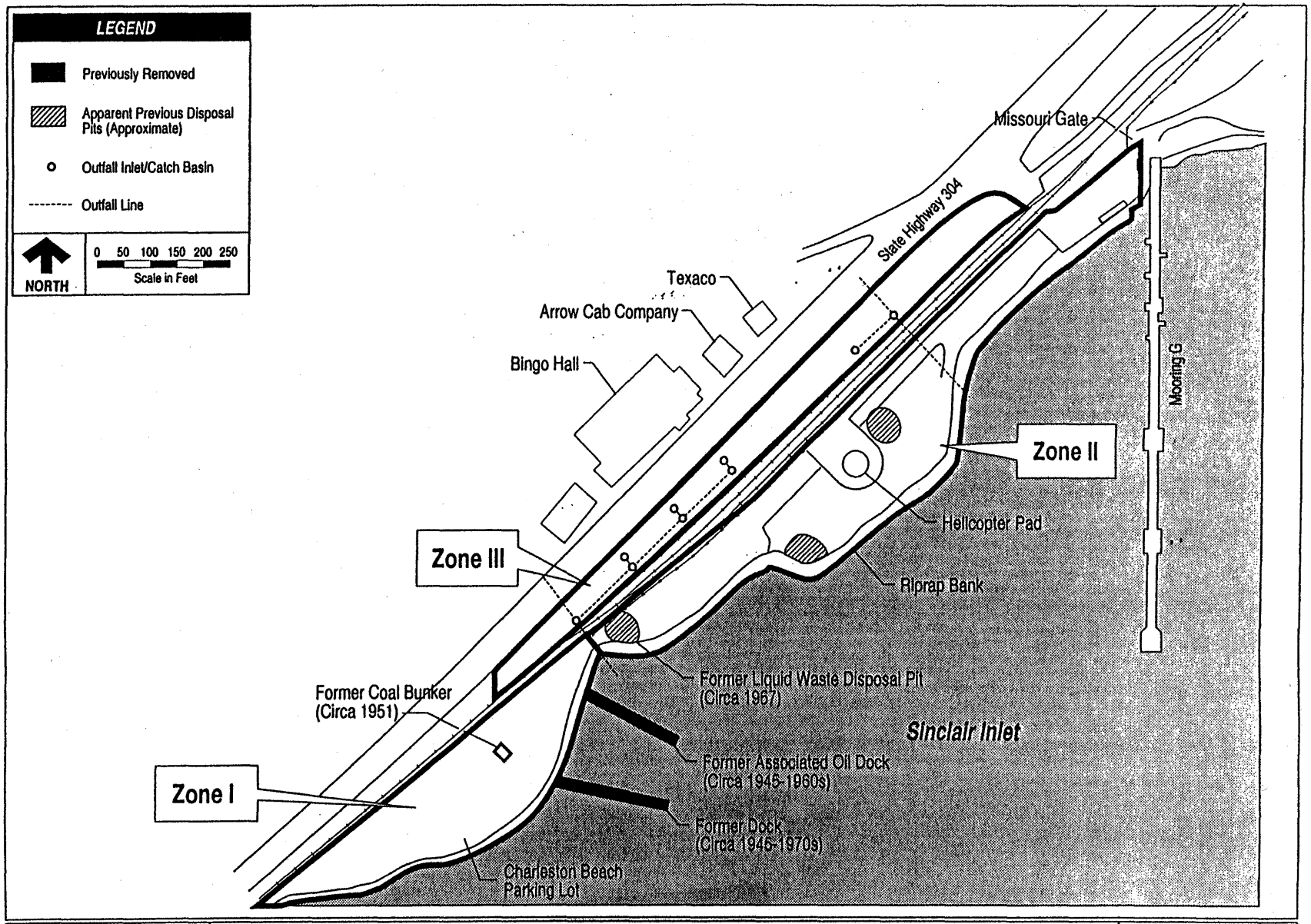


Figure 1-1
Missouri Parking Lot (Zone II) Vicinity Map

RAC2/DO75/0400



CLEAN
COMPREHENSIVE LONG-TERM ENVIRONMENTAL ACTION NAVY

Figure 1-2
Approximate Locations of Investigatory Zones and Previous Industrial Activities

CTO 0160
PSNS OU A
Bremerton, Washington
FINAL ROD

533160006-105-090496

risks to human health and the environment if the seawall were to fail, the Navy repaired the seawall by replacing the existing seawall with a steel sheet pile/engineered riprap shoreline protection system and rerouted storm water as needed to existing drainage structures to prevent future erosion along the shoreline. This repair was intended to prevent a more serious failure of the slope that could result in loss of dry land, potential adverse structural impacts to the adjacent mooring, and damage to the aquatic environment, including release of contaminated material located behind the seawall.

1.2 REGULATORY FRAMEWORK

This remedial action was conducted in support of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) remedial action at OU A, NSB, Bremerton, Washington. The BNC, which includes NSB, Puget Sound Naval Shipyard (Shipyard), and its associated tenants, was placed on the National Priorities List by the U.S. Environmental Protection Agency (EPA) in May 1994. Based on this listing, the BNC was divided into several OUs, including OU A, OU B, OU C, and OU NSC.

A RI and FS for OU A were completed in August and October 1995, respectively, and the Final ROD was signed in January 1997. Under an October 17, 1994 agreement between the Washington State Department of Ecology (Ecology) and the EPA, Ecology has lead regulatory review authority for the cleanup activities at NSB. Under Executive Order 11250, the United States Navy (Navy) is the lead agency for the cleanup.

Specific components of the selected remedy that relate to the work performed under this remedial action included providing storm water collection and erosion protection measures for the approximately 100 lineal feet of shoreline west of Mooring G up to the former location of the Battleship Marker (anchor).

The remedial activities were performed in accordance with the applicable or relevant and appropriate requirements (ARARs) detailed in the Final ROD. The ARARs associated with the construction of the shoreline protection system included the Federal Coastal Zone Management Act (CZMA)/Washington State Shoreline Management Act (SMA) and Washington State Hydraulic Project Approval (HPA). The Navy sent letters to the appropriate agencies to identify and meet the substantive compliance requirements for each of the ARARs listed.

The Final ROD did not include the following requirements as ARARs; however, the Navy also sent courtesy letters to the appropriate agencies to identify and meet the substantive compliance requirement for each of these ARARs.

- Clean Water Act Section 401
- Clean Water Act Section 404
- Washington Surface Water Quality Standard Short-Term Water Quality Modification.

Meetings were held with the National Marine Fisheries Service (NMFS) on May 17, 2000 and the Washington Department of Fish and Wildlife (WDFW) and the Suquamish Tribe on May 30, 2000 to review the proposed design.

The Navy performed a biological evaluation (BE) because both the Puget Sound bull trout and Puget Sound chinook salmon were listed as a threatened species under the Endangered Species Act (ESA) and the critical habitat for the Puget Sound chinook salmon was designated on February 16, 2000. The BE was submitted to the NMFS and U.S. Fish and Wildlife Service (USFWS) for review. The Navy received concurrence from both NMFS and USFWS on their determination that the project "may affect, not likely to adversely affect" the Puget Sound chinook salmon, the Puget Sound bull trout, and the designated critical habitat for the Puget Sound chinook salmon (NMFS, 2000 and USFWS, 2000).

1.3 DESCRIPTION OF SELECTED REMEDY

The objective of the selected remedy at OU A, as documented in the ROD, was to mitigate the potential chemical exposures and associated risks to human health and the environment. Specific objectives identified in the Final ROD included:

- Providing stormwater collection and control
- Upgrading the pavement at the site to minimize water infiltration
- Providing erosion protection for the existing seawall
- Implementing institutional controls
- Conducting site monitoring
- Performing operation and maintenance
- Providing habitat enhancements

1.4 NEED FOR REMEDIAL ACTION

The primary need for the action was to meet the Final ROD objective of reducing the erosion of contaminated fill at the perimeter of the site into Sinclair Inlet as well as limiting exposure to contaminated soil. The existing vertical seawall was in imminent danger of failure. The vertical seawall was comprised of layers of concrete slabs adjacent to the Missouri Parking Lot. Surface water, tidal action, and storm events have caused weakening and near failure of the seawall. Repair of the seawall prevented a more serious failure of the slope that could have resulted in loss of dry land, potential adverse structural impacts to the adjacent mooring, and damage to the aquatic environment, including release of contaminated fill material located behind the seawall.

Because of the site location and nature of contaminants at OU A, containment (i.e., seawall repair and stormwater collection system improvements) appeared to best protect the workers' health, the environment, and to be the most timely and cost effective.

2. DESCRIPTION OF REMEDIAL ACTION

To meet the ROD objective of mitigating potential chemical exposures and associated risks to human health and the environment, the existing vertical seawall between Mooring G and the former location of the Battleship Marker was replaced with a steel sheet pile/engineered riprap shoreline protection system. Stormwater also was rerouted to existing drainage structures to prevent future erosion along the shoreline. Project activities included preparation of project plans and a BE, submittal of substantive compliance notifications to regulatory agencies, excavation, removal of an existing seawall, design and installation of a new steel sheet pile/engineered riprap shoreline protection system, backfill, vegetation enhancements, waste designation and disposal, site restoration, and fencing. Based on the known contaminants and low concentrations found at the site and the use of dust suppression (water spray), Level D personal protective equipment coupled with decontamination procedures were used to provide a good margin of safety against exposure to the contaminants.

To minimize impacts to the environment, installation of the sheet pile was scheduled after the fish window (February 15, 2000 through June 14, 2000), to coincide with the minus tide schedule of July 27, 2000 through August 3, 2000. Further, 250 feet of silt curtain/oil boom was installed to minimize siltation of the work area. The minus tide cycles occurred during the day; therefore, no night work was required. Fieldwork was conducted in a progressive manner between March 2000 and November 2000. As-built drawings for the project are provided in Appendix A, an event chronology is presented in Appendix B, and a photo log of the construction activities is contained in Appendix C.

One project plan document entitled “Final Project Plans, Repairs at Operable Unit A, Naval Station Bremerton, Bremerton, Washington” was prepared by Foster Wheeler Environmental Corporation (Foster Wheeler Environmental) for this remedial action. The project plans included the Site Work Plan (SWP), Sampling and Analysis Plan, Environmental Protection Plan, Addendum to Contractor Quality Control Plan dated March 1996, and Site Health and Safety Plan (Foster Wheeler Environmental, 2000). Installation of the steel sheet pile/engineered riprap shoreline protection system was carried out according to these project plans, with exceptions described within this closure report, and the basic contract requirements. Fieldwork began on July 10, 2000 and concluded on November 28, 2000 with in-water construction occurring between July 27, 2000 and August 24, 2000.

2.1 SHORELINE PROTECTION SYSTEM

The selected remedy for OU A included provisions for an upgraded seawall (shoreline protection system) to improve erosion control. In 1998, the shoreline just east of the city of Bremerton 84-inch storm water outfall to approximately 1,200 feet west was remediated as part of the OU A remedy (Foster Wheeler Environmental, 1999). This remediation consisted primarily of engineered riprap to provide slope protection. Under DO No. 0075, the 100 lineal feet of shoreline located just west of Mooring G to approximately 100 feet west was remediated by replacing the existing concrete debris seawall with a steel sheet pile/engineered riprap shoreline protection system. The steel sheet pile/engineered riprap system accomplished the following:

- Provided a long-term reduction in the mobility of site contaminants through improved erosion control
- Reduced maintenance requirements due to on-going erosion
- Covered exposed fill material

The results of the bathymetric and topographic survey performed in March 2000 and the wind and wave analysis developed for OU A (Foster Wheeler Environmental, 1997) were used to design the steel sheet pile/engineered riprap shoreline protection system. This design was selected from a list of five alternatives developed for DO No. 0075 (gravity walls, reinforced concrete cantilever wall, sheet pile, soldier pile and panel, and engineered riprap). The steel sheet pile/engineered riprap system was determined to be the most cost effective and the most reliable of the alternatives reviewed.

2.2 HABITAT ENHANCEMENT FEATURES

The selected remedy for OU A included provisions for incorporating habitat enhancement features at the site. These features were intended to augment regional populations of terrestrial and marine species. Descriptions of the habitat enhancement features installed during the remedial activities in 1998 are detailed in the Final Remedial Action Report (Foster Wheeler Environmental, 1999). The enhancements made at OU A under DO No. 0075 are detailed in the following subsections.

2.2.1 On-site Marine Habitat

Fish rock habitat mix was placed at the site for local marine habitat enhancement. This material was a fine-grade beach fill material. Several marine species, including juvenile

chinook and chum salmon, prefer low gradient, shallow water, and fine-grained substrates. To approximate these conditions, a well-graded, round and smooth sand/gravel mix was placed on top of the existing slope from the toe of the sheet pile wall to 6 to 7 feet seaward. The fish rock specification and placement were reviewed with the WDFW and Suquamish Tribe during the development of the design phase. Fifteen tons of this material were required for the site in accordance with the above placement limits.

2.2.2 Vegetated Corridor Area

A vegetated corridor, or planter strip, was created between the steel sheet pile wall and parking curbs. The corridor was created with a 2.5 to 4 feet thick layer of topsoil and various plants ranging from groundcover to low and tall shrubs. The plants were selected based on their availability and their ability to provide habitat complexity, seasonal variation, and to have greater success in varied growing conditions. The plants provided under DO No. 0075 were selected based on the success rate of the earlier plantings under DO No. 0006 and requests from NSB. The vegetated corridor ranges from 12 to 20 feet wide and is 128 feet long. The detailed approach to the vegetated corridor is contained in the Vegetation Enhancement Specification located in Appendix D.

2.3 PAVEMENT UPGRADES

The selected remedy for OU A included upgrading the existing asphalt concrete pavement (ACP) to reduce infiltration of precipitation through the pavement surface into the underlying materials. The reduction of water infiltrating through the surface decreases the potential for transport of contaminants from the underlying soil to groundwater and ultimately Sinclair Inlet. The pavement upgrades also eliminate the potential risk associated with dermal, oral, and inhalation exposure of human receptors to site contaminants.

Under DO No. 0075, the ACP damaged as a result of the slope preparation for installation of the sheet pile was replaced and then seal coated. Areas adjacent to the damaged asphalt that were scarred during the remedial activities also were seal coated. The details of pavement rehabilitation and sealing are covered in the Asphalt Paving and Surfacing Specification located in Appendix E.

3. DESCRIPTION OF CONSTRUCTION ACTIVITIES

The following sections describe the excavation and seawall removal, the shoreline protection system, habitat enhancements, site restoration activities, disposal sampling, treatment and disposal quantities, and results of the remedial action for DO No. 0075.

3.1 EXISTING SEAWALL REMOVAL

Prior to construction of the new sheet pile wall, the Battleship Marker was relocated to a point inside the Missouri Gate adjacent to the guard shack and the concrete block pedestal was removed. The existing concrete debris seawall then was removed and recycled. The soil behind the wall was removed and the bank was sloped to provide stability against cave-in and effects of tidal action. The exposed slope was protected from erosion using heavy-gauge, reinforced plastic held in place with sandbags. Excavated soil was placed in a nearby lined and covered stockpile cell for temporary storage until sheet pile was complete and backfill activities could proceed. At this time, large pieces of non-native debris (e.g., concrete blocks, metal, and other human-made debris) were removed from the area near the foot of the seawall. Excavation and slope preparation were completed between July 20 and July 26, 2000.

3.2 EXCAVATION

The soil that was removed to accommodate the sheet pile installation was intended to be reused, to the maximum extent possible, as fill material behind the sheet pile wall. However, as a result of encountering large quantities of concrete below the mud line while installing the sheet pile, 704.7 tons of import fill (2 ½-inch minus rock) from Kitsap Reclamation and Materials, Inc. in Port Orchard, Washington was needed to ensure stability of the installed sheet pile between Station 0+20 to Station 0+54.5 and from Station 1+06.5 to Station 1+17. As a result, much of the excavated fill from the area could not be returned to the site resulting in 249.9 tons of soil requiring disposal. The excess soil was sampled for the COCs on August 29, 2000. The excavated soil was found not to meet the dangerous waste criteria under the Washington Administrative Code (WAC) 173-303 and was disposed of at Olympic View Sanitary Landfill on October 10, 2000. Fifty-four and one-half tons of top course and 112.4 tons of base course also were placed in preparation for placement of asphalt (see Section 3.5.1).

3.3 SHORELINE PROTECTION SYSTEM

Construction of the shoreline protection system began on July 27 and was completed on August 24, 2000. The deadline for completing the in-water work as detailed in the BE was September 1, 2000.

Hot-dipped galvanized PZ-27 steel sheet piling for the new shoreline protection system was installed between July 27 and August 9. It was intended that this work would be completed by August 3, 2000; however, this activity was hampered by extensive concrete debris discovered below the mud line during pile installation. Although the debris was removed to the extent practicable and the area along the wall line was backfilled with suitable import material (2 ½-inch minus rock), some sheets could not be driven to the desired design tip elevation. Sheet pile installation as-built conditions are provided in Appendix A. These modifications of the sheet pile installation were evaluated and determined to be suitable for their intended purpose (Appendix F).

Filter rock and riprap material from Lone Star Northwest's Mats Mats Quarry located in Port Ludlow, Washington were placed on August 10 and 11, 2000. Ninety tons of filter material (minimum of 1 foot thick) was placed over the existing shoreline protection system on the west end of the site. An armor rock layer was placed on top of the filter layer down to 10 feet below the mean lower low water (MLLW) level. Two-hundred tons of armor rock was placed.

The 32-inch-wide reinforced concrete pile cap was constructed between August 16 and 24, 2000. The original design called for a 24-inch-wide cap; however, due to resistance to pile driving caused by the buried concrete debris, horizontal misalignment of the sheet pile was such that an increase in cap width was required (Appendix F).

3.4 HABITAT ENHANCEMENT

3.4.1 Fish Rock Habitat Mix

On August 14, 2000, 15 tons of fish rock habitat mix was placed as a thin layered cap, approximately 6 inches thick, at the toe of the sheet pile wall between Stations 0+19 and 0+73. The fish mix from Fred Hill Materials, Inc. in Poulsbo, Washington was placed from the toe of the wall out to Mooring G, 6 to 7 feet. Prior to import, analytical data were obtained from the soil supplier to ensure the soil did not contain any COCs (Appendix G).

3.4.2 Soil Pocket Construction and Vegetation

Upon completion of backfill activities, the existing planter section was extended 128 lineal feet as detailed on the as-built drawing in Appendix A. The upland planter section was created as a soil pocket between the sheet pile wall and the concrete parking curbs on the edge of the upland parking lot. The total length of the pocket was increased from 98 lineal feet to 128 lineal feet due to increased scope of fencing received from the Shipyard at the end of September 2000. This work began on September 25, 2000 and was completed on October 18, 2000. Details of the design are described in the Vegetation Enhancement Specification located in Appendix D.

3.4.2.1 Soil Medium

The seaward vertical face of the soil pocket was lined with a non-woven geotextile to prevent erosion of fines from the soil. The soil medium, composed of approximately 150 cubic yards of sandy soil and approximately 65 cubic yards of compost material, was placed 2.5 to 4 feet thick. Between 80 and 90 percent of the sandy soil was contained between the #4 sieve and the #200 sieve. The remaining composition of the sandy soil was between 10 and 20 percent soils passing the #200 sieve.

Prior to import, analytical data were obtained from the soil supplier to ensure the soil did not contain any COCs (Appendix G). However, upon receipt of the analytical data, it appeared that diesel and motor oil were present in the topsoil. An evaluation of the data was performed and it was determined that the soil did not actually contain diesel or motor oil and was deemed acceptable for use onsite. This evaluation is provided in Appendix H.

Once the soil was placed in the planter pocket, it was amended with dolomitic limestone and Apex 21-5-10 Nursery Grow, a “nutrient only” fertilizer. At the request of the Shipyard, the erosion control mat (COIR) was not placed (see Appendix D). A 3-inch layer of bark mulch was placed on top of the amended soil.

3.4.2.2 Planter Pocket

Plant species were chosen to create habitat diversity and complexity for success in attracting wildlife, allowing plant species to establish themselves, and to provide a variety of flowers and color year round. The palette of plants used under DO No. 0075 were based on the success rate of the earlier plantings under DO No. 0006. The list of plants and quantities provided under DO No. 0075 are detailed below:

Type	Common Name	Number
Groundcover	Kinnickinnick	117
Low Shrub	Low Oregon Grape	12
Tall Shrub	Barberry	45
Tall Shrub	Red-flowering Current	4
Tall Shrub	Rugose Rose	1
Tall Shrub	Tall Oregon Grape	6
Tall Shrub	Wild (Western) Azalea	8
Large Shrub/Small Tree	Shore Pine	6
Large Shrub/Small Tree	California Wax Myrtle	3
Large Shrub/Small Tree	Purple Smoketree	2
Large Shrub/Small Tree	Serviceberry	3

An irrigation system using water from the Shipyard supply line at Mooring G was installed to temporarily water the vegetated areas until the plants are established. The irrigation system was composed of a main supply line running through the vegetated pocket with one stub-out located in the system. The details of this system are depicted on the as-built drawings located in Appendix A.

3.5 SITE RESTORATION

3.5.1 Asphalt Rehabilitation and Sealing

As a result of the excavation and slope preparation activities, 67 tons of Class B asphalt were replaced and seal coated with two layers of RESURFACER®. The resurfacer acts to retard permeation of surface water through the asphalt and extends the life of the protective cap. No striping of the area was required. The slope of the asphalt was configured to use existing drainage structures to prevent future erosion along the shoreline.

3.5.2 Fencing

To restore Shipyard security and provide fall protection along the seawall, 93.9 lineal feet of ornamental fencing was installed along the concrete pile cap. A vertical coil of concertina wire also was installed to prevent a security breach of the base perimeter. Details of the ornamental fencing and concertina wire are described in the Ornamental Picket Fence Specification located in Appendix I.

3.6 SAMPLING RESULTS

Two sampling events were conducted during the course of the project to characterize waste for disposal. The first relates to drill cuttings and decontamination (decon) water generated by the geotechnical investigation. The second was required to characterize the excess stockpiled soil that originated from behind the seawall. Analytical results are provided in Appendix G.

Sampling and analysis was performed following EPA and Ecology protocols, including chain-of-custody requirements. Copies of the Chain of Custody Records are provided in Appendix G. Analysis was performed by Analytical Resources, Incorporated, an Ecology-accredited laboratory. Quality Assurance (QA)/Quality Control (QC) levels for the analyses are specified in Section 4 of the Final SWP (Foster Wheeler Environmental, 2000). Reviews of the analytical QA/QC were performed to assess overall data quality and identify their potential limitations. The results of the QA/QC reviews are located in Appendix G. These reviews indicate no unusual problems or significant variance from laboratory control limits or standard protocols. No limitations on data usability were identified; the data appear to be valid and usable for their intended purposes.

3.7 TREATMENT AND DISPOSAL

The following summarizes the quantities of various materials transported from the site for disposal or recycling. Corresponding Waste Information Sheets (WISs) are included in Appendix J.

Description	WIS Number	Quantity	Disposition
Non-hazardous drill cuttings	107815	1.3 tons	Disposal
Non-hazardous soil	131714	249.9 tons	Disposal
Concrete debris	131700	307.6 tons	Recycle
Asphalt debris	107812	57.83 tons	Recycle

The non-hazardous drill cuttings were disposed of at Columbia Ridge Landfill in Arlington, Oregon and the non-hazardous soil was disposed of at Olympic View Sanitary Landfill in Bremerton, Washington. Concrete and asphalt were recycled by Kitsap Reclamation and Materials, Inc. Decon water produced by the geotechnical investigation (WIS 107810) was disposed of in the Shipyard sanitary sewer according to the Shipyard-approved WIS. Copies of the Solid Waste Tracking Sheets (SWTS) are included in Appendix J.

Since the intent of the remedial action was to reuse the excavated soil as backfill, this backfill material is potentially contaminated. From Station 0+20 south, a layer of crushed gravel 9 inches thick was placed below the topsoil to notify future contractors that potentially contaminated soil may be encountered if excavation continues below this marker layer. From Station 0+20 north, a layer of gravel 2 to 3 inches thick was placed.

3.8 RESULTS OF REMEDIAL ACTION

As of November 10, 2000, the repair of the ROD remedy at OU A has been completed in accordance with the project plans and Navy requirements. No further action beyond maintenance activities (see below) is required as long as any intrusive activities are contained within the planter strip above the marker layer. If future construction activities are proposed below the marker layer or below the asphalt pavement, the potentially contaminated soil will need to be removed and disposed of or treated in accordance with local, state, and federal regulations.

The following subsections provide recommendations for maintaining the remedies implemented as part of this project. A comprehensive maintenance plan for OU A will be prepared as a separate task. The plan will address more thoroughly the site maintenance requirements, including responsibilities and schedule.

3.8.1 Engineered Erosion Protection System

To ensure long-term seawall performance and stability, periodic inspection should be performed and any deficiencies identified during inspection promptly corrected. The seawall should be inspected on an annual basis and after significant storms. Inspections should be performed by qualified personnel and should include:

- Observations for areas of disturbed or relocated armor rock
- Observations for seawall movement
- Depth sounding near the toe to identify potential scouring

The habitat materials will redistribute over time and that redistribution or loss does not affect the seawall's stability or performance from a coastal protection standpoint.

3.8.2 Asphalt Rehabilitation and Sealing

For proper maintenance of the asphalt, the lot should be swept free of debris on an annual basis. In addition, annual inspections should be completed to determine if cracking or significant deterioration has occurred. These general good housekeeping practices will extend the life of the asphalt. If cracks are identified during these inspections, they should be filled with an emulsified bituminous filler, as called out in the attached Asphalt Paving and Surfacing Specification (Appendix E).

3.8.3 Vegetation

The plant species selected for this site are drought tolerant and have low maintenance requirements. To ensure successful establishment of the vegetation, however, they must be watered during the first three dry seasons. Once the plants have become established, only occasional grooming and weeding will be required.

4. REFERENCES

Foster Wheeler Environmental Corporation. 2000. Final Site Work Plan, Repairs at Operable Unit A, Naval Station Bremerton, Bremerton, Washington, RAC II/Delivery Order No. 0075. June 9, 2000.

Foster Wheeler Environmental Corporation. 1999. Final Remedial Action Report, Remedial Design/Remedial Action, Operable Unit A, Puget Sound Naval Shipyard, Bremerton, Washington. RAC II/Delivery Order No. 0006. August 3, 1999.

Foster Wheeler Environmental Corporation. 1997. Final Remedial Design/Remedial Action Work Plan, Design/Remedial Action, Operable Unit A, Puget Sound Naval Shipyard, Bremerton, Washington. RAC II/Delivery Order No. 0006. December 19, 1997.

NMFS (National Marine Fisheries Service). 2000. Letter to Cindy O'Hare, Department of the Navy. June 29, 2000. Section 7 Informal Consultation on the Biological Assessment for Operable Unit A Naval Station Bremerton Seawall and Riprap Repair, Kitsap County, Washington (WSB-00-206).

URS. 1996. Final Record of Decision, Operable Unit A, Missouri Parking Lot and Charleston Beach, Bremerton Naval Complex, Bremerton, Washington. November 1996.

URS. 1995a. Final Remedial Investigation, Operable Unit A, Puget Sound Naval Shipyard, Bremerton, Washington. Prepared for U.S. Navy CLEAN, N62474-89-D-9295. Seattle, Washington. August 14, 1995.

URS. 1995b. Final Feasibility Study, Operable Unit A, Puget Sound Naval Shipyard, Bremerton, Washington. Prepared for U.S. Navy CLEAN, N62474-89-D-9295. Seattle, Washington. October 23, 1995.

USFWS (U.S. Fish and Wildlife Service). 2000. Letter to Cindy O'Hare, Department of the Navy. July 11, 2000. Endangered Species Act Section 7 Consultation, Operable Unit A Naval Station Bremerton, Kitsap County, Washington (FWS Reference: 1-3-00-I-1082).

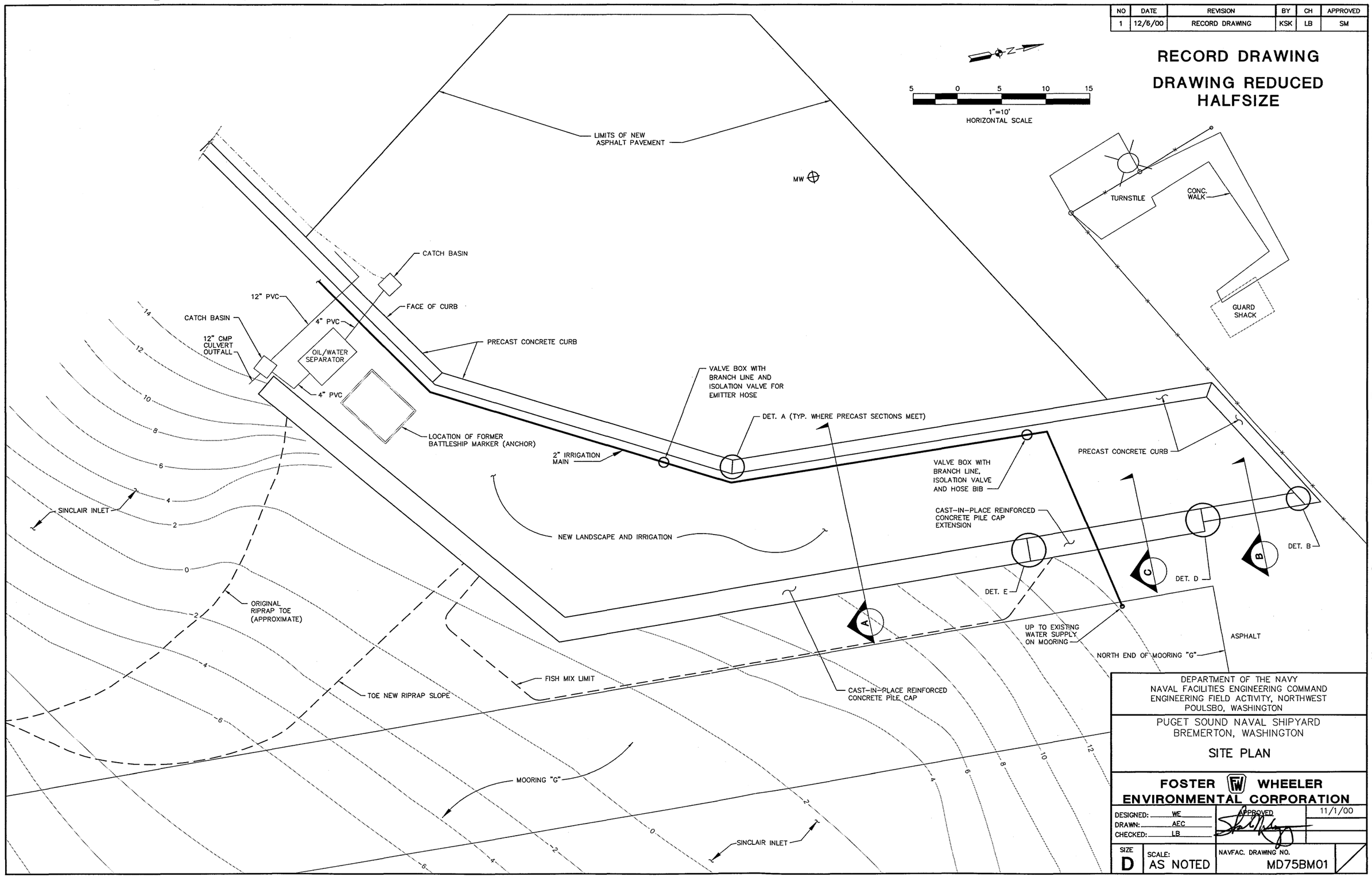
APPENDIX A

AS-BUILT DRAWINGS

NO	DATE	REVISION	BY	CH	APPROVED
1	12/6/00	RECORD DRAWING	KSK	LB	SM

RECORD DRAWING

DRAWING REDUCED HALFSIZE



DEPARTMENT OF THE NAVY
NAVAL FACILITIES ENGINEERING COMMAND
ENGINEERING FIELD ACTIVITY, NORTHWEST
POULSBO, WASHINGTON

PUGET SOUND NAVAL SHIPYARD
BREMERTON, WASHINGTON

SITE PLAN

FOSTER WHEELER ENVIRONMENTAL CORPORATION

DESIGNED: WE
DRAWN: AEC
CHECKED: LB
APPROVED 11/1/00

SIZE D | SCALE: AS NOTED | NAVFAC. DRAWING NO. MD75BM01

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1	12/6/00	RECORD DRAWING	KSK	LB	SM

RECORD DRAWING

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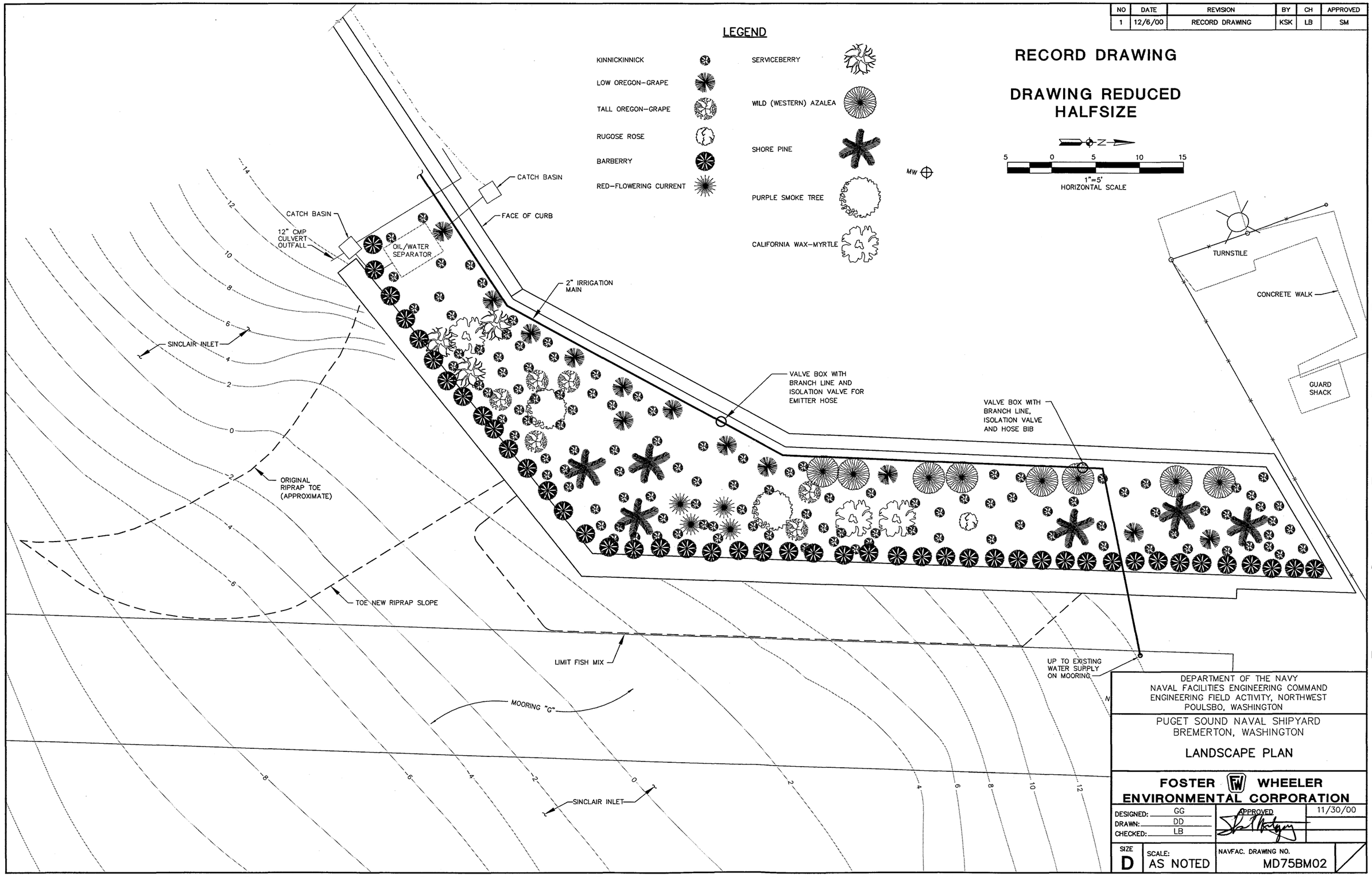

DEPARTMENT OF THE NAVY
NAVAL FACILITIES ENGINEERING COMMAND
ENGINEERING FIELD ACTIVITY, NORTHWEST
POULSBO, WASHINGTON

PUGET SOUND NAVAL SHIPYARD
BREMERTON, WASHINGTON

LANDSCAPE PLAN

FOSTER WHEELER ENVIRONMENTAL CORPORATION

DESIGNED:	GG	APPROVED	11/30/00
DRAWN:	DD		
CHECKED:	LB		

SIZE	SCALE:	NAVFAC. DRAWING NO.
D	AS NOTED	MD75BM02

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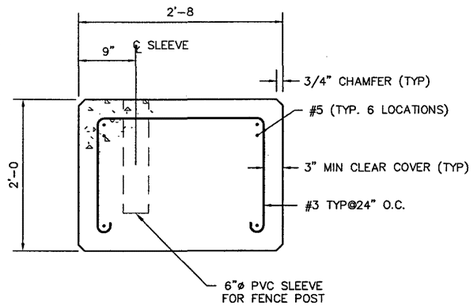
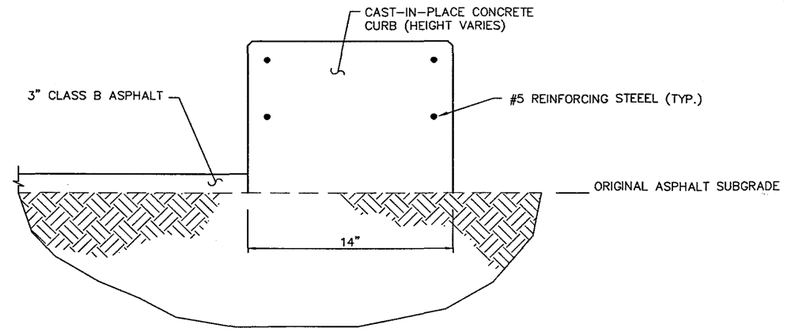
1	12/6/00	RECORD DRAWING	KSK	LB	SM



PILE CAP REINFORCING STEEL EPOXY COATED.
REINFORCING STEEL FOR CAP EXTENSION UNCOATED.

DETAIL C



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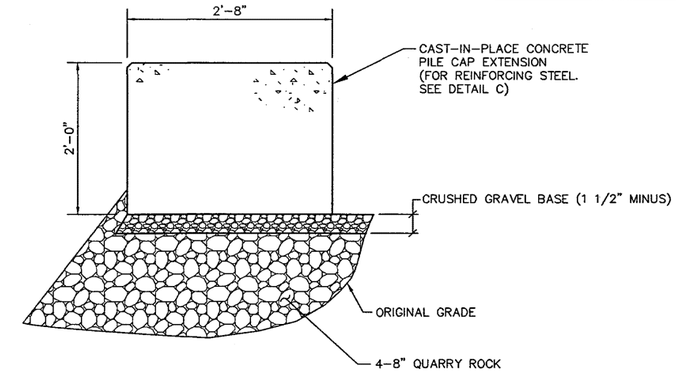

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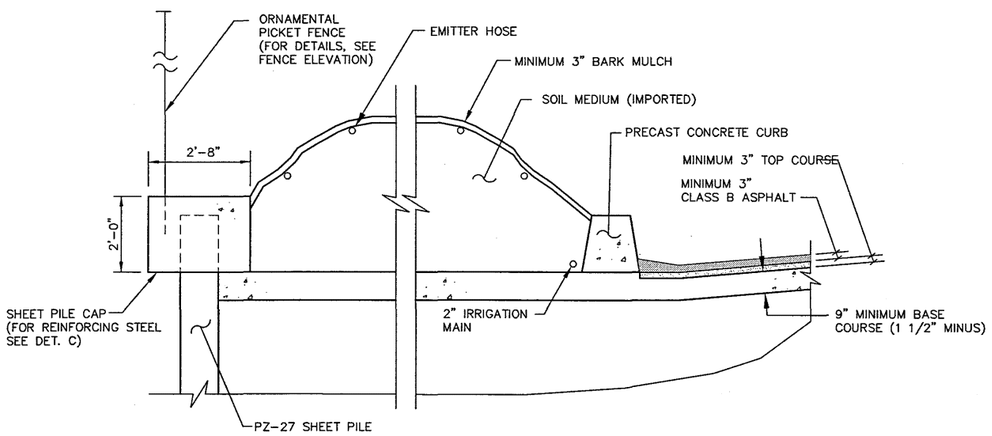

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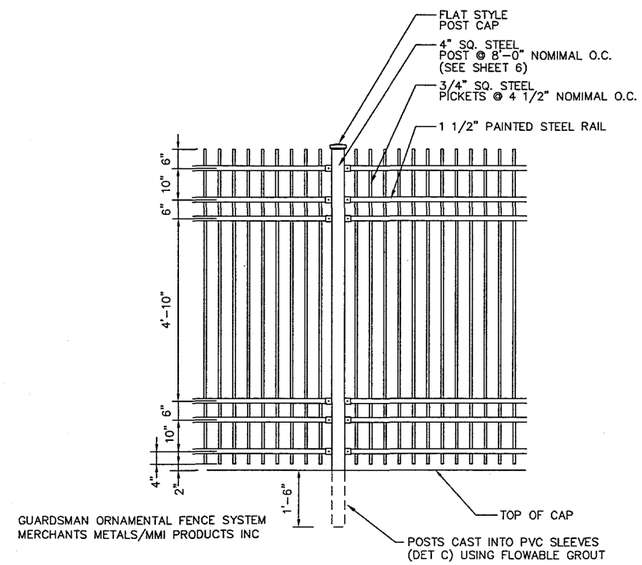
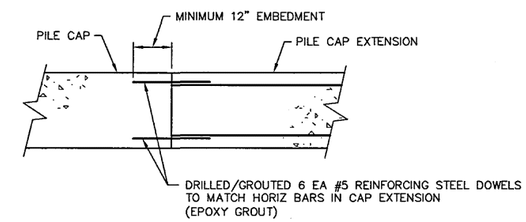


FENCE ELEVATION



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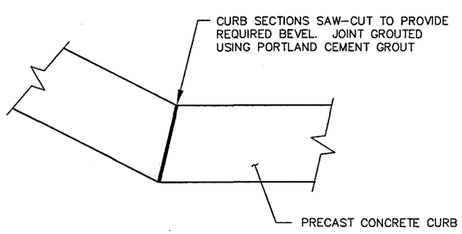
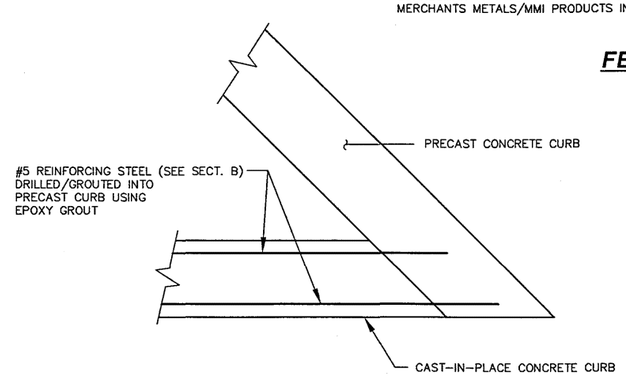
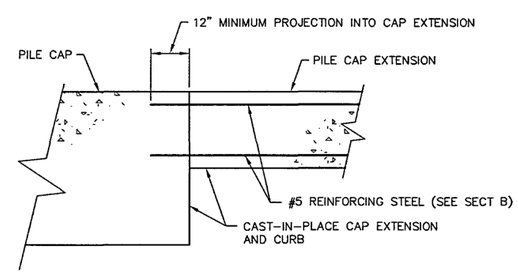


DETAIL A



DETAIL B



DETAIL D

RECORD DRAWING

DRAWING REDUCED HALFSIZE

DEPARTMENT OF THE NAVY
NAVAL FACILITIES ENGINEERING COMMAND
ENGINEERING FIELD ACTIVITY, NORTHWEST
POULSBO, WASHINGTON

PUGET SOUND NAVAL SHIPYARD
BREMERTON, WASHINGTON

SECTIONS & DETAILS

FOSTER WHEELER ENVIRONMENTAL CORPORATION

DESIGNED: WE
DRAWN: AEC
CHECKED: LB
APPROVED 11/1/00

SIZE D | SCALE: AS NOTED | NAVFAC. DRAWING NO. MD75DT01

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APPENDIX B

EVENT CHRONOLOGY

EVENT CHRONOLOGY

The sequence of remedial activities performed under DO No. 0075 in year 2000 is summarized below. A photo log documenting the field activities is located in Appendix C.

- Order for Services was received on February 25.
- Topographic and bathymetric surveys required to support the project design were conducted on March 13 and 15, respectively.
- Monitoring wells (MWs) 307 and 308 were converted from above-ground completions to flush mounts on March 15.
- Geotechnical borings were completed on March 16 and 17.
- The Geotechnical Report was submitted on April 27.
- Meetings were held with NMFS on May 17 and the WDFW and the Suquamish Tribe on May 30 to review the proposed design.
- BE was submitted on June 5. Concurrence was received from NMFS and USFWS on June 29 and July 11, respectively.
- The substantive compliance notifications were submitted to the respective regulatory agencies on June 5. Concurrence was received from Ecology on July 17.
- Final Project Plans were submitted on June 9. Plan acceptance was received on June 26.
- A Pre-Construction Meeting was held on June 29.
- The 4 drums of soil cuttings and 2 drums of decon generated from the geotechnical investigation were properly disposed of in accordance with regulatory requirements on July 5 and 7, respectively.
- Field mobilization began on July 10.
- 250 feet of silt curtain/oil boom was installed on July 19.
- Excavation and slope preparation were completed between July 20 and 26. Excavated soil was temporarily stockpiled on site in a lined cell constructed of ecology blocks to control runoff.
- Sheet piling for the new shoreline protection system was installed between July 27 and August 9. This activity was hampered by extensive concrete debris discovered below the mud line during pile installation. Although the debris was removed to the extent practicable and the area along the wall line was backfilled with suitable import material,

some sheets could not be driven to the desired design tip elevation. Sheet pile installation as-built conditions are provided in Appendix A. These modifications in the installation of the sheet pile were evaluated and determined to be suitable for their intended purpose (Appendix F).

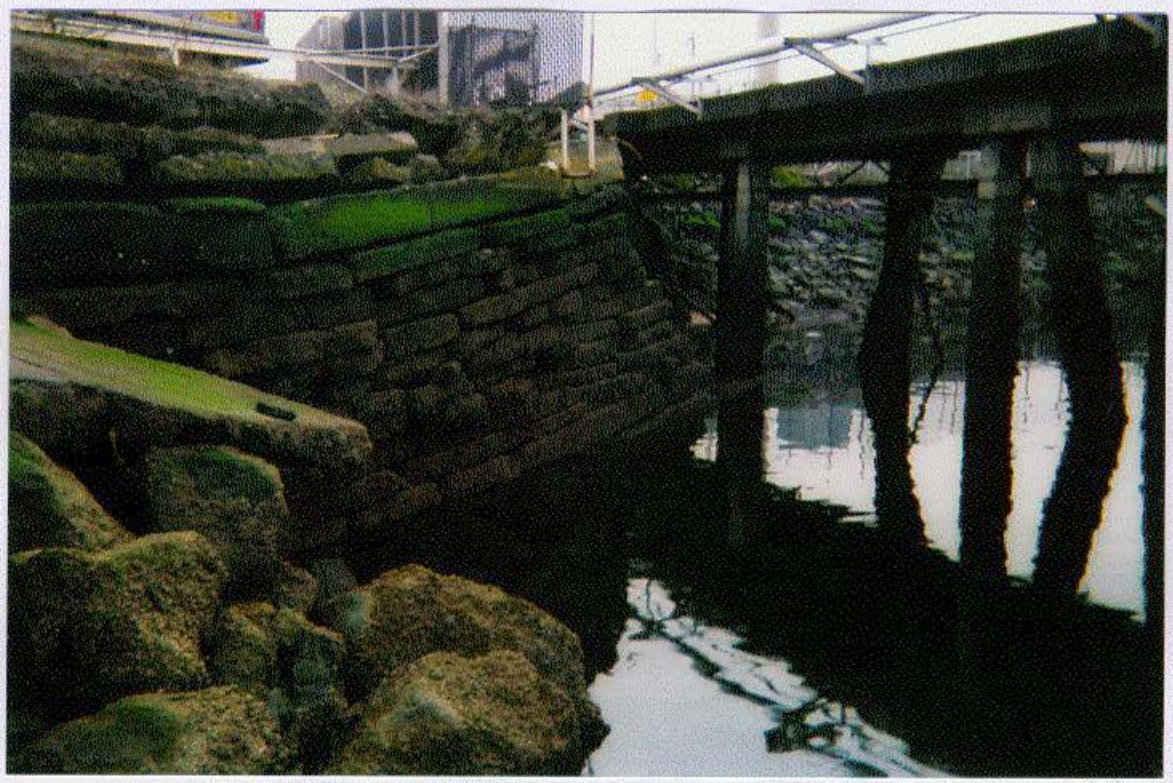
- Filter rock and riprap were placed on August 10 and 11. Fish rock habitat mix was placed on August 14.
- Backfill activities concluded on August 14. The soil previously removed to accommodate the seawall repairs was subsequently used to backfill the area behind the new sheet pile wall.
- The reinforced concrete pile cap was constructed between August 16 and 24. Due to resistance to driving caused by buried concrete debris, horizontal misalignment of the sheet pile was such that an increase in cap width from 24” to 32” was required (Appendix F).
- As a result of encountering large quantities of concrete below the mud line while installing the sheet pile, import fill (2 ½-inch minus rock) was needed to ensure stability of the installed sheet pile. Thus, much of the excavated fill from the area could not be returned to the site resulting in approximately 300 cubic yards (450 tons) of soil that required disposal. This excess soil was sampled for disposal designation on August 29.
- To reduce the costs for soil disposal, approximately 180 tons of the 2 ½-inch minus material was transported from the site to DO No. 0055 for use at Jackson Park on September 6.
- Damaged pavement was saw cut on 8 September.
- Placed, compacted, and graded base and top course on September 13 and 14.
- MWs 420 and 421 were converted from above-ground completions to flush mounts on 15 September.
- Construction of the planter area began on September 25. Vegetation enhancements were completed on October 18, including an extension of the planter area directed under modification to the original order for services.
- Excess stockpiled soil was transported to Olympic View Sanitary Landfill for disposal on October 10.
- The site was asphalt paved on October 19 and seal coated on October 23.
- Installation of the ornamental fence was completed on November 28.

APPENDIX C

PHOTO LOG

View of repair area behind original concrete debris seawall (facing northeast). Repair area begins near the anchor (Battleship Marker) and extends around the corner along the railing a total length of approximately 100 feet. (March 8, 2000)

View of repair area from north end of repair area (facing approximately south). Fencing and railing was removed to accommodate seawall repairs. (March 8, 2000)

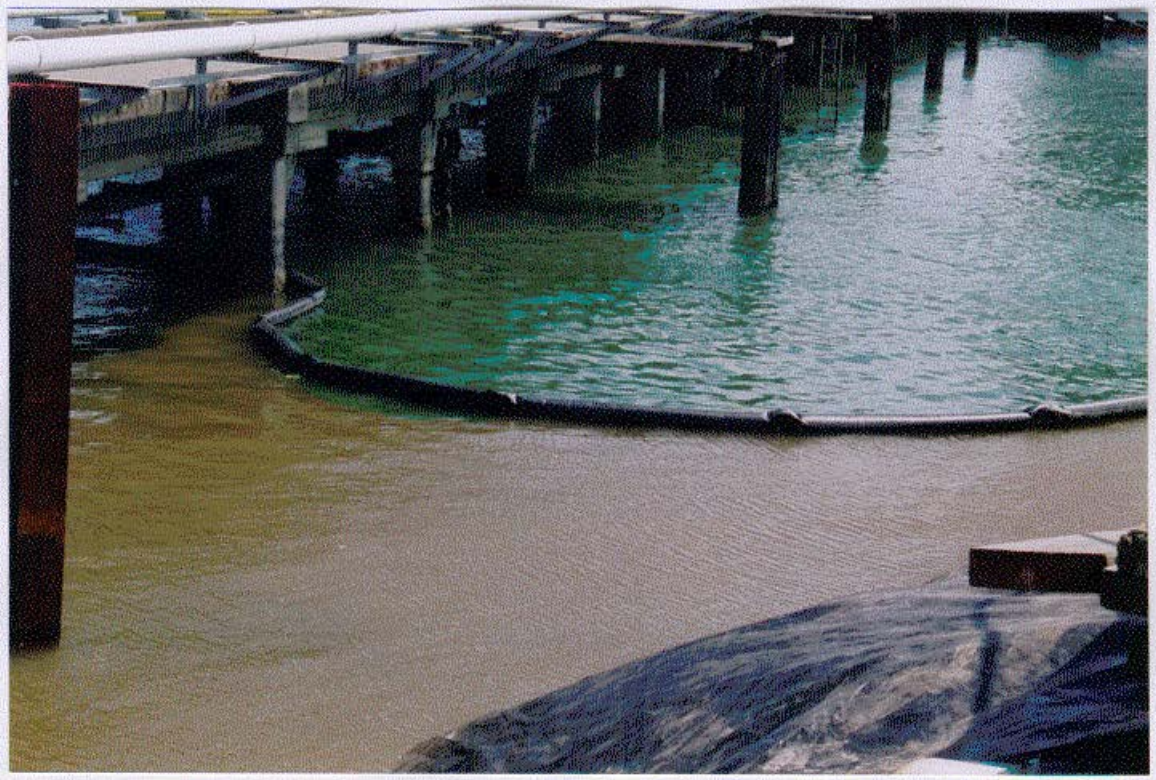


View of southwest segment of original concrete debris seawall. Settlement of upper layers of concrete illustrates result of erosion of soil from behind the wall. (March 8, 2000)

View of northern segment (near Mooring G) of original concrete debris seawall. (March 8, 2000)

Exploratory drilling performed as part of the geotechnical investigation. Data obtained from the investigation provided the basis for evaluation and design of the new shoreline protection system. Anchor in background (Battleship Marker) represents the approximate southwest end of the repair area. (March 17, 2000)

Excavator removing existing concrete debris seawall and soil in preparation for installation of new steel sheet pile retaining wall. Soil was stored temporarily in the lined stockpile cell visible at far left of photo pending reuse as backfill or disposal. (July 20, 2000)



Silt curtain/oil boom installed to contain any water-borne silt or oil produced by the repair activity. (July 27, 2000)

Over-excavation required between Sta 0+20 and 0+73 to remove concrete debris encountered below the mud line that prevented sheet pile installation. (August 3, 2000)

Typical concrete debris encountered below the mud line along the sheet pile baseline. (August 3, 2000)

Worker in personnel lift assisted during sheet pile installation by aligning the interlocks on succeeding sheets. Worker in foreground monitored crane hoist line to warn operator in the event of a potential two-block condition. (July 31, 2000)

Vibratory hammer being used to drive sheet pile. H-piles and timbers used for template to guide the alignment of the sheets. (August 8, 2000)

Sheet pile installation complete. Clam bucket being used to place filter rock and riprap. (August 10, 2000)

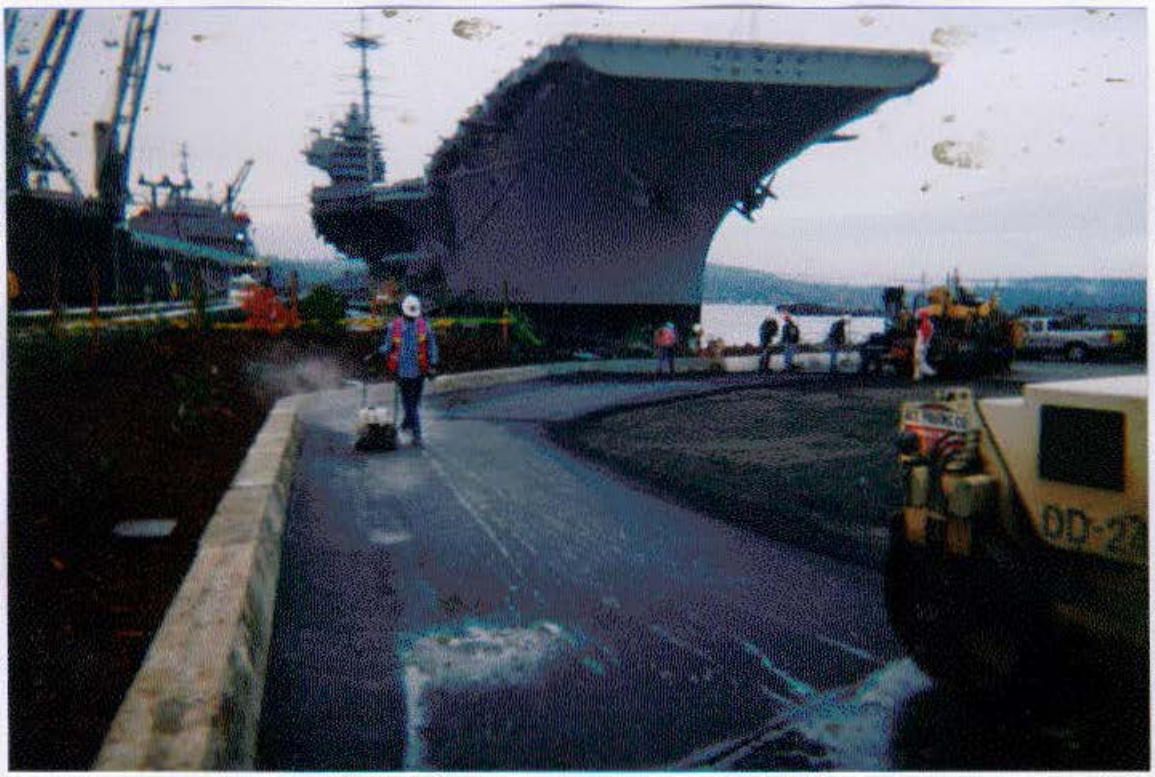
Installing forms for the soffet of the concrete pile cap. (August 17, 2000)

Pile cap forms, reinforcing steel, and fence post socket inserts. (August 24, 2000)

Placing pile cap concrete using 1-yard bucket. (August 24, 2000)

Backfill and initial grading of repair area complete. Concrete pile cap visible at far edge of repair area. (September 14, 2000)

Precast concrete curb sections installed to form upland edge of new planter strip.
(September 15, 2000)

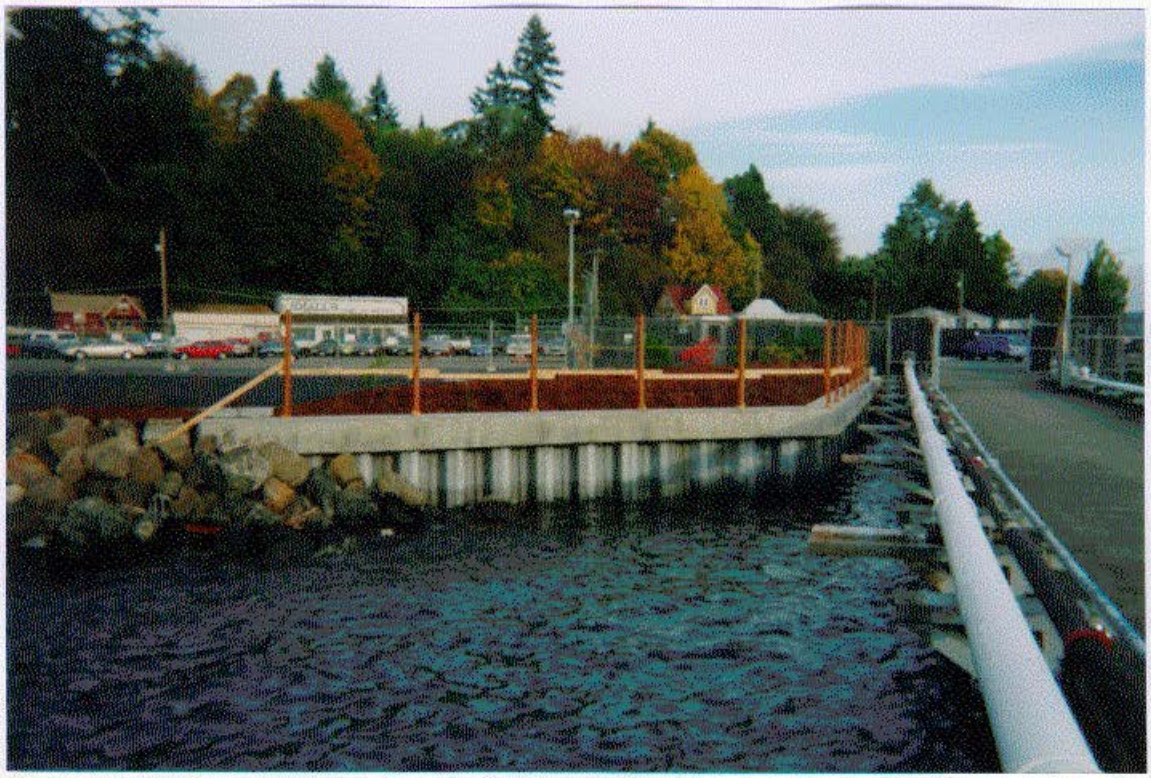


Asphalt paving operation underway in repair area. Paving section consisted of three inches of Class B asphalt and an asphalt-based seal coat. (October 19, 2000)

View of repair area following paving and sealing. New planter strip visible in background. (October 23, 2000)

View of new planter strip and asphalt pavement (facing northeast). (October 31, 2000)

View of new planter strip along north segment of new seawall (facing south). (October 31, 2000)



Finished site view from Mooring G (facing north). Temporary wood railing was install pending receipt and installation of ornamental picket fencing. (October 31, 2000)

View of new planter strip and ornamental fencing (facing northeast). (November 28, 2000)

Finished site view from Mooring G (facing northwest). (November 28, 2000)

Facing northeast at planter strip and ornamental fencing. (November 28, 2000)

Northeast corner of planter strip. (November 28, 2000)

APPENDIX D

VEGETATION ENHANCEMENT SPECIFICATION

FOSTER WHEELER ENVIRONMENTAL

NAVY RAC PROJECT

CONTRACT NO. N44255-95-D-6030

FIELD CHANGE REQUEST (FCR)

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DELIVERY ORDER NAME	DELIVERY ORDER #:	CHANGE REQUEST NO.
Repairs at Operable Unit A	RAC II DO 75	FCR-75-33
TO NAVY NTR/RPM/COTR	LOCATION:	DATE
Jim Tennyson	Naval Station Bremerton	10/2/00

RE: Drawing No: Title:

Spec. No: 02805, Rev. ~~0~~ 1 (Final Site Work Plan, Rev. ~~0~~ 0) Title: Vegetation Enhancements

Other : Title:

1. DESCRIPTION (Items involved, submit sketch, if applicable):
Modification 2 to DO 75 requires extension of the planter area.

2. REASON FOR CHANGE:
The specification does not include requirements for plant type or layout.

3. RECOMMENDED DISPOSITION (Submit sketch, if applicable):

Revise plant types and layout for the original scope of work as shown in the clouded area on Sketch 1.
Incorporate plant type and layout details for the planter extension as shown on Sketch 2.

X Minor Change ~~X~~ Major Change Impacts Cost, Schedule or Technical)

(Note: Layout was reviewed w/ G. Leicht w/ PSNS on 10/2/00 and he approved revisions.) 10/4/00

3a. Will this change result in a contract cost or time change? ~~X~~ YES X NO

3b. Estimate of cost or time charge (if any) ~~$5200~~

PREPARER (Signature)	DATE	PREPARER'S TITLE	SITE SUPERINTENDENT (Signature)	DATE
T. [illegible]	10/2/00	Site CQC Representative	N/A	

4. DISPOSITION

X Not approved (give reason).
X Considered minor change – approved per Recommended Disposition - Documents will not formally be revised, field to maintain as-built records.
~~X~~ Considered major change – Navy approval required via contract modification process. Rec'd Mod 2 award on 9/26/00

1) FOSTER WHEELER DESIGN MANAGER (Signature) (IF ENGINEERING RELATED)	DATE	2) FOSTER WHEELER DELIVERY ORDER MANAGER (Signature)	DATE
N/A		[illegible]	10-4-00
3) HEALTH AND SAFETY MANAGER (Signature) (IF HEALTH AND SAFETY RELATED)	DATE	4) QC REVIEWER (Signature)	DATE
N/A NA Comments (attached) No Comments		[illegible] Comments (attached) X No Comments	10-9-2000

Delivery Order Manager distributes to:

Foster Wheeler Design	Contracts Manager	QC Manager	FCR Preparer
Integrated Project Team Manager	Site Superintendent	Project Controls Supervisor	PHSM

X Kinnickinnick 2.5'± ON-CENTER SPACING

(L) Low Oregon-grape

(B) Barberry (35) 2.5' on-center spacing for hedge effect

(R) Rugose Rose

(T) Tall Oregon-grape

(C) Red-flowering Current

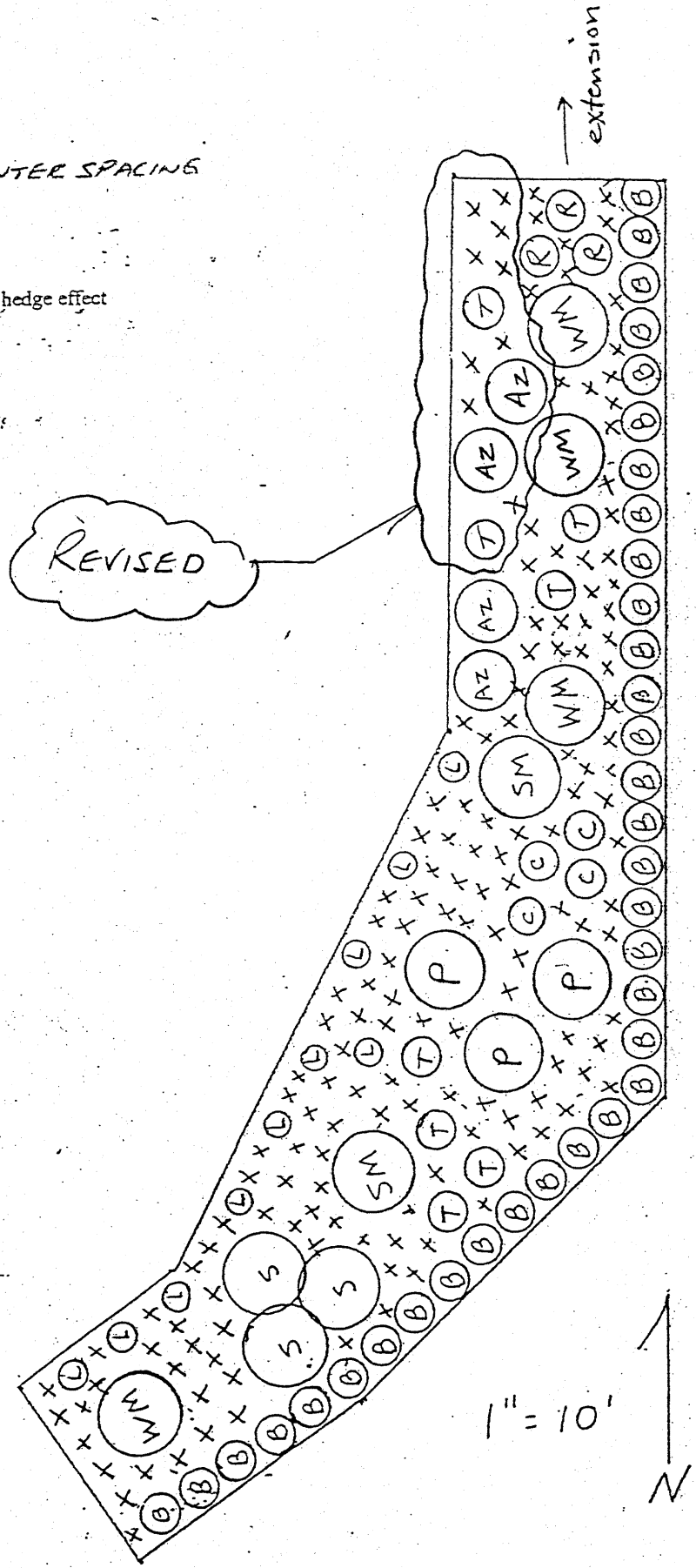
(Az) Azalea

(P) Shore Pine

(WM) California Wax-myrtle

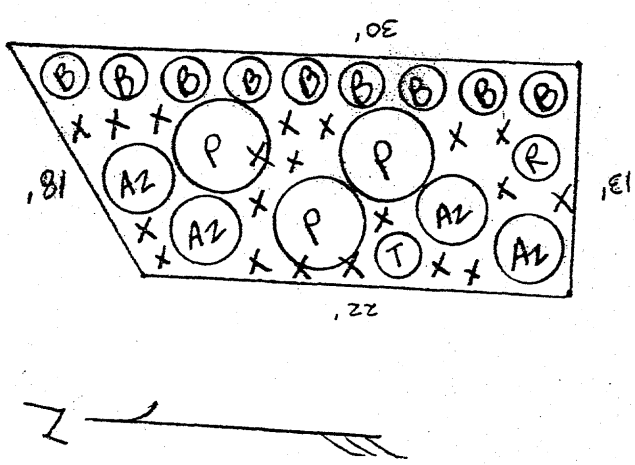
(Sm) Purple Smoketree

(S) Serviceberry



SKETCH 1

VEGETATION LAYOUT FOR PLANTER EXTENSION



X = Kinnickinnick
B = Barberry
R = Rugose Rose
T = Tall Oregon-grape
Az = Azalea
P = Pine (shore)

SKETCH 2

CONTROLLED COPY

FOSTER WHEELER ENVIRONMENTAL

NAVY RAC PROJECT

CONTRACT NO. N44255-95-D-6030

FIELD CHANGE REQUEST (FCR)

DELIVERY ORDER NAME Repairs at Operable Unit A	DELIVERY ORDER #: RAC II DO 75	CHANGE REQUEST NO. FCR-75-26
TO NAVY NTR/RPM/COTR Jim Tennyson	LOCATION: Naval Station Bremerton	DATE 9/20/00

RE: Drawing No: Title:

X Spec. No: Section 02805, Rev. 0 Title: Vegetation Enhancements

X Other : Final Site Work Plan, Rev. 0, Para. 3.1.6 Title: Landscaping

1. DESCRIPTION (Items involved, submit sketch, if applicable):
Final Site Work Plan, Para. 3.1.6 indicates that landscaping will include erosion control mat and weed barrier.
Specification Section 02805, Part 2D and Part 3, Para. 3.01 also include requirements for erosion control mat (COIR).

2. REASON FOR CHANGE:
The Shipyard has requested that erosion control mat not be used.
It was never intended that weed barrier be provided, and the technical specification includes no provisions for it.

3. RECOMMENDED DISPOSITION (Submit sketch, if applicable):

Delete all reference to erosion control mat (COIR) and weed barrier.

__X__ Minor Change _____ Major Change Impacts Cost, Schedule or Technical)

3a. Will this change result in a contract cost or time change? _____ YES __X__ NO
3b. Estimate of cost or time charge (if any) N/A

PREPARER (Signature)	DATE	PREPARER'S TITLE	SITE SUPERINTENDENT (Signature)	DATE
	9/20/00	Site CQC Representative	N/A	

4. DISPOSITION

_____ Not approved (give reason).
__X__ Considered minor change – approved per Recommended Disposition - Documents will not formally be revised, field to maintain as-built records.
_____ Considered major change - Navy approval required via contract modification process.

1) FOSTER WHEELER DESIGN MANAGER (Signature) (IF ENGINEERING RELATED)	DATE	2) FOSTER WHEELER DELIVERY ORDER MANAGER (Signature)	DATE
N/A			9/21/00
3) HEALTH AND SAFETY MANAGER (Signature) (IF HEALTH AND SAFETY RELATED) NA _____ Comments (attached) _____ No Comments	DATE	4) QC REVIEWER (Signature) Comments (attached) X No Comments	DATE 9-25-2000

Delivery Order Manager distributes to:

Foster Wheeler Design	Contracts Manager	QC Manager	FCR Preparer
Integrated Project Team Manager	Site Superintendent	Project Controls Supervisor	PHSM

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FOSTER WHEELER ENVIRONMENTAL

NAVY RAC PROJECT

CONTRACT NO. N44255-95-D-6030

FIELD CHANGE REQUEST (FCR)

DELIVERY ORDER NAME	DELIVERY ORDER #:	CHANGE REQUEST NO.
Repairs at Operable Unit A	RAC II DO 75	FCR-75-~~20~~ 22 8/18/00
TO NAVY NTR/RPM/COTR	**LOCATION:**	**DATE**
Jim Tennyson	Naval Station Bremerton	8/18/00

RE: __ Drawing No: FINAL SITE WORK PLAN DTD 6-9-2000 REV 0 Title:

_X_ Spec Section: 02805, Rev. 0 Title: Vegetation Enhancements

__ Other : Title:

1. DESCRIPTION (Items involved, submit sketch, if applicable):
At the time the project plans were issued for construction, the vegetation plan had not been finalized to include the approved plant list and layout details.

2. REASON FOR CHANGE:
Section 02805 must be revised to reflect the final vegetation plan details.

3. RECOMMENDED DISPOSITION (Submit sketch, if applicable):

Replace existing Section 02805, Rev. 0 with the attached Rev. 1.

__X__ Minor Change _____ Major Change Impacts Cost, Schedule or Technical)

3a. Will this change result in a contract cost or time change? _____ YES __X__ NO
3b. Estimate of cost or time charge (if any) N/A

PREPARER (Signature)	DATE	PREPARER'S TITLE	SITE SUPERINTENDENT (Signature)	DATE
	8/18/00	Site CQC Representative	N/A	

4. DISPOSITION

_____ Not approved (give reason).
_X_ Considered minor change – approved per Recommended Disposition - Documents will not formally be revised, field to maintain as-built records.
_____ Considered major change - Navy approval required via contract modification process.

1) FOSTER WHEELER DESIGN MANAGER (Signature) (IF ENGINEERING RELATED)	DATE	2) FOSTER WHEELER DELIVERY ORDER MANAGER (Signature)	DATE
	9-5-2000		8/18/00
3) HEALTH AND SAFETY MANAGER (Signature) (IF HEALTH AND SAFETY RELATED) N/A NA	DATE	4) QC REVIEWER (Signature	DATE
_____ Comments (attached) _____ No Comments		Comments (attached) _____ No Comments	9-5-2000

Delivery Order Manager distributes to:

Foster Wheeler Design	Contracts Manager	QC Manager	FCR Preparer
Integrated Project Team Manager	Site Superintendent	Project Controls Supervisor	PHSM

FOSTER WHEELER ENVIRONMENTAL CORPORATION

SECTION 02805
VEGETATION ENHANCEMENTS

ENGINEER: Foster Wheeler Environmental Corporation

CONTRACT: Environmental Remedial Action Contract
Contract No. N44255-95-D-6030

PROJECT: Delivery Order No. 0075, Site Work Plan for Repairs at Operable Unit A,
Naval Station Bremerton, Bremerton, Washington

LOCATION: Naval Station Bremerton, Bremerton, Washington

Rev.	Status	Date	Prepared By	Reviewed By	Approved By
0	Issued for Construction	6/27/00	William Elmer	Lee Boreen	William Elmer/ Shanti Montgomery
1	Revised	8/15/00	Greg Green GZ	Shanti Montgomery	William Elmer

SECTION 02805
VEGETATION ENHANCEMENTS

PART 1 - GENERAL

1.01 SUMMARY

This work includes the construction of an upland planter section created as a soil pocket between the seaward armor rock section and the concrete curbing paralleling the upland parking lot. Details of the installation of vegetation and creation of the planter pocket will be as directed by the Site Superintendent. The planter pocket shall accommodate various types of vegetation including ground cover, shrubs, and low growing trees. A temporary irrigation system shall be provided for the vegetation planted in the pocket along the seawall for use during vegetation establishment period.

1.02 RELATED SECTIONS

Not Used.

1.03 REGULATORY REQUIREMENTS

Not Used.

1.04 APPLICABLE STANDARDS AND SPECIFICATIONS

Not Used.

1.05 SITE PREPARATION

A. The Site Superintendent shall direct site preparation of the vegetation pocket prior to placing materials (soil) into the pocket.

B. The concrete barriers that form the seaward parking lot border shall be straight and level to the maximum extent practicable. All concrete barriers will be painted white with a material suitable for outdoor application on concrete. Any gaps between the asphalt and the concrete curbing will be filled during the asphalt sealing portion of this delivery order.

C. The Site Superintendent shall clear the vegetation pocket of rock so that between 2.5 to 3.0 feet of soil depth is possible within the pocket along the entire pocket length.

1.06 DELIVERY, STORAGE, AND HANDLING

Materials delivered to the site shall be inspected for damage, unloaded, and stored in a manner to mitigate any damage to the materials. Vegetation shall be monitored for moisture as well as heat and cold stress conditions. Vegetation stored for extended periods shall be mulched.

1.07 SUBMITTALS

The contractor shall submit a copy of the product label (showing ingredients) and the MSDS for the fertilizer for approval by the Shipyard prior to use.

Following construction, a markup of the drawings and this specification to show the as-built condition, including the location of the irrigation main and feeders and details of the connection to the water supply, shall be submitted.

PART 2—PRODUCTS

A. Non-Woven Geotextile

A non-woven geotextile shall be used as a liner on the seaward vertical face of the planter pocket between the armor rock and soil pocket interface to prevent erosion of fines from the soil. Such a fabric needs to be permanent and non-biodegradable so that the planter pocket soil medium does not have the opportunity to erode into the adjacent voids. The material shall be made of 100 percent non-woven polypropylene fibers. The material shall have a typical puncture strength of at least 90 lbs. The fabric shall extend 1 foot past the base of the rock face onto the floor of the planter pocket. The top of the fabric shall extend about 1.5 feet past the top of the rock face such that the fabric can be tucked under the soil medium. All joints shall be overlapped by at least 3 feet.

B. Soil Medium

The soil mix shall be composed of two components: (1) sandy soil and (2) compost. The soil mix shall be thoroughly mixed at the seller's facility before delivery to the site. The proportions of the physical ingredients of the mixed soil shall be consistent throughout the mixing process. The mix shall consist of approximately 70% by volume of a sandy soil and 30% by volume of compost. The volume of soil shall be such as to provide a soil depth of 2.5 to 3 feet throughout the planter pocket.

The sandy soil shall have the following specifications (by weight):

1. Sand (percent minus #4 sieve and plus #200 sieve) shall be between 80 percent and 90 percent.
2. Silt and clay (percent minus #200 sieve) shall be between 10 percent and 20 percent.

As necessary, samples of sandy soil may be collected at the supplier's facility and/or pit during soil production and tested for physical gradation (sieve analysis) for quality control.

Prior to placing a purchase order, soil samples of the above two soil types shall be collected and analyzed for chemical contaminants (TPH only). Material acceptability is based on the following criteria:

Analyte/Chemical	Acceptance Criteria (mg/kg)
TPH (Gas)	<5.0
TPH (Diesel)	<25.0
TPH (Other)	<60.0

C. Soil Amendments

After placement in the planter pockets, the soil shall be amended with finely ground dolomitic limestone and a 14-14-14 "nutrient only" fertilizer. The contractor shall submit a copy of the product label (showing ingredients) and the MSDS for the fertilizer for approval by the Shipyard prior to use. Both of these amendments should be spread evenly over the surface of the soil medium and mixed into the soil medium by manual methods prior to plant installation.

D. COIR Material

COIR (or approved equivalent) shall be used to prevent surface erosion during the vegetation establishment period. Material shall have approximately 50 percent openings and shall be made of 100 percent coconut woven material or approved equal. The blanket shall be placed on top of the fertilized soil mixture prior to planting.

E. Planter Pocket Vegetation

Various plant species shall be included at the planter pocket. Generally, diverse plantings are more successful at attracting wildlife than are less diverse plantings. The palette of plants to be used will be limited to species used in the earlier plantings that showed a high rate of success. A schematic of the planting layout is attached. Planting of shrubs and trees should follow the layout as closely as possible. Ground cover plants (kinnikinnik) should fill the interstices between the shrubs and trees at 1-1.5 feet on-center spacing. The plants will be spaced closer than typical in order to achieve a physical barrier to pedestrian trespass. The plant list follows.

PLANT LIST

Groundcover (average spacing 1- 1.5 feet)

Kinnikinnik (*Arctostaphylos uva-ursi*)	1 gal.

Low Shrubs

Low Oregon-grape (*Mahonia repens*)	1 gal.

Tall Shrubs

Barberry (*Berberis mentorensis*)	1 gal.
Tall Oregon-grape (*Mahonia aquilfolium*)	2 gal.
Red-flowering Current (*Ribes sanguineum*)	5 gal.
Rugose rose (*Rosa rugosa*)	1 gal.
Wild Azalea (*Rododendron occidentalis*)	2 gal.

Large Shrubs or Small Trees

Serviceberry (*Amelanchier alnifolia*)	5 gal.
Purple Smoketree (*Cotinus coggygria*)	5 gal.
California Wax-myrtle (*Myrica californica*)	5 gal.
Shore Pine (*Pinus contorta*)	5 gal.

F. Emitter Hose

The irrigation system shall use an emitter hose system using Netafirm Irrigation (or equivalent) and fittings. Hole spacing in hose shall be approximately 6 inches. Necessary piping, connectors, valves, backflow restrictors, valve boxes, fittings, etc. as well as accessible and low points for flushing shall be provided, as necessary.

PART 3—EXECUTION

3.01 Vegetative Planting Pocket

The vegetative planting pocket shall be constructed on top of the shoreline protection system between the armor rock and the concrete barrier curbing on the seaward face of the parking lot. A non-woven geotextile shall be placed on the pocket's waterward face. Soil medium and amendments shall then be placed followed by the COIR surface erosion material and a 3" layer of finely-shredded bark mulch, which shall be relatively free of sand.

3.02 Irrigation System

Sections of the existing system that must be removed to accommodate the seawall repairs will be replaced. Following installation of the new rigid piping system, it will be visually inspected for leaks under static line pressure. An emitter hose type irrigation system that taps into this system will be installed for the temporary watering of the vegetated areas during the vegetation establishment period. The planter strip will likely require 4 to 6 parallel runs of emitter hose. The ultimate number of runs of emitter hose will be determined in the field based on visual verification that all of the vegetation in the strip is being adequately watered.

END OF SECTION

X Kinnickinnick 1-1.5' on-center spacing - (~150)

L Low Oregon-grape (10)

B Barberry (35) 2.5' on-center spacing for hedge effect

R Rugose Rose (3)

T Tall Oregon-grape (6)

C Red-flowering Current (4)

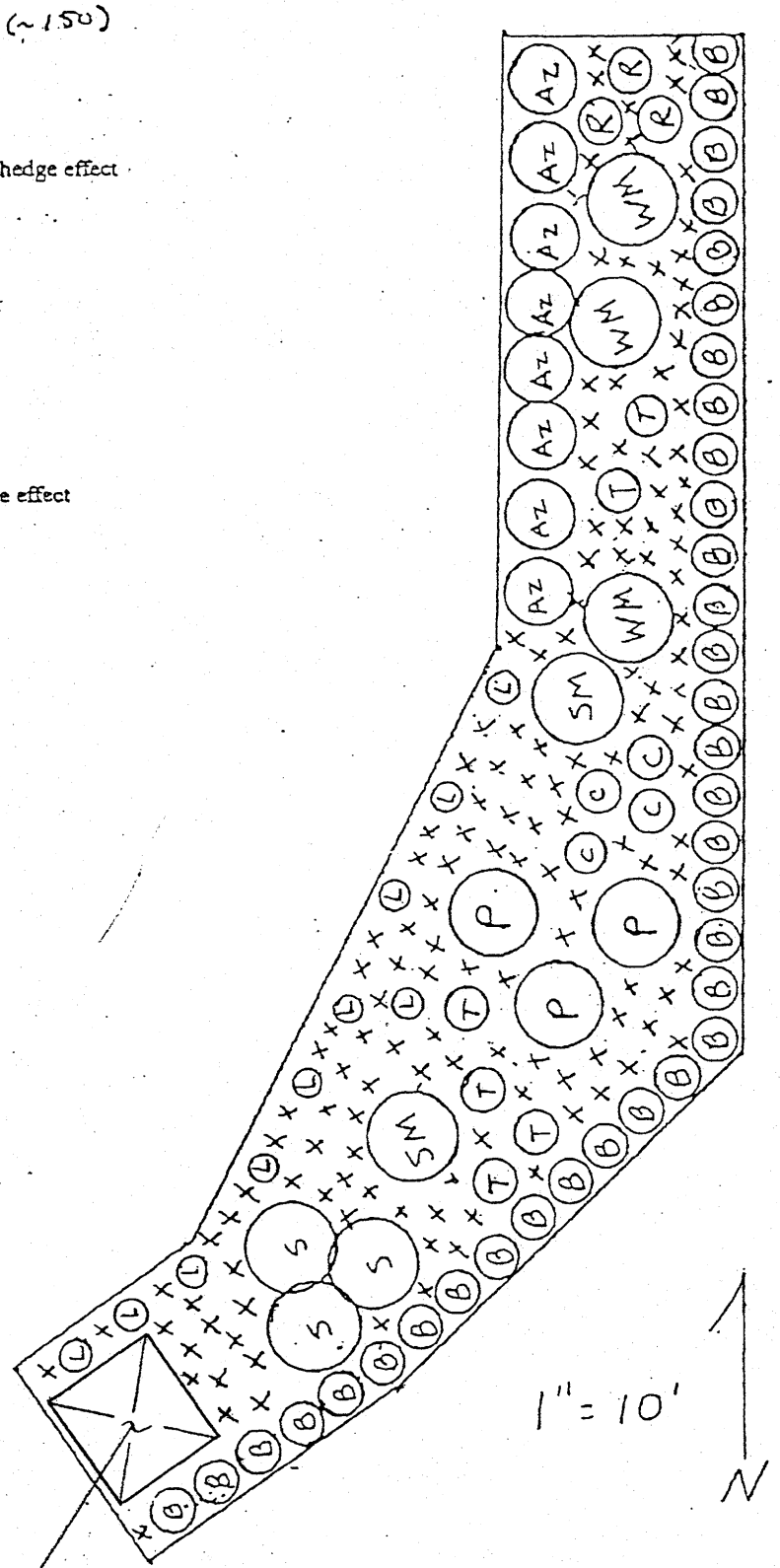
Az Azalea (8) 4' on-center spacing for hedge effect

P Shore Pine (3)

WM California Wax-myrtle (3)

Sm Purple Smoketree (2)

S Serviceberry (3)



EXISTING OIL/WATER SEPARATOR.
ONE CALIF. WAX-MYRTLE ORIGINALLY PLANNED FOR THIS LOCATION HAS BEEN ELIMINATED.

APPENDIX E

ASPHALT PAVING AND SURFACING SPECIFICATION

FOSTER WHEELER ENVIRONMENTAL CORPORATION

SECTION 02510
ASPHALT PAVING AND SURFACING

ENGINEER: Foster Wheeler Environmental Corporation

CONTRACT: Environmental Remedial Action Contract
Contract No. N44255-95-D-6030

PROJECT: Delivery Order No. 0075, Site Work Plan for Repairs at Operable Unit A, Naval Station Bremerton, Bremerton, Washington

LOCATION: Naval Station Bremerton, Bremerton, Washington

Rev.	Status	Date	Prepared By	Reviewed By	Approved By
0	Issued for Construction	6/5/00	William Elmer	Lee Boreen	William Elmer/ Shanti Montgomery

SECTION 02510
ASPHALT PAVING AND SURFACING

PART 1 - GENERAL

1.01 SUMMARY

A. The work under this section is applicable to repair of the asphalt pavement of the upland parking lot.

B. It is not the intent of this section to specify all details of design and construction. It shall be the responsibility of the Subcontractor to provide high standards of design, engineering, and workmanship that are suitable for the specified service. All work shall be performed in accordance with the Standard Specifications for Road, Bridge, and Municipal Construction by the Washington State Department of Transportation.

C. The bituminous plant shall be of such capacity to produce the quantities of hot-mixed asphalt mixtures required for the project on schedule. Hauling equipment, paving machines, rollers, miscellaneous equipment, and tools shall be provided in sufficient numbers and capacity and in proper working condition to place the paving mixtures at a rate equal to the demands of the work.

D. The use of recycled asphalt material will not be permitted in the manufacture of asphaltic concrete for this contract.

1.02 RELATED SECTIONS

Not Used

1.03 APPLICABLE PUBLICATIONS

The publications listed below form a part of this specification to the extent referenced. The publications are referred to in the text by the basic designation only.

A. American Society for Testing and Materials (ASTM) Publications:

C 136-82 Sieve Analysis of Fine and Coarse Aggregates

D1557-91 Test Method for Laboratory Compaction Characteristics of Soil Using Modified Effort (56,000 ft-lbf/ft^3 [2,700 KN-m/m^3])

B. Washington State Department of Transportation, 1998 Standard Specification (WSDOT):

M41-10, 1998	Standard Specifications for Road, Bridge, and Municipal Construction including but not limited to the following:	
	WSDOT Section 5-02	Bituminous Surface Treatment
	WSDOT Section 5-04	Asphalt Concrete Pavement

1.04 SUBMITTALS

A. A mix design shall be provided to the Delivery Order Manager for approval including the specifics of the mix to be used.

PART 2 - PRODUCTS

2.01 AGGREGATES FOR ASPHALT CONCRETE

A. Aggregates for the asphalt concrete shall meet all the requirements of WSDOT standard specification, Section 9-03.8 Class B asphalt concrete.

B. An inspection of the producer's operation may be made by the Site Superintendent or Site CQC Representative. Inspection of source of aggregate does not relieve the producer of responsibility for delivery at the jobsite of aggregates that meet requirements specified herein.

2.02 BITUMINOUS MATERIALS

A. Asphalt cement shall conform to viscosity grade AR-4000W of Section 9-02.1(4) of WSDOT Standard Specification M41-10.

B. Tack Coat: Emulsified asphalt shall conform to ASTM D977 or D2397, Grade RS-1, SS-1, SS-1h, CRS-1, CSS-1, or CSS-1h.

2.03 AGGREGATE GRADATION

Mineral aggregate shall be of such size that percentage composition by weight, as determined by ASTM C136, shall conform to Washington State Department of Transportation Standard Specification paragraph 9-03.8(6) for Aggregate for Class B asphalt concrete.

2.04 ASPHALT CONCRETE PAVEMENT

Asphalt concrete pavement shall meet all the requirements of WSDOT standard specification, Section 5-04.

2.05 EMULSIFIED BITUMINOUS SEAL COAT (RESURFACER)

The resurfacer shall be an asphalt emulsion embodied with granular fillers, fibers, and polymer additives. The specified product is RESURFACER as manufactured and sold by Special Asphalt Products, or equivalent as approved by the Delivery Order Manager.

2.06 STRIPING PAINT

Parking lot striping products shall meet the requirements of WSDOT Standard Specification Section 8-22 (Pavement Marking). Refer to WSDOT Headquarters Materials Laboratory, 1655 South Second, Tumwater, Washington 98502 for paint specifications.

PART 3 - EXECUTION

3.01 ASPHALT MIXING PLANTS

Mixing plants shall meet all the requirements of WSDOT standard specifications, Section 5-04.

3.02 WEATHER LIMITATIONS

Asphalt courses shall be constructed only when the surface receiving the course is dry and when weather is not rainy. Unless otherwise directed, asphalt courses shall not be constructed when temperature of the surface of existing pavement or top course is below 40°F.

3.03 CONDITION OF TOP COURSE -

A. Surface of top course shall be compacted to 95% maximum theoretical density.

B. All loose materials, clay, dirt, or other objectionable material shall be removed from the top course surface. To ensure a uniform spread of the bituminous material, the course, if excessively dry, shall be sprinkled with water immediately before the application, as directed.

C. All pavement removal for subgrade improvements or repairs due to damage will be saw cut. Joints/edges will be tacked.

3.04 GRADE CONTROL

A. Lines and grades for the asphalt pavement shall be established and maintained by means of line and grade stakes placed at site of work under the direction of the Site Superintendent. Elevations of benchmarks used for controlling pavement operations at site of work will be determined, established, and maintained under the direction of the Site Superintendent.

B. Finished pavement gradelines and elevations shall be established and controlled at site of work in accordance with benchmark elevations furnished under the direction of the Site Superintendent.

3.05 MIXING

Asphalt concrete shall be produced as specified in WSDOT standard specification, Section 5-04.

3.06 TRANSPORTATION

A. Transportation of asphalt pavement mixtures from mixing plant to site shall be in trucks having tight, clean, and smooth beds coated with the least quantity of concentrated solution of hydrated lime and water to prevent adhesion of mixture to truck bodies. Each load of mixture shall be covered with canvas or other suitable material of ample size to protect mixture from weather and prevent loss of heat.

B. Mixture shall be delivered in such a manner that temperature at time of dumping into spreader will not be less than specified below. Loads that have crusts of cold, unworkable material or have become wet by rain will be rejected. Hauling over freshly placed material will not be permitted.

3.07 TACK COAT

A. Emulsified asphalt for the tack coat shall conform to ASTM D997 and D2397, Grades SS-1, SS-1h, CSS-1, CSS-1h, RS-1, or CRS-1.

B. The slow-setting emulsion shall be diluted by adding an equal amount of water. The rapid-set emulsions shall not be diluted. The tack coat shall be applied as specified in WSDOT Section 5-04.3(5)A or as directed by the Site Superintendent. The exact quantities within the ranges specified may be varied to suit field conditions as directed by the Site Superintendent.

C. Application temperatures for the emulsified asphalt shall provide an application viscosity between 10 to 60 seconds, saybolt furol, or between 20 and 120 centistokes, kinematic. The temperature viscosity relation shall be furnished to the Site Superintendent. These temperature ranges may exceed the flashpoint of the material, and care should be taken in their heating.

3.08 PLACING

A. Prior to placing of asphalt concrete pavement course, the underlying surface shall be cleared of all foreign or objectionable matter.

B. Contact surfaces of previously constructed pavements, curbs, manholes, catch basins, and precast concrete vaults, and similar structures shall be sprayed with a coat of bituminous tack coat material conforming to the material and application requirements of Section 5-04.3(5)A of the WSDOT Standard specifications.

C. Asphalt mixtures having temperatures less than 225°F when dumped into a mechanical spreader will be rejected. The mechanical spreader shall be adjusted and speed regulated so that the surface of the course will be smooth and continuous without tears and pulling, and of such depth that, when compacted, surface will conform to cross-section, grade, and contour indicated. Mixture shall be placed in consecutive adjacent strips. Longitudinal joints and edges shall be constructed to true line markings. Placing of mixture shall be as nearly continuous as possible; speed of placing shall be adjusted to permit proper rolling.

3.09 COMPACTION OF MIXTURE

Compaction shall be per the requirements of WSDOT standard specification, Section 5-04.3(10).

3.10 JOINTS

Joints between asphalt concrete courses shall be staggered. The placing of the surface course shall be as nearly continuous as possible to promote the use of hot lap joints, and the roller shall pass over the unprotected end of the freshly laid mixture only when the laying of the course is discontinued for such length of time as to permit the mixture to become chilled. When the work is resumed, the previously compacted mixture shall be cut back to produce a slightly beveled edge for the full thickness of the course. Where a transverse joint is being made in the wearing course, strips of heavy wrapping paper shall be used. The wrapping paper shall be removed and the joint trimmed to a slightly beveled edge for the full thickness of the course prior to resumption of paving. The material which is cut away shall be wasted and new mix shall be laid against the fresh cut. Alternatively, a stack and pinch technique may be used. Rollers or tamping irons shall be used to seal the joint. The surface against which new material is placed shall be sprayed with a thick uniform coat of tack coat material conforming to requirements of Paragraph - Tack Coat.

3.11 JOINT SEALING

After paving, joints between the new pavement and the edges of all previously constructed pavements, curbs, etc. shall be sealed with liquid asphalt emulsion.

3.12 EDGE OF PAVEMENT

Edges shall be trimmed neatly to line.

3.13 PROTECTION OF PAVEMENT

After final rolling of the pavement, no vehicular traffic of any kind shall be permitted until the pavement has cooled and hardened for at least 6 hours.

3.14 SURFACE REQUIREMENTS

The pavement surface, upon completion of final rolling, shall be smooth and true to grade and cross-section. When the 10-foot straightedge is laid on surface transverse to centerline between crown and edge of pavement, surface shall not vary more than ¼ inch from straightedge. Repairs shall be made as directed by the Site Superintendent using the following approaches. Areas which experience cracks or tearing will be considered defective. Low or defective areas shall be immediately corrected by cutting out faulty

areas to a minimum depth of 2 inches and replacing with fresh, hot mixture and compacting area to conform to remainder of pavement. High areas shall be repaired by grinding with an approved grinding machine or by removal and replacement as described above.

3.15 SEAL COAT

All new pavement areas will be seal coated with an appropriate material as delineated in the "Products" section of this specification. The emulsion shall be diluted as recommended by the manufacturer. The exact quantities within the ranges specified may be varied to suit field conditions as directed by the Site Superintendent. The temperature-viscosity relationship shall be furnished to the Site Superintendent by the paving subcontractor. These temperature ranges may exceed the flashpoint of the material, and care should be taken during heating. Placement shall be by hand or motorized squeegee and/or as recommended by the manufacturer.

3.16 PAVEMENT STRIPING

Provide striping for parking as shown on Drawing MD75BM02. Striping materials shall be in accordance with the "Products" section of this specification. Striping shall not occur until the seal coat has fully cured, as recommended by the manufacturer. Partial remains of pre-existing stripes shall be obliterated.

3.17 OTHER QUALITY CONTROL REQUIREMENTS

The following activities shall be performed (as required) in accordance with the requirements of the Standard Specifications for Road, Bridge, and Municipal Construction by the Washington State Department of Transportation.

- Temperature measurements on the as-delivered materials
- Checking of thicknesses
- Verification of joint methods and sealing
- Determination and implementation of the roller pattern
- Density measurements using the nuclear densometer
- Application rate of seal coat
- Implementation of mix design
- Verification of subgrade conditions

END OF SECTION

APPENDIX F

EVALUATION OF INSTALLED SHEET PILE WALL

CONTROLLED COPY
The document number 1, entitled
Revision 0, has been assigned to
S. Viskup on 9/1/00. This document is a controlled copy. If superseded by a revised document must be destroyed or "superseded" to prevent [illegible]

FOSTER WHEELER ENVIRONMENTAL

NAVY RAC PROJECT

CONTRACT NO. N44255-95-D-6030

FIELD CHANGE REQUEST (FCR)

DELIVERY ORDER NAME	DELIVERY ORDER #:	CHANGE REQUEST NO.
Repairs at Operable Unit A	RAC II DO 75	FCR-75-23

TO NAVY NTR/RPM/COTR	LOCATION:	DATE
Jim Tennyson	Naval Station Bremerton	8/23/00

RE: _X_ Drawing No: MD75DT01, 6/7, Rev 0; MD75DT01, 7/7, Rev 0 } in Final Site Work Plan dated 6/4/00, Rev 0. [illegible] 8/23/00 Title: Sheet Pile Wall Elevation, DO75; Details, DO75

__ Spec. No: Title:

__ Other: Title:

1. DESCRIPTION (Items involved, submit sketch, if applicable):
The referenced drawing provides the details for construction of the steel sheet pile wall for DO 75, including required sheet length, horizontal stationing, and design tip elevations.

2. REASON FOR CHANGE:
Due to the unexpected presence of concrete debris in the fill extending well below the mud line, resistance to pile driving was met. Despite over-excavation and placement of imported fill along the baseline, some sheets could not be driven to the required depth or horizontal alignment. The as-built conditions of the piles are as follows: (see continuation sheet)

3. RECOMMENDED DISPOSITION (Submit sketch, if applicable):
Accept the as-built condition of the wall, subject to the following additional requirements:

Increase the slope of the armor layer from 1.75H:1V to 1.5H:1V along the face of the wall to account for the absence of the sheet that was to be installed between Sta 1+15.5 and Sta 1+17. The toe-of-slope location of the armor layer shall remain unchanged.

Realign the pile cap and increase its width to 2'-8" to accommodate the as-built condition of the wall. Increase the width of the #3 reinforcing steel straps to provide a clear cover to the form face and to the sheets not less than 1.5". Extend the pile cap 6" beyond the ends of the sheet pile wall.

3a. Will this change result in a contract cost or time change? _X_* YES _X_ NO 8/23/00 *additional costs covered in LOC submitted on 8/15/00. 8/23/00
3b. Estimate of cost or time charge (if any)

PREPARER (Signature)	DATE	PREPARER'S TITLE	SITE SUPERINTENDENT (Signature)	DATE
[signature]	8/23/00	Site CQC Representative	N/A	

4. DISPOSITION

____ Not approved (give reason).
_X_ Considered minor change – approved per Recommended Disposition - Documents will not formally be revised, field to maintain as-built records.
____ Considered major change - Navy approval required via contract modification process.

1) FOSTER WHEELER DESIGN MANAGER (Signature) (IF ENGINEERING RELATED)	DATE	2) FOSTER WHEELER DELIVERY ORDER MANAGER (Signature)	DATE
[signature]	8/23/00	[signature]	8/23/00
3) HEALTH AND SAFETY MANAGER (Signature) (IF HEALTH AND SAFETY RELATED) NA	DATE	4) QC REVIEWER (Signature)	DATE
____ Comments (attached) ____ No Comments		[signature] ____ Comments (attached) _X_ No Comments	9-1-2000

Delivery Order Manager distributes to:

Foster Wheeler Design	Contracts Manager	QC Manager	FCR Preparer
Integrated Project Team Manager	Site Superintendent	Project Controls Supervisor	PHSM

FCR-75-23 (continuation sheet)

2. Reason for Change

All sheets were driven to design tip elevation except the following:

Sta 0+20 to 0+21.5 (tip elev. -1.6)
Sta 0+42.5 to 0+44 (tip elev. -11.2)
Sta 0+44 to 0+45.5 (tip elev. -20.4)
Sta 0+76.5 to 0+78 (tip elev. -18.2)
Sta 0+88.5 to 0+91.5 (tip elev. -18.5)
Sta 1+06.5 to 1+09.5 (tip elev. -1.3)

The 40' sheet specified between Sta 1+09.5 and Sta 1+11 was not installed. Instead, the southerly run of 20' sheets began at Sta 1+09.5 and ended 1+15.5 (1.5' short of the designed wall end). Deviation from a straight line occurs most extensively between Sta 0+20 and Sta 0+73. Stretching a line to "best-fit" the as-built horizontal alignment of the wall, the maximum deviation from a straight line is approximately 8".

APPENDIX G

CHAIN-OF-CUSTODY RECORDS/ANALYTICAL RESULTS AND QA/QC REVIEW

Chain-of-custody Records/

Analytical Results

Drill Cuttings and Decontamination Water

Chain of Custody Record & Laboratory Analysis Request

Analytical Resources, Incorporated
Analytical Chemists and Consultants
400 Ninth Avenue North
Seattle, WA 98109-4708
206-621-6490 206-621-7523 (fax)

Page 1 of 4

Turn Around Requested: 14 day

Report to: Shani Montgomery	Proj Name: DO 75
Company: Foster Wheeler	~~Proj~~ PO Number: 26207
Address: 1050 NE Hostmark	Sampler: M. Keiser
Poulsbo WA 98370	N. Morgan NM
Phone: 360-598-8100	Shipping Method: Hand Deliv
Fax: 360 598 8195	AirBill: NA

Analyses Requested

Sample ID	Sample Date	Sample Time	Sample Matrix	No Containers	VOC 8260 B	SVOC 8270 C	BCRA 6010B/7000 metals (Cu, Ni, Zn)	Pesticides 8081A	PCB 8082 (Aroclor only)	TPH-NWTPH-G	-NWTPH DX				Notes/Comments
DW-2	5/8/00 NM	1500 NM	Water NM	11		X	X	X	X						

Relinquished: (Signature)	Relinquished: (Signature)	Relinquished: (Signature)	Special Instructions/Notes
Printed name: Newton Morgan	Printed name:	Printed name:	Hold for possible TCLP analysis
Company: Foster Wheeler	Company:	Company:	
Date: 5/8/00 NM Time: 1825	Date: Time:	Date: Time:	
Received by:	Received by:	Received by:	
Printed name: [illegible]	Printed name:	Printed name:	
Company: HRI	Company:	Company:	Number of Coolers:
Date: 5/8/00 Time: 1825	Date: Time:	Date: Time:	Cooler Temp(s):
			COC Seals Intact?
			Bottles Intact?

Chain of Custody Record & Laboratory Analysis Request

Analytical Resources, Incorporated
Analytical Chemists and Consultants
400 Ninth Avenue North
Seattle, WA 98109-4708
206-621-6490 206-621-7523 (fax)

Turn Around Requested: 14 day

Report to: Shant Hartnoorian	Proj Name: D075				Analyses Requested										Notes/Comments
Company: Foster Wheeler	~~Proj Number:~~ PO# 26207														
Address: 1050 NE Hostmark	Sampler: N. Morgan														
Poulsbo, WA 98370	D. Seaver														
Phone: 360-598-8100	Shipping Method: Hand Del.														
Fax: 360-598-8195	AirBill: NA														
Sample ID	Sample Date	Sample Time	Sample Matrix	No Containers	VOC 8260 B	SVOC 8270 C	RCRA Metals + Cu, Ni, Zn (EPA 6010B/7000 Series)	Pesticides 8081 A	PCB 8082 (Aroclor only)	TPH NWTPH G	TPH NWTPH Dx				
Soil-2	5/8/00	1530	Soil	8	X	X	X	X	X	X	X				
QA-5	5/8	1530	Water	12	X	X	X	X	X	X	X				

Relinquished: (Signature) Newton Morgan	Relinquished: (Signature)	Relinquished: (Signature)	Special Instructions/Notes
Printed name: Newton Morgan	Printed name:	Printed name:	Hold for Possible TCLP analysis
Company: Foster Wheeler	Company:	Company:	
Date: 5/8/00 Time: 18:25	Date: Time:	Date: Time:	
Received by:	Received by:	Received by:	
Printed name: Zach	Printed name:	Printed name:	
Company: ARI	Company:	Company:	Number of Coolers:
Date: Time: 18:25	Date: Time:	Date: Time:	Cooler Temp(s):
			COC Seals Intact?
			Bottles Intact?

THIS INFORMATION WILL BE USED FOR REPORTING/BILLING* (SEE BELOW)

COMPANY: Foster Wheeler Environmental
ADDRESS: 1050 NE Hostmark St. #202
Poulsbo WA 98370
ATTENTION: Shanti Montgomery
PROJECT NAME: D075
PROJECT CONTACT: Newton Morgan
TELEPHONE: 360-598-8180 FAX: 360-598-8195
JOB P.O. NO.: NM 26207

CHAIN OF CUSTODY RECORD

13483

SDG # _____

PAGE 3 OF 4

WORK ORDER ID# _____

Laucks Testing Laboratories, Inc.

SUBMITTED AT:
☐ 940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063
☐ 1106 Ledwich Ave., Yakima, WA 98902 (509) 248-4695 FAX 452-1265

TESTS TO PERFORM

LAB SA#	SAMPLE ID / LOCATION	DATE	TIME	MATRIX: WATER, SOIL OR SPECIFY	NO. OF CONTAINERS	VOC 8260 B	SVOC 8270 C	RCRA metals (Cu, Ni, Zn) 6010B/7000	Pesticides 8081A	PCB 8082 Aroclor only	TPH NWTPH G	NWTPH DX								OBSERVATIONS, COMMENTS, SPECIAL INSTRUCTIONS
	DW-2	5/8	1500	H_2O	18	X	X		X	X	X	X								Hold for possible TCLP analysis
	NM Samplers: N. Morgan M. Keiser																			

1 3

A. A standard turnaround time is assumed unless otherwise marked.

B. The laboratory may not be responsible for missed holding time for samples received with less than 50% of the analytical hold time remaining. Please contact the laboratory for further information.

INSTRUCTIONS
1. USE ONE LINE PER SAMPLE.
2. BE SPECIFIC IN TEST REQUESTS.
3. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE.

*BILLING INFORMATION, IF DIFFERENT THAN ABOVE
NAME ADDRESS
ATTN: CITY, STATE, ZIP

*** RUSH TURNAROUND IS SUBJECT TO PRIOR LABORATORY APPROVAL**

TOTAL NO. OF CONTAINERS
TURNAROUND REQUEST
☒ STD. 10-14 WORKING DAYS
*☐ 24-48 HRS. (100% SUR)
*☐ 72 HRS. (75% SUR)
*☐ 5 DAYS (50% SUR)
☐ OTHER: _____
☐ TEMP: _____
CUSTODY SEAL: ☐ Y ☐ N ☐ N/A

RELINQUISHED BY (SIGN AND PRINT)	DATE TIME	RECEIVED BY (SIGN AND PRINT)	DATE TIME
Newton Morgan / Newton Morgan	5/8/00 18/25	[signature] / Zach Stanley	5/8/00 1925
/		/	

CLIENT COPY

Chain of Custody Record & Laboratory Analysis Request

Analytical Resources, Incorporated
Analytical Chemists and Consultants
400 Ninth Avenue North
Seattle, WA 98109-4708
206-621-6490 206-621-7523 (fax)

Turn Around Requested: 14 day

Report to: Shanti Montgomery	Proj Name: DO 75
Company: Foster Wheeler	~~Proj~~ PO Number: 26207
Address: 1050 NE Hostmark	Sampler: N. Morgan NM
Poulsbo, WA 98370	D. Seaver NM
Phone: 360-598-8100	Shipping Method: Hand Deliver
Fax: 360-598-8195	AirBill: NA

Analyses Requested

Sample ID	Sample Date	Sample Time	Sample Matrix	No Containers	VOC/8260B	SVOC/8270C	Metals - 6010B/7000 RCRA+Cu, Ni, Zn	Pesticides 8081A	PCBs (Aroclor) 8082	TPH-NWTPH G	-NWTPH DX				Notes/Comments
~~QA-4~~ NM	—	—	~~H2O~~		~~3~~	~~1~~	~~1~~	~~1~~	~~3~~	~~2~~	~~1~~				
QA-4	5/8	1050	H2O	12	X	X	X	X	X	X	X				
QA-6		N/A	Water NM	4	X					X					

Relinquished: (Signature) Newton Morgan	Relinquished: (Signature)	Relinquished: (Signature)	Special Instructions/Notes
Printed name: Newton Morgan	Printed name:	Printed name:	Hold for possible TCLP analysis
Company: Foster Wheeler	Company:	Company:	
Date: 5/8/00 NM Time: 1825	Date: Time:	Date: Time:	
Received by:	Received by:	Received by:	
Printed name: [illegible]	Printed name:	Printed name:	
Company: AKI	Company:	Company:	Number of Coolers:
Date: 5/9/00 Time: 1875	Date: Time:	Date: Time:	Cooler Temp(s):
			COC Seals Intact?
			Bottles Intact?

ORGANICS ANALYSIS DATA SHEET
Volatiles by Purge & Trap GC/MS

ANALYTICAL RESOURCES INCORPORATED

Sample No: DW-2

Lab Sample ID: BP78A
LIMS ID: 00-6996
Matrix: Water
Data Release Authorized:
Reported: 05/23/00

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Instrument: NT3
Date Analyzed: 05/17/00 14:52

Sample Amount: 5.00 mL
Purge Volume: 5.0 mL

CAS Number	Analyte	ug/L
74-87-3	Chloromethane	1.0 U
75-01-4	Vinyl Chloride	1.0 U
75-00-3	Chloroethane	1.0 U
75-09-2	Methylene Chloride	2.0 U
67-64-1	Acetone	160 UY
75-15-0	Carbon Disulfide	1.0 U
75-35-4	1,1-Dichloroethene	1.0 U
75-34-3	1,1-Dichloroethane	1.0 U
156-60-5	trans-1,2-Dichloroethene	1.0 U
67-66-3	Chloroform	1.0 U
107-06-2	1,2-Dichloroethane	1.0 U
78-93-3	2-Butanone	130
71-55-6	1,1,1-Trichloroethane	1.0 U
56-23-5	Carbon Tetrachloride	1.0 U
108-05-4	Vinyl Acetate	5.0 U
75-27-4	Bromodichloromethane	1.0 U
78-87-5	1,2-Dichloropropane	1.0 U
10061-01-5	cis-1,3-Dichloropropene	1.0 U
79-01-6	Trichloroethene	1.0 U
124-48-1	Dibromochloromethane	1.0 U
79-00-5	1,1,2-Trichloroethane	1.0 U
71-43-2	Benzene	1.0 U
10061-02-6	trans-1,3-Dichloropropene	1.0 U
75-25-2	Bromoform	1.0 U
108-10-1	4-Methyl-2-Pentanone (MIBK)	5.0 U
591-78-6	2-Hexanone	5.0 U
127-18-4	Tetrachloroethene	1.0 U
79-34-5	1,1,2,2-Tetrachloroethane	1.0 U
108-88-3	Toluene	2.3
108-90-7	Chlorobenzene	1.0 U
100-41-4	Ethylbenzene	1.0 U
100-42-5	Styrene	1.0 U
1330-20-7	m,p-Xylene	1.0 U
95-47-6	o-Xylene	1.0 U

Volatile Surrogate Recovery	
d4-1,2-Dichloroethane	93.7%
d8-Toluene	100%
Bromofluorobenzene	99.0%
d4-1,2-Dichlorobenzene	100%

ORGANICS ANALYSIS DATA SHEET
Semivolatiles by GC/MS

Sample No: DW-2

ANALYTICAL RESOURCES INCORPORATED

Lab Sample ID: BP78A
LIMS ID: 00-6996
Matrix: Water
Data Release Authorized: AB
Reported: 05/16/00

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Date extracted: 05/11/00 12:00
Date analyzed: 05/15/00 12:54
Instrument: FINN8

Sample Amount: 500 mL
Final Extract Volume: 0.5 mL
Dilution Factor: 1:1

CAS Number	Analyte	ug/L
108-95-2	Phenol	2.0 U
111-44-4	Bis-(2-Chloroethyl) Ether	2.0 U
95-57-8	2-Chlorophenol	1.0 U
541-73-1	1,3-Dichlorobenzene	1.0 U
106-46-7	1,4-Dichlorobenzene	1.0 U
100-51-6	Benzyl Alcohol	5.0 U
95-50-1	1,2-Dichlorobenzene	1.0 U
95-48-7	2-Methylphenol	2.0 U
108-60-1	2,2'-Oxybis(1-Chloropropane)	1.0 U
106-44-5	4-Methylphenol	1.0 U
621-64-7	N-Nitroso-Di-N-Propylamine	2.0 U
67-72-1	Hexachloroethane	2.0 U
98-95-3	Nitrobenzene	1.0 U
78-59-1	Isophorone	1.0 U
88-75-5	2-Nitrophenol	5.0 U
105-67-9	2,4-Dimethylphenol	3.0 U
65-85-0	Benzoic Acid	10 U
111-91-1	bis(2-Chloroethoxy) Methane	1.0 U
120-83-2	2,4-Dichlorophenol	3.0 U
120-82-1	1,2,4-Trichlorobenzene	1.0 U
91-20-3	Naphthalene	1.0 U
106-47-8	4-Chloroaniline	3.0 U
87-68-3	Hexachlorobutadiene	2.0 U
59-50-7	4-Chloro-3-methylphenol	2.0 U
91-57-6	2-Methylnaphthalene	1.0 U
77-47-4	Hexachlorocyclopentadiene	5.0 U
88-06-2	2,4,6-Trichlorophenol	5.0 U
95-95-4	2,4,5-Trichlorophenol	5.0 U
91-58-7	2-Chloronaphthalene	1.0 U
88-74-4	2-Nitroaniline	5.0 U
131-11-3	Dimethylphthalate	1.0 U
208-96-8	Acenaphthylene	1.0 U
99-09-2	3-Nitroaniline	6.0 U
83-32-9	Acenaphthene	1.0 U
51-28-5	2,4-Dinitrophenol	10 U
100-02-7	4-Nitrophenol	5.0 U

ORGANICS ANALYSIS DATA SHEET
Semivolatiles by GC/MS

Sample No: DW-2

ANALYTICAL RESOURCES INCORPORATED

Lab Sample ID: BP78A
LIMS ID: 00-6996
Matrix: Water
Data Release Authorized:
Reported: 05/16/00

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Date extracted: 05/11/00 12:00
Date analyzed: 05/15/00 12:54
Instrument: FINN8

Sample Amount: 500 mL
Final Extract Volume: 0.5 mL
Dilution Factor: 1:1

CAS Number	Analyte	ug/L
132-64-9	Dibenzofuran	1.0 U
606-20-2	2,6-Dinitrotoluene	5.0 U
121-14-2	2,4-Dinitrotoluene	5.0 U
84-66-2	Diethylphthalate	1.0 U
7005-72-3	4-Chlorophenyl-phenylether	1.0 U
86-73-7	Fluorene	1.0 U
100-01-6	4-Nitroaniline	5.0 U
534-52-1	4,6-Dinitro-2-Methylphenol	10 U
86-30-6	N-Nitrosodiphenylamine	1.0 U
101-55-3	4-Bromophenyl-phenylether	1.0 U
118-74-1	Hexachlorobenzene	1.0 U
87-86-5	Pentachlorophenol	5.0 U
85-01-8	Phenanthrene	1.0 U
86-74-8	Carbazole	1.0 U
120-12-7	Anthracene	1.0 U
84-74-2	Di-n-Butylphthalate	1.0 U
206-44-0	Fluoranthene	1.0 U
129-00-0	Pyrene	1.0 U
85-68-7	Butylbenzylphthalate	1.0 U
91-94-1	3,3'-Dichlorobenzidine	5.0 U
56-55-3	Benzo(a)anthracene	1.0 U
117-81-7	bis(2-Ethylhexyl)phthalate	1.1
218-01-9	Chrysene	1.0 U
117-84-0	Di-n-Octyl phthalate	1.0 U
205-99-2	Benzo(b)fluoranthene	1.0 U
207-08-9	Benzo(k)fluoranthene	1.0 U
50-32-8	Benzo(a)pyrene	1.0 U
193-39-5	Indeno(1,2,3-cd)pyrene	1.0 U
53-70-3	Dibenz(a,h)anthracene	1.0 U
191-24-2	Benzo(g,h,i)perylene	1.0 U
110-86-1	Pyridine	2.0 U

Semivolatiles Surrogate Recovery

d5-Nitrobenzene	103%	d5-Phenol	55.6%
2-Fluorobiphenyl	90.9%	2-Fluorophenol	74.5%
d14-p-Terphenyl	102%	2,4,6-Tribromophenol	110%
d4-1,2-Dichlorobenzene	81.0%	d4-2-Chlorophenol	85.4%

FORM-1

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET
TOTAL METALS

Sample No: DW-2

Lab Sample ID: BP78A
LIMS ID: 00-6996
Matrix: Water

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Data Release Authorized:
Reported: 05/16/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	ug/L
200.8	05/11/00	200.8	05/15/00	7440-38-2	Arsenic	0.2	3.2
200.8	05/11/00	200.8	05/15/00	7440-39-3	Barium	20	6,810
200.8	05/11/00	200.8	05/15/00	7440-43-9	Cadmium	0.2	0.4
200.8	05/11/00	200.8	05/15/00	7440-47-3	Chromium	1	13
200.8	05/11/00	200.8	05/15/00	7440-50-8	Copper	0.5	78.9
200.8	05/11/00	200.8	05/15/00	7439-92-1	Lead	1	19
7470	05/11/00	7470	05/12/00	7439-97-6	Mercury	0.1	0.2
200.8	05/11/00	200.8	05/15/00	7440-02-0	Nickel	0.5	18.8
200.8	05/11/00	200.8	05/15/00	7782-49-2	Selenium	1	1 U
200.8	05/11/00	200.8	05/15/00	7440-22-4	Silver	0.5	0.5 U
200.8	05/11/00	200.8	05/15/00	7440-66-6	Zinc	4	195

U Analyte undetected at given RL

RL Reporting Limit

FORM-I

ORGANICS ANALYSIS DATA SHEET
Pesticides/PCB by GC/ECD Method 8081

Sample No: DW-2

ANALYTICAL RESOURCES INCORPORATED

Lab Sample ID: BP78A
LIMS ID: 00-6996
Matrix: Water

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Data Release Authorized: CH
Reported: 05/18/00 5/18/00

Date extracted: 05/11/00 12:00
Date analyzed: 05/18/00 04:07
GPC Cleanup: NO
Florisil: YES
Instrument ID: ECD3

Sample Amount: 1000 mL
Final Extract Volume: 2.0 mL
Dilution Factor: 1:1
pH: 6.6
Sulfur Cleanup: YES

CAS Number	Analyte	ug/L
319-84-6	alpha-BHC	0.010 U
319-85-7	beta-BHC	0.010 U
319-86-8	delta-BHC	0.010 U
58-89-9	gamma-BHC (Lindane)	0.010 U
76-44-8	Heptachlor	0.010 U
309-00-2	Aldrin	0.010 U
1024-57-3	Heptachlor Epoxide	0.010 U
959-98-8	Endosulfan I	0.010 U
60-57-1	Dieldrin	0.020 U
72-55-9	4,4'-DDE	0.020 U
72-20-8	Endrin	0.020 U
33213-65-9	Endosulfan II	0.020 U
72-54-8	4,4'-DDD	0.020 U
1031-07-8	Endosulfan Sulfate	0.020 U
50-29-3	4,4'-DDT	0.020 U
72-43-5	Methoxychlor	0.10 U
7421-93-4	Endrin Aldehyde	0.020 U
57-74-9	gamma Chlordane	0.010 U
5103-71-9	alpha Chlordane	0.010 U
8001-35-2	Toxaphene	1.0 U

Pesticide Surrogate Recovery

Decachlorobiphenyl	73.0%
Tetrachlorometaxylene	47.0%

ORGANICS ANALYSIS DATA SHEET
PCB by GC/ECD

ANALYTICAL RESOURCES INCORPORATED

Sample No: DW-2

Lab Sample ID: BP78A
LIMS ID: 00-6996
Matrix: Water

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Data Release Authorized: CH
Reported: 05/18/00 5/18/00

Date extracted: 05/11/00
Date analyzed: 05/17/00 05:27
Instrument ID: ECD1
Sample Amount: 3000 mL
Final Ext Vol: 1.0 mL

GPC Cleanup: No
Florisil Cleanup: No
Acid Cleanup: Yes
Sulfur Cleanup: Yes
Conc/Dilution Factor: 1:1

Reported in Total ug/L

CAS Number	Analyte	Value
12674-11-2	Aroclor 1016	0.033 U
53469-21-9	Aroclor 1242	0.033 U
12672-29-6	Aroclor 1248	0.033 U
11097-69-1	Aroclor 1254	0.024 J
11096-82-5	Aroclor 1260	0.033 U
11104-28-2	Aroclor 1221	0.067 U
11141-16-5	Aroclor 1232	0.033 U

PCB-Aroclor Surrogate Recovery

Decachlorobiphenyl	66.0%
Tetrachlorometaxylene	46.0%

Data Qualifiers

J Indicates an estimated value when that result is less than the calculated detection limit.
E Indicates a value above the linear range of the detector. Dilution Required
S Indicates no value reported due to saturation of the detector.
D Indicates the surrogate was diluted out.
U Indicates compound was analyzed for, but not detected at the given detection limit.
B Found in associated method blank
NA Indicates compound was not analyzed.
NR Indicates no recovery due to interferences.
Y Indicates a raised reporting limit due to matrix interferences. The analyte may be present at or below the listed concentration, but in the opinion of the analyst, confirmation was inadequate.

ANALYTICAL RESOURCES INCORPORATED

TOTAL GASOLINE RANGE HYDROCARBONS
WTPHg Range Toluene to C12 by GC/FID

QC Report No: BP78-Foster Wheeler
Matrix: Water
Project: DO75
26207
Data Release Authorized: C/A
Date Received: 05/08/00
Reported: 05/11/00 5/11/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range	Gas ID	Surr A Rec	Surr B Rec
BP78-0510MB	Method Blank	05/10/00	1:1	0.25 U	NO	106%	106%
00-6996-BP78A	DW-2	05/10/00	1:1	0.25 U	NO	98.5%	101%
00-6997-BP78B	QA-4	05/10/00	1:1	0.25 U	NO	105%	104%
00-6998-BP78C	QA-5	05/10/00	1:1	0.25 U	NO	106%	104%
00-6999-BP78D	QA-6	05/10/00	1:1	0.25 U	NO	108%	104%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.

Values reported in ppm (mg/L).
Quantitation on total peaks in the gasoline range from Toluene to C12.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

TOTAL DIESEL RANGE HYDROCARBONS
WA TPHd Range C12 to C24 by GC/FID
and Motor Oil

ANALYTICAL RESOURCES INCORPORATED

Lab ID: 00-6996
Matrix: Water

QC Report No: BP78-Foster Wheeler
Project: DO75
26207
Date Received: 05/08/00

Data Release Authorized: CH
Reported: 05/18/00 5/18/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surr Rec
BP78MB	Method Blank	05/11/00	05/15/00	1:1	0.25 U	---	0.50 U	111%
BP78A	DW-2	05/11/00	05/16/00	1:1	0.68	NO	0.50 U	108%
BP78B	QA-4	05/11/00	05/16/00	1:1	0.25 U	---	0.50 U	127%
BP78C	QA-5	05/11/00	05/16/00	1:1	0.25 U	---	0.50 U	131%

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Values reported in ppm (mg/L)
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U	Compound not detected at the given detection limit.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
E	Indicates a value above the linear range of the detector. Dilution required.
NR	Indicates no recovery due to matrix interference.
B	Indicates compound also detected in the method blank.

FORM-1 WA TPHD

ORGANICS ANALYSIS DATA SHEET
Volatiles by Purge & Trap GC/MS

ANALYTICAL RESOURCES INCORPORATED

Sample No: Soil-2

Lab Sample ID: BP79A
LIMS ID: 00-7000
Matrix: Soil
Data Release Authorized:
Reported: 05/16/00
Instrument: FINN1
Date Analyzed: 05/10/00

QC Report No: BP79-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00
Sample Amount: 4.05 g dry Wt
Percent Moisture: 19.6%

CAS Number	Analyte	ug/kg
74-87-3	Chloromethane	1.2 U
75-01-4	Vinyl Chloride	1.2 U
75-00-3	Chloroethane	1.2 U
75-09-2	Methylene Chloride	3.7 U
67-64-1	**Acetone**	**24**
75-15-0	**Carbon Disulfide**	**2.2**
75-35-4	1,1-Dichloroethene	1.2 U
75-34-3	1,1-Dichloroethane	1.2 U
156-60-5	trans-1,2-Dichloroethene	1.2 U
67-66-3	Chloroform	1.2 U
107-06-2	1,2-Dichloroethane	1.2 U
78-93-3	2-Butanone	6.2 U
71-55-6	1,1,1-Trichloroethane	1.2 U
56-23-5	Carbon Tetrachloride	1.2 U
108-05-4	Vinyl Acetate	6.2 U
75-27-4	Bromodichloromethane	1.2 U
78-87-5	1,2-Dichloropropane	1.2 U
10061-01-5	cis-1,3-Dichloropropene	1.2 U
79-01-6	Trichloroethene	1.2 U
124-48-1	Dibromochloromethane	1.2 U
79-00-5	1,1,2-Trichloroethane	1.2 U
71-43-2	Benzene	1.2 U
10061-02-6	trans-1,3-Dichloropropene	1.2 U
75-25-2	Bromoform	1.2 U
108-10-1	4-Methyl-2-Pentanone (MIBK)	6.2 U
591-78-6	2-Hexanone	6.2 U
127-18-4	Tetrachloroethene	1.2 U
79-34-5	1,1,2,2-Tetrachloroethane	1.2 U
108-88-3	Toluene	1.2 U
108-90-7	Chlorobenzene	1.2 U
100-41-4	Ethylbenzene	1.2 U
100-42-5	Styrene	1.2 U
1330-20-7	**m,p-Xylene**	**1.7**
95-47-6	o-Xylene	1.2 U
1330-20-7	Total Xylenes	2.5 U

Volatile Surrogate Recovery	
d4-1,2-Dichloroethane	91.8%
d8-Toluene	97.4%
Bromofluorobenzene	98.3%
d4-1,2-Dichlorobenzene	95.7%

FORM-1

ORGANICS ANALYSIS DATA SHEET
Semivolatiles by GC/MS

Lab Sample ID: BP79A
LIMS ID: 00-7000
Matrix: Soil
Data Release Authorized
Reported: 05/16/00

Sample No: Soil-2

ANALYTICAL RESOURCES INCORPORATED

QC Report No: BP79-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Date extracted: 05/11/00 11:25
Date analyzed: 05/15/00 17:46
Instrument: FINN8
GPC Cleanup: NO

Sample Amount: 6.12 g-dry-wt
Final Extract Volume: 0.5 mL
Dilution Factor: 1:1
Percent Moisture: 18.8%
pH: 7.6

CAS Number	Analyte	ug/kg
108-95-2	Phenol	160 U
111-44-4	Bis-(2-Chloroethyl) Ether	160 U
95-57-8	2-Chlorophenol	82 U
541-73-1	1,3-Dichlorobenzene	82 U
106-46-7	1,4-Dichlorobenzene	82 U
100-51-6	Benzyl Alcohol	410 U
95-50-1	1,2-Dichlorobenzene	82 U
95-48-7	2-Methylphenol	160 U
108-60-1	2,2'-Oxybis(1-Chloropropane)	82 U
106-44-5	4-Methylphenol	82 U
621-64-7	N-Nitroso-Di-N-Propylamine	160 U
67-72-1	Hexachloroethane	160 U
98-95-3	Nitrobenzene	82 U
78-59-1	Isophorone	82 U
88-75-5	2-Nitrophenol	410 U
105-67-9	2,4-Dimethylphenol	250 U
65-85-0	Benzoic Acid	820 U
111-91-1	bis(2-Chloroethoxy) Methane	82 U
120-83-2	2,4-Dichlorophenol	250 U
120-82-1	1,2,4-Trichlorobenzene	82 U
91-20-3	Naphthalene	82 U
106-47-8	4-Chloroaniline	250 U
87-68-3	Hexachlorobutadiene	160 U
59-50-7	4-Chloro-3-methylphenol	160 U
91-57-6	2-Methylnaphthalene	82 U
77-47-4	Hexachlorocyclopentadiene	410 U
88-06-2	2,4,6-Trichlorophenol	410 U
95-95-4	2,4,5-Trichlorophenol	410 U
91-58-7	2-Chloronaphthalene	82 U
88-74-4	2-Nitroaniline	410 U
131-11-3	Dimethylphthalate	82 U
208-96-8	Acenaphthylene	82 U
99-09-2	3-Nitroaniline	490 U
83-32-9	Acenaphthene	82 U
51-28-5	2,4-Dinitrophenol	820 U
100-02-7	4-Nitrophenol	410 U
132-64-9	Dibenzofuran	82 U
606-20-2	2,6-Dinitrotoluene	410 U

ORGANICS ANALYSIS DATA SHEET
Semivolatiles by GC/MS

Lab Sample ID: BP79A
LIMS ID: 00-7000
Matrix: Soil
Data Release Authorized:
Reported: 05/16/00

Sample No: Soil-2

ANALYTICAL RESOURCES INCORPORATED

QC Report No: BP79-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Date extracted: 05/11/00 11:25
Date analyzed: 05/15/00 17:46
Instrument: FINN8
GPC Cleanup: NO

Sample Amount: 6.12 g-dry-wt
Final Extract Volume: 0.5 mL
Dilution Factor: 1:1
Percent Moisture: 18.8%
pH: 7.6

CAS Number	Analyte	ug/kg
121-14-2	2,4-Dinitrotoluene	410 U
84-66-2	Diethylphthalate	82 U
7005-72-3	4-Chlorophenyl-phenylether	82 U
86-73-7	Fluorene	82 U
100-01-6	4-Nitroaniline	410 U
534-52-1	4,6-Dinitro-2-Methylphenol	820 U
86-30-6	N-Nitrosodiphenylamine	82 U
101-55-3	4-Bromophenyl-phenylether	82 U
118-74-1	Hexachlorobenzene	82 U
87-86-5	Pentachlorophenol	410 U
85-01-8	Phenanthrene	120
86-74-8	Carbazole	82 U
120-12-7	Anthracene	82 U
84-74-2	Di-n-Butylphthalate	82 U
206-44-0	Fluoranthene	170
129-00-0	Pyrene	160
85-68-7	Butylbenzylphthalate	82 U
91-94-1	3,3'-Dichlorobenzidine	410 U
56-55-3	Benzo(a)anthracene	60 J
117-81-7	bis(2-Ethylhexyl)phthalate	360
218-01-9	Chrysene	79 J
117-84-0	Di-n-Octyl phthalate	82 U
205-99-2	Benzo(b)fluoranthene	64 J
207-08-9	Benzo(k)fluoranthene	64 J
50-32-8	Benzo(a)pyrene	59 J
193-39-5	Indeno(1,2,3-cd)pyrene	82 U
53-70-3	Dibenz(a,h)anthracene	82 U
191-24-2	Benzo(g,h,i)perylene	82 U
110-86-1	Pyridine	160 U

Semivolatiles Surrogate Recovery

d5-Nitrobenzene	86.4%	d5-Phenol	76.7%
2-Fluorobiphenyl	79.2%	2-Fluorophenol	53.3%
d14-p-Terphenyl	101%	2,4,6-Tribromophenol	73.3%
d4-1,2-Dichlorobenzene	66.0%	d4-2-Chlorophenol	72.6%

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET
TOTAL METALS

Sample No: Soil-2

Lab Sample ID: BP79A
LIMS ID: 00-7000
Matrix: Soil

QC Report No: BP79-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Data Release Authorized
Reported: 05/19/00

Percent Total Solids: 80.2%

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/kg-dry
3050	05/11/00	6010	05/17/00	7440-38-2	Arsenic	6	145
3050	05/11/00	6010	05/17/00	7440-39-3	Barium	0.4	4,330
3050	05/11/00	6010	05/17/00	7440-43-9	Cadmium	0.2	0.7
3050	05/11/00	6010	05/17/00	7440-47-3	Chromium	0.6	56.0
3050	05/11/00	6010	05/17/00	7440-50-8	Copper	0.2	356
3050	05/11/00	6010	05/17/00	7439-92-1	Lead	2	141
CLP	05/11/00	7471	05/12/00	7439-97-6	Mercury	0.06	0.48
3050	05/11/00	6010	05/17/00	7440-02-0	Nickel	1	58
3050	05/11/00	6010	05/17/00	7782-49-2	Selenium	6	6 U
3050	05/11/00	6010	05/17/00	7440-22-4	Silver	0.4	0.4 U
3050	05/11/00	6010	05/17/00	7440-66-6	Zinc	0.7	952

U Analyte undetected at given RL

RL Reporting Limit

FORM-I

ANALYTICAL RESOURCES INCORPORATED

ORGANICS ANALYSIS DATA SHEET
Pesticides/PCB by GC/ECD

Sample No: Soil-2

Lab Sample ID: BP79A
LIMS ID: 00-7000
Matrix: Soil
Data Release Authorized: CH
Reported: 05/22/00 5/22/00

QC Report No: BP79-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Date extracted: 05/11/00
Date analyzed: 05/19/00 17:03
GPC Cleanup: NO
Florisil: YES
Sulfur Cleanup: YES
Instrument ID: ECD3

Sample Amount: 9.75 g-dry-wt
Final Extract Volume: 1.0 mL
Dilution Factor: 1:1
Percent Moisture: 18.8%
pH: 7.6

CAS Number	Analyte	ug/kg
319-84-6	alpha-BHC	0.51 U
319-85-7	beta-BHC	0.51 U
319-86-8	delta-BHC	0.51 U
58-89-9	gamma-BHC (Lindane)	0.51 U
76-44-8	Heptachlor	0.51 U
309-00-2	Aldrin	0.51 U
1024-57-3	Heptachlor Epoxide	0.51 U
959-98-8	Endosulfan I	0.51 U
60-57-1	Dieldrin	1.0 U
72-55-9	4,4'-DDE	1.0 U
72-20-8	Endrin	1.0 U
33213-65-9	Endosulfan II	1.0 U
72-54-8	4,4'-DDD	1.0 U
1031-07-8	Endosulfan Sulfate	1.0 U
50-29-3	4,4'-DDT	1.0 U
72-43-5	Methoxychlor	5.1 U
7421-93-4	Endrin Aldehyde	1.0 U
57-74-9	gamma Chlordane	0.51 U
5103-71-9	alpha Chlordane	0.51 U
8001-35-2	Toxaphene	51 U

Pesticide Surrogate Recovery

Decachlorobiphenyl	60.2%
Tetrachlorometaxylene	49.0%

ORGANICS ANALYSIS DATA SHEET
PCB by GC/ECD

ANALYTICAL RESOURCES INCORPORATED

Sample No: Soil-2

Lab Sample ID: BP79A
LIMS ID: 00-7000
Matrix: Soil

QC Report No: BP79-Foster Wheeler
Project: D075
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Data Release Authorized: CH
Reported: 05/18/00 SHW

Date extracted: 05/11/00 09:15
Date analyzed: 05/17/00 00:46
Instrument ID: ECD1
Sample Amount: 9.74 g-dry-wt
Final Ext Vol: 4.0 mL
pH: 7.6

GPC Cleanup: No
Florisil Cleanup: No
Acid Cleanup: Yes
Sulfur Cleanup: Yes
Conc/Dilution Factor: 1:1
Percent Moisture: 18.8%

Reported in Total ug/kg Dry Weight

CAS Number	Analyte	Value
12674-11-2	Aroclor 1016	41 U
53469-21-9	Aroclor 1242	41 U
12672-29-6	Aroclor 1248	41 U
11097-69-1	Aroclor 1254	54
11096-82-5	Aroclor 1260	41 U
11104-28-2	Aroclor 1221	82 U
11141-16-5	Aroclor 1232	41 U

PCB-Aroclor Surrogate Recovery

Decachlorobiphenyl	79.8%
Tetrachlorometaxylene	64.0%

Data Qualifiers

J Indicates an estimated value when that result is less than the calculated detection limit.
E Indicates a value above the linear range of the detector. Dilution Required
S Indicates no value reported due to saturation of the detector.
D Indicates the surrogate was diluted out.
U Indicates compound was analyzed for, but not detected at the given detection limit.
B Found in associated method blank
NA Indicates compound was not analyzed.
NR Indicates no recovery due to interferences.
NV Indicates no value reportable - see additional analyses.
Y Indicates a raised reporting limit due to matrix interferences. The analyte may be present at or below the listed concentration, but in the opinion of the analyst, confirmation was inadequate.

TOTAL GASOLINE RANGE HYDROCARBONS
WTPHg Range Toluene to C12 by GC/FID

ANALYTICAL RESOURCES INCORPORATED

QC Report No: BP79-Foster Wheeler
Matrix: Soil Project: DO75
26207
Data Release Authorized: Date Received: 05/08/00
Reported: 05/19/00 5/19/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range Hydrocarbons		Gasoline ID	Surr A Rec	Surr B Rec
BP79-0515MB	Method Blank	05/15/00	1:1	5.0	U	NO	95.6%	80.4%
00-7000-BP79A	Soil-2	05/15/00	1:1	10		NO	88.0%	93.1%
00-7001-BP79B	QA-6	05/16/00	1:1	5.0	U*	NO	86.5%	92.1%

* Trip blank reported in mg/L.

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.
Values reported in ppm (mg/kg) on an as-received basis.
Quantitation on total peaks in the gasoline range from Toluene to C12.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

TOTAL DIESEL RANGE HYDROCARBONS
WA TPHd Range C12 to C24 by GC/FID
and Motor Oil

LIMS ID: 00-7000
Matrix: Soil

QC Report No: BP79-Foster Wheeler
Project: DO75
26207

Data Release Authorized: CH 5/16/00
Reported: 05/18/00

Date Received: 05/08/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surrogate Recovery
BP79MB	Method Blank	05/11/00	05/16/00	1:1	5.0 U	---	10 U	104%
BP79A	Soil-2	05/11/00	05/16/00	1:1	89	NO	140	66.0%

Values reported in ppm (mg/kg) on a dry weight basis.

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U	Compound not detected at the given detection limit.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
E	Indicates a value above the linear range of the detector. Dilution required.
NR	Indicates no recovery due to matrix interference.
B	Indicates compound also detected in the method blank.

FORM-1 WA TPHD

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET Sample No: Soil-2
TCLP METALS

Lab Sample ID: BR46A
LIMS ID: 00-8147
Matrix: Soil

QC Report No: BR46-Foster Wheeler
Project: DO75
26207
Date Sampled: 05/08/00
Date Received: 05/08/00

Data Release Authorized:
Reported: 06/07/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	06/01/00	6010	06/06/00	7440-38-2	Arsenic	0.2	0.2 U
1311	06/01/00	6010	06/06/00	7440-39-3	Barium	0.02	0.61
1311	06/01/00	6010	06/06/00	7439-92-1	Lead	0.1	0.2

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

Fish Rock Habitat Mix and Import Material

Chain of Custody Record & Laboratory Analysis Request

Analytical Resources, Incorporated
Analytical Chemists and Consultants
400 Ninth Avenue North
Seattle, WA 98109-4708
206-621-6490 206-621-7523 (fax)

Page 1 of 1

Turn Around Requested: See special notes

Report to: Shanti Montgomery	Proj Name: Repairs at OU A
Company: Foster Wheeler	Proj Number: 1453.7500.0505
Address: 1050 NE Hostmark St.	Sampler: Newton Morgan
Poulsbo, WA 98370	PO# 27636
Phone: 360-598-8173	Shipping Method: Hand-delivery
Fax: 360-598-8195	AirBill:

Analyses Requested

Sample ID	Sample Date	Sample Time	Sample Matrix	No Containers	Pesticides 8081A	PCB 8082 Aroclor only	SVOC 8270C	PP metals 6010B/7000 or 6020	VOC 8260B	NWTPH-Dx	NWTPH-G				Notes/Comments
FR-01	7-17-00	915	Soil	5	X	X	X	X	X						Extra vol for QC
BF-01	7-17-00	1100	Soil	4						X	X				Extra vol for QC
TB-01	7-17-00		H_2O	2					X		X				
															00-11716
															00-11717
															BW47

Relinquished: (Signature)	Relinquished: (Signature)	Relinquished: (Signature)
Printed name: Newton Morgan	Printed name:	Printed name:
Company: Foster Wheeler	Company:	Company:
Date: 7-17-00 Time: 1425	Date: Time:	Date: Time:

Received by:	Received by:	Received by:
Printed name: Zach Smith	Printed name:	Printed name:
Company: AR	Company:	Company:
Date: 7/17/00 Time: 1425	Date: Time:	Date: Time:

Special Instructions/Notes

TAT for FR-01 is 14 days; TAT for BF-01 is 7 days; TAT for TB-01 for VOCs is 14 days; TAT for TB-01 for NWTPHG is 7 days

Number of Coolers:	
Cooler Temp(s):	
COC Seals Intact?	
Bottles Intact?	

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg Toluene to Naphthalene

ANALYTICAL RESOURCES INCORPORATED

QC Report No: BW47-Foster Wheeler
Matrix: Soil Project: Repairs At OUA
1453.7500.0505
Data Release Authorized: CK Date Received: 07/17/00
Reported: 07/24/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range Hydrocarbons		Gasoline ID	Surr A Rec	Surr B Rec
BW47-0721MB	Method Blank	07/21/00	1:1	5.0	U	NO	85.6%	94.8%
00-11716-BW47A	BF-01	07/21/00	1:1	5.3	U	NO	82.0%	95.9%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.
Values reported in ppm (mg/kg) on a dry weight basis.
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U Compound not detected at the given detection limit.
X Value detected above linear range of instrument. Dilution required.
J Indicates an estimated value below the calculated detection limit.
S No value reported due to saturation of the detector. Dilution required.
D Indicates the surrogate was not detected because of dilution of the extract.
NR Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg - Toluene to Naphthalene

QC Report No: BW47-Foster Wheeler
Matrix: Water
Project: Repairs At OUA
1453.7500.0505
Data Release Authorized: CA
Date Received: 07/17/00
Reported: 07/24/00 7/24/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range	Gas ID	Surr A Rec	Surr B Rec
BW47-0721MB	Method Blank	07/21/00	1:1	0.25 U	NO	91.5%	98.5%
00-11717-BW47B	Trip Blank	07/21/00	1:1	0.25 U	NO	97.1%	98.7%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.

Values reported in ppm (mg/L).
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U Compound not detected at the given detection limit.
X Value detected above linear range of instrument. Dilution required.
J Indicates an estimated value below the calculated detection limit.
S No value reported due to saturation of the detector. Dilution required.
D Indicates the surrogate was not detected because of dilution of the extract.
NR Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID
and Motor Oil

LIMS ID: 00-11716
Matrix: Soil

QC Report No: BW47-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505

Data Release Authorized: CH
Reported: 07/20/00 7/20/00

Date Received: 07/17/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surrogate Recovery
BW47MB	Method Blank	07/18/00	07/19/00	1:1	5.0 U	---	10 U	98.0%
BW47A	BF-01	07/18/00	07/19/00	1:1	5.4 U	---	11 U	78.0%

Values reported in ppm (mg/kg) on a dry weight basis.

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U	Compound not detected at the given detection limit.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
E	Indicates a value above the linear range of the detector. Dilution required.
NR	Indicates no recovery due to matrix interference.
B	Indicates compound also detected in the method blank.

FORM-1 TPHD

ORGANICS ANALYSIS DATA SHEET
PCB by GC/ECD

ANALYTICAL RESOURCES INCORPORATED

Sample No: FR-01

Lab Sample ID: BW46A
LIMS ID: 00-11714
Matrix: Soil

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00

Data Release Authorized: CH 7/27/00
Reported: 07/27/00

Date extracted: 07/20/00
Date analyzed: 07/25/00 16:36
Instrument ID: ECD1
Sample Amount: 11.8 g-dry-wt
Final Ext Vol: 4.0 mL
pH: 7.3

GPC Cleanup: No
Florisil Cleanup: No
Acid Cleanup: Yes
Sulfur Cleanup: Yes
Conc/Dilution Factor: 1:1
Percent Moisture: 1.6 %

Reported in Total ug/kg Dry Weight

CAS Number	Analyte	Value
12674-11-2	Aroclor 1016	34 U
53469-21-9	Aroclor 1242	34 U
12672-29-6	Aroclor 1248	34 U
11097-69-1	Aroclor 1254	34 U
11096-82-5	Aroclor 1260	34 U
11104-28-2	Aroclor 1221	68 U
11141-16-5	Aroclor 1232	34 U

PCB-Aroclor Surrogate Recovery

Decachlorobiphenyl	76.2%
Tetrachlorometaxylene	75.2%

Data Qualifiers

J Indicates an estimated value when that result is less than the calculated detection limit.
E Indicates a value above the linear range of the detector. Dilution Required
S Indicates no value reported due to saturation of the detector.
D Indicates the surrogate was diluted out.
U Indicates compound was analyzed for, but not detected at the given detection limit.
B Found in associated method blank
NA Indicates compound was not analyzed.
NR Indicates no recovery due to interferences.
NV Indicates no value reportable - see additional analyses.
Y Indicates a raised reporting limit due to matrix interferences. The analyte may be present at or below the listed concentration, but in the opinion of the analyst, confirmation was inadequate.

ANALYTICAL RESOURCES INCORPORATED

ORGANICS ANALYSIS DATA SHEET **Sample No: FR-01**
Pesticides/PCB by GC/ECD

Lab Sample ID: BW46A
LIMS ID: 00-11714
Matrix: Soil
Data Release Authorized: CH
Reported: 07/26/00 7/26/00

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00

Date extracted: 07/20/00
Date analyzed: 07/25/00 14:07
GPC Cleanup: NO
Florisil: YES
Sulfur Cleanup: YES
Instrument ID: ECD4

Sample Amount: 11.8 g-dry-wt
Final Extract Volume: 1.0 mL
Dilution Factor: 1:1
Percent Moisture: 1.6%
pH: 7.3

CAS Number	Analyte	ug/kg
319-84-6	alpha-BHC	0.42 U
319-85-7	beta-BHC	0.42 U
319-86-8	delta-BHC	0.42 U
58-89-9	gamma-BHC (Lindane)	0.42 U
76-44-8	Heptachlor	0.42 U
309-00-2	Aldrin	0.42 U
1024-57-3	Heptachlor Epoxide	0.42 U
959-98-8	Endosulfan I	0.42 U
60-57-1	Dieldrin	0.84 U
72-55-9	4,4'-DDE	0.84 U
72-20-8	Endrin	0.84 U
33213-65-9	Endosulfan II	0.84 U
72-54-8	4,4'-DDD	0.84 U
1031-07-8	Endosulfan Sulfate	0.84 U
50-29-3	4,4'-DDT	0.84 U
72-43-5	Methoxychlor	4.2 U
7421-93-4	Endrin Aldehyde	0.84 U
57-74-9	gamma Chlordane	0.42 U
5103-71-9	alpha Chlordane	0.42 U
8001-35-2	Toxaphene	42 U

Pesticide Surrogate Recovery

Decachlorobiphenyl	75.5%
Tetrachlorometaxylene	62.0%

ORGANICS ANALYSIS DATA SHEET
Semivolatiles by GC/MS
Page 1 of 2
Lab Sample ID: BW46A
LIMS ID: 00-11714
Matrix: Soil
Data Release Authorized:
Reported: 07/26/00

Sample No: FR-01

ANALYTICAL RESOURCES INCORPORATED

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00

Date extracted: 07/20/00
Date analyzed: 07/24/00 20:01
Instrument: FINN8
GPC Cleanup: NO

Sample Amount: 7.38 g-dry-wt
Final Extract Volume: 0.5 mL
Dilution Factor: 1:1
Percent Moisture: 1.6%
pH: 7.3

CAS Number	Analyte	ug/kg
108-95-2	Phenol	140 U
111-44-4	Bis-(2-Chloroethyl) Ether	140 U
95-57-8	2-Chlorophenol	68 U
541-73-1	1,3-Dichlorobenzene	68 U
106-46-7	1,4-Dichlorobenzene	68 U
100-51-6	Benzyl Alcohol	340 U
95-50-1	1,2-Dichlorobenzene	68 U
95-48-7	2-Methylphenol	140 U
108-60-1	2,2'-Oxybis(1-Chloropropane)	68 U
106-44-5	4-Methylphenol	68 U
621-64-7	N-Nitroso-Di-N-Propylamine	140 U
67-72-1	Hexachloroethane	140 U
98-95-3	Nitrobenzene	68 U
78-59-1	Isophorone	68 U
88-75-5	2-Nitrophenol	340 U
105-67-9	2,4-Dimethylphenol	200 U
65-85-0	Benzoic Acid	680 U
111-91-1	bis(2-Chloroethoxy) Methane	68 U
120-83-2	2,4-Dichlorophenol	200 U
120-82-1	1,2,4-Trichlorobenzene	68 U
91-20-3	Naphthalene	68 U
106-47-8	4-Chloroaniline	200 U
87-68-3	Hexachlorobutadiene	140 U
59-50-7	4-Chloro-3-methylphenol	140 U
91-57-6	2-Methylnaphthalene	68 U
77-47-4	Hexachlorocyclopentadiene	340 U
88-06-2	2,4,6-Trichlorophenol	340 U
95-95-4	2,4,5-Trichlorophenol	340 U
91-58-7	2-Chloronaphthalene	68 U
88-74-4	2-Nitroaniline	340 U
131-11-3	Dimethylphthalate	68 U
208-96-8	Acenaphthylene	68 U
99-09-2	3-Nitroaniline	410 U
83-32-9	Acenaphthene	68 U
51-28-5	2,4-Dinitrophenol	680 U
100-02-7	4-Nitrophenol	340 U
132-64-9	Dibenzofuran	68 U
606-20-2	2,6-Dinitrotoluene	340 U

ORGANICS ANALYSIS DATA SHEET
Semivolatiles by GC/MS
Page 2 of 2
Lab Sample ID: BW46A
LIMS ID: 00-11714
Matrix: Soil
Data Release Authorized:
Reported: 07/26/00

Sample No: FR-01

ANALYTICAL RESOURCES INCORPORATED

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00

Date extracted: 07/20/00
Date analyzed: 07/24/00 20:01
Instrument: FINN8
GPC Cleanup: NO

Sample Amount: 7.38 g-dry-wt
Final Extract Volume: 0.5 mL
Dilution Factor: 1:1
Percent Moisture: 1.6%
pH: 7.3

CAS Number	Analyte	ug/kg
121-14-2	2,4-Dinitrotoluene	340 U
84-66-2	Diethylphthalate	68 U
7005-72-3	4-Chlorophenyl-phenylether	68 U
86-73-7	Fluorene	68 U
100-01-6	4-Nitroaniline	340 U
534-52-1	4,6-Dinitro-2-Methylphenol	680 U
86-30-6	N-Nitrosodiphenylamine	68 U
101-55-3	4-Bromophenyl-phenylether	68 U
118-74-1	Hexachlorobenzene	68 U
87-86-5	Pentachlorophenol	340 U
85-01-8	Phenanthrene	68 U
86-74-8	Carbazole	68 U
120-12-7	Anthracene	68 U
84-74-2	Di-n-Butylphthalate	68 U
206-44-0	Fluoranthene	68 U
129-00-0	Pyrene	68 U
85-68-7	Butylbenzylphthalate	68 U
91-94-1	3,3'-Dichlorobenzidine	340 U
56-55-3	Benzo(a)anthracene	68 U
117-81-7	bis(2-Ethylhexyl)phthalate	68 U
218-01-9	Chrysene	68 U
117-84-0	Di-n-Octyl phthalate	68 U
205-99-2	Benzo(b)fluoranthene	68 U
207-08-9	Benzo(k)fluoranthene	68 U
50-32-8	Benzo(a)pyrene	68 U
193-39-5	Indeno(1,2,3-cd)pyrene	68 U
53-70-3	Dibenz(a,h)anthracene	68 U
191-24-2	Benzo(g,h,i)perylene	68 U
110-86-1	Pyridine	140 U

Semivolatiles Surrogate Recovery

d5-Nitrobenzene	81.6%	d5-Phenol	78.9%
2-Fluorobiphenyl	77.3%	2-Fluorophenol	80.3%
d14-p-Terphenyl	83.0%	2,4,6-Tribromophenol	89.5%
d4-1,2-Dichlorobenzene	75.6%	d4-2-Chlorophenol	81.7%

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET **Sample No: FR-01**
TOTAL METALS

Lab Sample ID: BW46A
LIMS ID: 00-11714
Matrix: Soil

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00

Data Release Authorized:
Reported: 07/26/00

Percent Total Solids: 98.1%

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/kg-dry
3050	07/19/00	6010	07/25/00	7440-36-0	Antimony	5	5 U
3050	07/19/00	6010	07/25/00	7440-38-2	Arsenic	5	5 U
3050	07/19/00	6010	07/25/00	**7440-41-7**	**Beryllium**	0.10	**0.17**
3050	07/19/00	6010	07/25/00	7440-43-9	Cadmium	0.2	0.2 U
3050	07/19/00	6010	07/25/00	**7440-47-3**	**Chromium**	0.5	**23.1**
3050	07/19/00	6010	07/25/00	**7440-50-8**	**Copper**	0.2	**18.5**
3050	07/19/00	6010	07/25/00	**7439-92-1**	**Lead**	2	**2**
CLP	07/19/00	7471	07/19/00	7439-97-6	Mercury	0.04	0.04 U
3050	07/19/00	6010	07/25/00	**7440-02-0**	**Nickel**	1.0	**61.9**
3050	07/19/00	6010	07/25/00	7782-49-2	Selenium	5	5 U
3050	07/19/00	6010	07/25/00	**7440-22-4**	**Silver**	0.3	**0.4**
3050	07/19/00	6010	07/25/00	7440-28-0	Thallium	5	5 U
3050	07/19/00	6010	07/25/00	**7440-66-6**	**Zinc**	0.6	**34.4**

U Analyte undetected at given RL

RL Reporting Limit

FORM-I

ANALYTICAL RESOURCES INCORPORATED

ORGANICS ANALYSIS DATA SHEET
Volatiles by Purge & Trap GC/MS

Sample No: FR-01

Lab Sample ID: BW46A
LIMS ID: 00-11714
Matrix: Soil
Data Release Authorized:
Reported: 07/28/00
Instrument: FINN5
Date Analyzed: 07/28/00 12:25

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00
Sample Amount: 4.84 g dry Wt
Percent Moisture: 1.5%

CAS Number	Analyte	ug/kg
74-87-3	Chloromethane	1.0 U
75-01-4	Vinyl Chloride	1.0 U
75-00-3	Chloroethane	1.0 U
75-09-2	Methylene Chloride	3.1 U
67-64-1	**Acetone**	**5.5 B**
75-15-0	Carbon Disulfide	1.0 U
75-35-4	1,1-Dichloroethene	1.0 U
75-34-3	1,1-Dichloroethane	1.0 U
156-60-5	trans-1,2-Dichloroethene	1.0 U
67-66-3	Chloroform	1.0 U
107-06-2	1,2-Dichloroethane	1.0 U
78-93-3	2-Butanone	5.2 U
71-55-6	1,1,1-Trichloroethane	1.0 U
56-23-5	Carbon Tetrachloride	1.0 U
108-05-4	Vinyl Acetate	5.2 U
75-27-4	Bromodichloromethane	1.0 U
78-87-5	1,2-Dichloropropane	1.0 U
10061-01-5	cis-1,3-Dichloropropene	1.0 U
79-01-6	Trichloroethene	1.0 U
124-48-1	Dibromochloromethane	1.0 U
79-00-5	1,1,2-Trichloroethane	1.0 U
71-43-2	Benzene	1.0 U
10061-02-6	trans-1,3-Dichloropropene	1.0 U
75-25-2	Bromoform	1.0 U
108-10-1	4-Methyl-2-Pentanone (MIBK)	5.2 U
591-78-6	2-Hexanone	5.2 U
127-18-4	Tetrachloroethene	1.0 U
79-34-5	1,1,2,2-Tetrachloroethane	1.0 U
108-88-3	Toluene	1.0 U
108-90-7	Chlorobenzene	1.0 U
100-41-4	Ethylbenzene	1.0 U
100-42-5	Styrene	1.0 U
1330-20-7	m,p-Xylene	1.0 U
95-47-6	o-Xylene	1.0 U
1330-20-7	Total Xylenes	2.1 U

Volatile Surrogate Recovery

d4-1,2-Dichloroethane	89.6%
d8-Toluene	99.9%
Bromofluorobenzene	98.3%
d4-1,2-Dichlorobenzene	97.9%

ANALYTICAL RESOURCES INCORPORATED

ORGANICS ANALYSIS DATA SHEET
Volatiles by Purge & Trap GC/MS

Sample No: Trip Blank

Lab Sample ID: BW46B
LIMS ID: 00-11715
Matrix: Water
Data Release Authorized:
Reported: 07/28/00

QC Report No: BW46-Foster Wheeler
Project: Repairs At OUA
1453.7500.0505
Date Sampled: 07/17/00
Date Received: 07/17/00

Instrument: FINN5
Date Analyzed: 07/28/00 11:51

Sample Amount: 5.00 mL
Purge Volume: 5.0 mL

CAS Number	Analyte	ug/L
74-87-3	Chloromethane	1.0 U
75-01-4	Vinyl Chloride	1.0 U
75-00-3	Chloroethane	1.0 U
75-09-2	**Methylene Chloride**	**2.4**
67-64-1	Acetone	5.0 U
75-15-0	Carbon Disulfide	1.0 U
75-35-4	1,1-Dichloroethene	1.0 U
75-34-3	1,1-Dichloroethane	1.0 U
156-60-5	trans-1,2-Dichloroethene	1.0 U
67-66-3	Chloroform	1.0 U
107-06-2	1,2-Dichloroethane	1.0 U
78-93-3	2-Butanone	5.0 U
71-55-6	1,1,1-Trichloroethane	1.0 U
56-23-5	Carbon Tetrachloride	1.0 U
108-05-4	Vinyl Acetate	5.0 U
75-27-4	Bromodichloromethane	1.0 U
78-87-5	1,2-Dichloropropane	1.0 U
10061-01-5	cis-1,3-Dichloropropene	1.0 U
79-01-6	Trichloroethene	1.0 U
124-48-1	Dibromochloromethane	1.0 U
79-00-5	1,1,2-Trichloroethane	1.0 U
71-43-2	Benzene	1.0 U
10061-02-6	trans-1,3-Dichloropropene	1.0 U
75-25-2	Bromoform	1.0 U
108-10-1	4-Methyl-2-Pentanone (MIBK)	5.0 U
591-78-6	2-Hexanone	5.0 U
127-18-4	Tetrachloroethene	1.0 U
79-34-5	1,1,2,2-Tetrachloroethane	1.0 U
108-88-3	Toluene	1.0 U
108-90-7	Chlorobenzene	1.0 U
100-41-4	Ethylbenzene	1.0 U
100-42-5	Styrene	1.0 U
1330-20-7	Total Xylenes	2.0 U
1330-20-7	m,p-Xylene	1.0 U
95-47-6	o-Xylene	1.0 U

Volatile Surrogate Recovery

d4-1,2-Dichloroethane	86.4%
d8-Toluene	101%
Bromofluorobenzene	96.9%
d4-1,2-Dichlorobenzene	96.6%

FORM-1

Excess Soil

CB5+00 - 14952 to 00-14958

amb

1050 NE Hostmark St. #202
Poulsbo, WA 98370

Chain of Custody Record
Request for Analysis

FOSTER WHEELER ENVIRONMENTAL CORPORATION
10900 NE 8th Street • ~~Bellevue, WA 98004~~
~~(425) 688-3700~~ • Fax (425) 688-3952

Page 1 of 1 Lab. Ref. No. _____

Project Name: Repairs at Operable Unit A
Project Address: Puget Sound Naval Shipyard, Bremerton, WA
FW Project No.: 1453.7500.1303.00000

Sampling Date: 8-29-00
Shipping Date: 8-29-00
Shipping Ref.:

Analysis Laboratory: Analytical ReSources Inc
Laboratory Contact: Mary Lou Fox P.O. No.: 028903
Reports to be Sent to: Shanti Montgomery
Address/Phone No.: 360-598-8173

Sampler(s): (printed name) Newton Morgan, Rich Evans
Sampler(s): (signature) Newton Morgan, Rich Evans
Special Instructions:

Hazard ID:
- [x] Nonhazardous
- [ ] Hazardous:
  - [ ] Reactive
  - [ ] Toxic
  - [ ] Flammable
  - [ ] Irritant
  - [ ] Infectious
  - [ ] Radioactive

Sample Disposal Instructions:
- [x] Lab disposal
- [ ] Return to FWENC
- [ ] Hold for pickup (will call)

ANALYSES REQUEST (circle appropriate method number)

SAMPLE IDENTIFICATION	TIME COLLECTED	NO. OF CONTAINERS, SIZE & TYPE	PRESERVATIVE	MATRIX Soil	MATRIX Water	SAMPLE TYPE Composite	SAMPLE TYPE TPHG Grab	Sample prep. Method Standard (EPA # ___)	TCLP (1311) ___ Other ___	CLP Data Pkg.; Other ___	Halogenated Volatiles 8010B, 8121, 601, 502.1, CLP	Aromatic Volatiles 8020A, 80218B, 602, 502.2, 503.1, CLP	BETX Only 8020A, 602, CLP	GC/MS VOAs 8260B, 624, 524.1, 524.2, CLP	GC/MS SVOAs 8270C, 625, 525, CLP	Pesticides (Organochlorine) 8081A, 608, 505, CLP	PCBs 8082 (Aroclors, Full Congeners)	HPLC PNA/PAHs 8310,610	Organophosphorus Comps. (Pest. & Herbs) 8141A	Chlorinated Herbicides 8151A	Dioxins 8290, CLP, 1613	Nitroaromatics and Nitramines (Ordnance) 8330	TPH-HCID AK, NWHCID	TPH-Gx AK101 (NWTPHGx)	TPH-Dx AK102,103 (NWTPHDx)	Lead 6010, 7420, 7421	Priority Poll. Metals (13) 6010B & 7000 Series, 6020 CLP	TCL Metals (23) 6010B & 7000 Series, 6020 CLP	TCLP 1311 (metals, VOAs, SVOAs, Pest., Herb.)	Inorganic Anions (Cl, F, No_3, No_2, PO_4, SO_4) 300, ___	Total Organic Carbon (TOC) 9060, ___	8RCRA+Cu, Ni, Zn → 6010B/6020/7000	REMARKS
Soil-1	1510	2-8oz/1-2oz		X		X	X																	X	X				X						
Soil-2	1500			X		X	X																	X	X				X						
Soil-3	1445			X		X	X																	X	X				X						
Soil-~~3D~~ 6 NM 8/29/00	1445			X		X	X																	X	X				X						
Soil-4	1430			X		X	X																	X	X				X						
Soil-5	1410			X		X	X																	X	X				X						
OUA-MIS-LQ-1	1330	2-1L/1-500mL 6x40	HCL		X		X																	X	X				X						
OUA-MIS-LQ-2	1315	1-1L/1-500mL/~~6~~3x40	HCl		X		X																	X	X				X						
TB-1	1200	4-40ml	HCL		X		X																	X											

Turnaround Time:
- [x] Standard
- [ ] 1 Week
- [ ] 4 Work Day
- [ ] 3 Work Day
- [ ] 2 Work Day
- [ ] 24 Hour

Sample Receipt:
Total # Containers Recvd.: _____
COC Seals Present? _____
COC Seals Intact? _____
Received Cold? _____
Received Intact? _____
Received Via: _____

Relinquished by: (signature)	Relinquished by: (signature)	Relinquished by: (signature)	Relinquished by: (signature)
Newton Morgan		Total Organic Carbon (TOC 9060, ___	
Date: 8/29/00 Time: 1705	Date: Time:	Date: Time:	Date: Time:
Received by: (signature)	**Received by: (signature)**	**Received by: (signature)**	**Received by: (signature)**
[signature]			
Date: 8/29/00 Time: 1705	Date: Time:	Date: Time:	Date: Time:

Rev 7/28/99

000005

ANALYTICAL RESOURCES INCORPORATED

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID
and Motor Oil

LIMS ID: 00-14952
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000

Data Release Authorized: C H
Reported: 09/08/00 9/8/00

Date Received: 08/29/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surrogate Recovery
CB57MB	Method Blank	08/31/00	09/02/00	1:1	5.0 U	---	10 U	76.0%
CB57A	**Soil-1**	08/31/00	09/05/00	1:2	**160**	NO	**410**	56.0%
CB57B	**Soil-2**	08/31/00	09/05/00	1:2	**140**	NO	**440**	52.0%
CB57C	**Soil-3**	08/31/00	09/05/00	1:2	**100**	NO	**430**	52.0%
CB57D	**Soil-6**	08/31/00	09/07/00	1:4	**150**	NO	**920**	48.0%
CB57E	**Soil-4**	08/31/00	09/07/00	1:4	**140**	NO	**910**	52.0%
CB57ED	**Soil-4-DUPL**	08/31/00	09/07/00	1:4	**110**	NO	**840**	48.0%
CB57F	**Soil-5**	08/31/00	09/07/00	1:2	**110**	NO	**710**	44.0%

Values reported in ppm (mg/kg) on a dry weight basis.

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U Compound not detected at the given detection limit.
J Indicates an estimated value below the calculated detection limit.
S No value reported due to saturation of the detector. Dilution required.
D Indicates the surrogate was not detected because of dilution of the extract.
E Indicates a value above the linear range of the detector. Dilution required.
NR Indicates no recovery due to matrix interference.
B Indicates compound also detected in the method blank.

FORM-1 TPHD

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID
and Motor Oil

ANALYTICAL RESOURCES INCORPORATED

Lab ID: 00-14959
Matrix: Water

QC Report No: CB58-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Received: 08/29/00

Data Release Authorized: CH
Reported: 09/08/00 9/8/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surr Rec
CB58MB	Method Blank	09/01/00	09/06/00	1:1	0.25 U	---	0.50 U	87.0%
CB58A	OUA-MIS-LQ_1	09/01/00	09/07/00	1:1	0.25 U	---	0.50 U	88.0%
CB58B	OUA-MIS-LQ-2	09/01/00	09/07/00	1:1	0.25 U	---	0.50 U	92.0%

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Values reported in ppm (mg/L)
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U	Compound not detected at the given detection limit.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
E	Indicates a value above the linear range of the detector. Dilution required.
NR	Indicates no recovery due to matrix interference.
B	Indicates compound also detected in the method blank.

FORM-1 TPHD

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg Toluene to Naphthalene

ANALYTICAL RESOURCES INCORPORATED

QC Report No: CB57-Foster Wheeler
Matrix: Soil Project: Repairs at Operable Unit A
1453.7500.1303.00000
Data Release Authorized: CH Date Received: 08/29/00
Reported: 09/05/00 9/5/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range Hydrocarbons		Gasoline ID	Surr A Rec	Surr B Rec
00-14952-CB57A	Soil-1	09/01/00	1:1	5.4	U	NO	91.6%	103%
CB57-0904MB	Method Blank	09/04/00	1:1	5.0	U	NO	116%	114%
00-14953-CB57B	Soil-2	09/01/00	1:1	5.6	U	NO	86.5%	89.4%
00-14954-CB57C	Soil-3	09/01/00	1:1	5.6	U	NO	88.3%	99.0%
CB57-0831MB	**Method Blank**	08/31/00	1:1	**5.2**		NO	111%	108%
00-14955-CB57D	Soil-6	09/01/00	1:1	5.6	U	NO	95.4%	112%
00-14956-CB57E	Soil-4	09/01/00	1:1	5.6	U	NO	81.3%	90.0%
00-14957-CB57F	Soil-5	09/01/00	1:1	5.6	U	NO	84.5%	103%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.
Values reported in ppm (mg/kg) on a dry weight basis.
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg - Toluene to Naphthalene

QC Report No: CB57-Foster Wheeler
Matrix: Water
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Data Release Authorized: CH
Date Received: 08/29/00
Reported: 09/01/00 9/1/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range	Gas ID	Surr A Rec	Surr B Rec
00-14958-CB57G	TB-1	09/01/00	1:1	0.25 U	NO	106%	108%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.

Values reported in ppm (mg/L).
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg - Toluene to Naphthalene

QC Report No: CB58-Foster Wheeler
Matrix: Water
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Data Release Authorized: CH 9/5/a
Date Received: 08/29/00
Reported: 09/05/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range	Gas ID	Surr A Rec	Surr B Rec
CB58-0901MB	Method Blank	09/01/00	1:1	0.25 U	NO	105%	110%
00-14959-CB58A	OUA-MIS-LQ_1	09/01/00	1:1	0.25 U	NO	105%	104%
00-14960-CB58B	OUA-MIS-LQ-2	09/01/00	1:1	0.25 U	NO	102%	108%
00-14961-CB58C	TB-1	09/01/00	1:1	0.25 U	NO	111%	106%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.

Values reported in ppm (mg/L).
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET Sample No: Soil-1
TCLP METALS

Lab Sample ID: CB57A
LIMS ID: 00-14952
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Sampled: 08/29/00
Date Received: 08/29/00

Data Release Authorized
Reported: 09/11/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	09/01/00	6010	09/08/00	7440-38-2	Arsenic	0.2	0.2 U
1311	09/01/00	6010	09/08/00	**7440-39-3**	**Barium**	0.02	**0.41**
1311	09/01/00	6010	09/08/00	**7440-43-9**	**Cadmium**	0.01	**0.05**
1311	09/01/00	6010	09/08/00	**7440-47-3**	**Chromium**	0.02	**0.14**
1311	09/01/00	6010	09/08/00	**7440-50-8**	**Copper**	0.01	**25.3**
1311	09/01/00	6010	09/08/00	**7439-92-1**	**Lead**	0.1	**1.3**
1311	09/03/00	7470	09/06/00	**7439-97-6**	**Mercury**	0.0001	**0.0001**
1311	09/01/00	6010	09/08/00	**7440-02-0**	**Nickel**	0.05	**0.45**
1311	09/01/00	6010	09/08/00	7782-49-2	Selenium	0.2	0.2 U
1311	09/01/00	6010	09/08/00	7440-22-4	Silver	0.02	0.02 U
1311	09/01/00	6010	09/08/00	**7440-66-6**	**Zinc**	0.03	**46.3**

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET Sample No: Soil-2
TCLP METALS

Lab Sample ID: CB57B
LIMS ID: 00-14953
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Sampled: 08/29/00
Date Received: 08/29/00

Data Release Authorized:
Reported: 09/11/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	09/01/00	6010	09/08/00	7440-38-2	Arsenic	0.2	0.2 U
1311	09/01/00	6010	09/08/00	**7440-39-3**	**Barium**	0.02	**0.48**
1311	09/01/00	6010	09/08/00	**7440-43-9**	**Cadmium**	0.01	**0.05**
1311	09/01/00	6010	09/08/00	**7440-47-3**	**Chromium**	0.02	**0.14**
1311	09/01/00	6010	09/08/00	**7440-50-8**	**Copper**	0.01	**21.6**
1311	09/01/00	6010	09/08/00	**7439-92-1**	**Lead**	0.1	**1.0**
1311	09/03/00	7470	09/06/00	**7439-97-6**	**Mercury**	0.0001	**0.0001**
1311	09/01/00	6010	09/08/00	**7440-02-0**	**Nickel**	0.05	**0.47**
1311	09/01/00	6010	09/08/00	7782-49-2	Selenium	0.2	0.2 U
1311	09/01/00	6010	09/08/00	7440-22-4	Silver	0.02	0.02 U
1311	09/01/00	6010	09/08/00	**7440-66-6**	**Zinc**	0.03	**42.7**

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET **Sample No: Soil-3**
TCLP METALS

Lab Sample ID: CB57C
LIMS ID: 00-14954
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Sampled: 08/29/00
Date Received: 08/29/00

Data Release Authorized
Reported: 09/11/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	09/01/00	6010	09/08/00	7440-38-2	Arsenic	0.2	0.2 U
1311	09/01/00	6010	09/08/00	**7440-39-3**	**Barium**	0.02	**0.41**
1311	09/01/00	6010	09/08/00	**7440-43-9**	**Cadmium**	0.01	**0.05**
1311	09/01/00	6010	09/08/00	**7440-47-3**	**Chromium**	0.02	**0.13**
1311	09/01/00	6010	09/08/00	**7440-50-8**	**Copper**	0.01	**23.1**
1311	09/01/00	6010	09/08/00	**7439-92-1**	**Lead**	0.1	**1.1**
1311	09/03/00	7470	09/06/00	7439-97-6	Mercury	0.0001	0.0001 U
1311	09/01/00	6010	09/08/00	**7440-02-0**	**Nickel**	0.05	**0.35**
1311	09/01/00	6010	09/08/00	7782-49-2	Selenium	0.2	0.2 U
1311	09/01/00	6010	09/08/00	7440-22-4	Silver	0.02	0.02 U
1311	09/01/00	6010	09/08/00	**7440-66-6**	**Zinc**	0.03	**51.0**

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET Sample No: Soil-6
TCLP METALS

Lab Sample ID: CB57D
LIMS ID: 00-14955
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Sampled: 08/29/00
Date Received: 08/29/00

Data Release Authorized
Reported: 09/11/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	09/01/00	6010	09/08/00	7440-38-2	Arsenic	0.2	0.2 U
1311	09/01/00	6010	09/08/00	**7440-39-3**	**Barium**	0.02	**0.42**
1311	09/01/00	6010	09/08/00	**7440-43-9**	**Cadmium**	0.01	**0.05**
1311	09/01/00	6010	09/08/00	**7440-47-3**	**Chromium**	0.02	**0.13**
1311	09/01/00	6010	09/08/00	**7440-50-8**	**Copper**	0.01	**18.6**
1311	09/01/00	6010	09/08/00	**7439-92-1**	**Lead**	0.1	**1.2**
1311	09/03/00	7470	09/06/00	**7439-97-6**	**Mercury**	0.0001	**0.0001**
1311	09/01/00	6010	09/08/00	**7440-02-0**	**Nickel**	0.05	**0.34**
1311	09/01/00	6010	09/08/00	7782-49-2	Selenium	0.2	0.2 U
1311	09/01/00	6010	09/08/00	7440-22-4	Silver	0.02	0.02 U
1311	09/01/00	6010	09/08/00	**7440-66-6**	**Zinc**	0.03	**43.5**

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET Sample No: Soil-4
TCLP METALS

Lab Sample ID: CB57E
LIMS ID: 00-14956
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Sampled: 08/29/00
Date Received: 08/29/00

Data Release Authorized:
Reported: 09/11/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	09/01/00	6010	09/08/00	7440-38-2	Arsenic	0.2	0.2 U
1311	09/01/00	6010	09/08/00	**7440-39-3**	**Barium**	0.02	**0.38**
1311	09/01/00	6010	09/08/00	**7440-43-9**	**Cadmium**	0.01	**0.06**
1311	09/01/00	6010	09/08/00	**7440-47-3**	**Chromium**	0.02	**0.19**
1311	09/01/00	6010	09/08/00	**7440-50-8**	**Copper**	0.01	**23.6**
1311	09/01/00	6010	09/08/00	**7439-92-1**	**Lead**	0.1	**1.1**
1311	09/03/00	7470	09/06/00	7439-97-6	Mercury	0.0001	0.0001 U
1311	09/01/00	6010	09/08/00	**7440-02-0**	**Nickel**	0.05	**0.34**
1311	09/01/00	6010	09/08/00	7782-49-2	Selenium	0.2	0.2 U
1311	09/01/00	6010	09/08/00	7440-22-4	Silver	0.02	0.02 U
1311	09/01/00	6010	09/08/00	**7440-66-6**	**Zinc**	0.03	**39.4**

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

ANALYTICAL RESOURCES INCORPORATED

INORGANICS ANALYSIS DATA SHEET **Sample No: Soil-5**
TCLP METALS

Lab Sample ID: CB57F
LIMS ID: 00-14957
Matrix: Soil

QC Report No: CB57-Foster Wheeler
Project: Repairs at Operable Unit A
1453.7500.1303.00000
Date Sampled: 08/29/00
Date Received: 08/29/00

Data Release Authorized:
Reported: 09/11/00

Prep Meth	Prep Date	Analysis Method	Analysis Date	CAS Number	Analyte	RL	mg/L
1311	09/01/00	6010	09/08/00	7440-38-2	Arsenic	0.2	0.2 U
1311	09/01/00	6010	09/08/00	**7440-39-3**	**Barium**	0.02	**0.33**
1311	09/01/00	6010	09/08/00	**7440-43-9**	**Cadmium**	0.01	**0.02**
1311	09/01/00	6010	09/08/00	**7440-47-3**	**Chromium**	0.02	**0.09**
1311	09/01/00	6010	09/08/00	**7440-50-8**	**Copper**	0.01	**10.9**
1311	09/01/00	6010	09/08/00	**7439-92-1**	**Lead**	0.1	**1.1**
1311	09/03/00	7470	09/06/00	7439-97-6	Mercury	0.0001	0.0001 U
1311	09/01/00	6010	09/08/00	**7440-02-0**	**Nickel**	0.05	**0.19**
1311	09/01/00	6010	09/08/00	7782-49-2	Selenium	0.2	0.2 U
1311	09/01/00	6010	09/08/00	7440-22-4	Silver	0.02	0.02 U
1311	09/01/00	6010	09/08/00	**7440-66-6**	**Zinc**	0.03	**26.1**

U Analyte undetected at given RL

RL Reporting Limits

FORM-I

Topsoil

1050 NE Hostmark St. #202
Poulsbo, WA 98370

Chain of Custody Record
Request for Analysis

FOSTER WHEELER ENVIRONMENTAL CORPORATION
10900 NE 8th Street • Bellevue, WA 98004
(206) 688-3700 • Fax (206) 688-3952

Page 1 of 1 Lab. Ref. No. _____

Project Name: Delivery Order 75 Repairs at OUA
Project Address: Puget Sound Naval Shipyard, Bremerton, Washington
FW Project No.: 1453.7500.0505.00000

Sampling Date: 9-7-00
Shipping Date: 9-7-00
Shipping Ref.:

Analysis Laboratory: Analytical Resources Inc.
Laboratory Contact: Mary Lou Fox 206-389-6155 P.O. No.: 027636
Reports to be Sent to: Shanti Montgomery 360-598-8173
Address/Phone No.: 1050 NE Hostmark St. #202, Poulsbo, WA 98370

Sampler(s): (printed name) Newton Morgan
Sampler(s): (signature) Newton Morgan
Special Instructions: 7 day TAT

Hazard ID:
- [x] Nonhazardous
- [ ] Hazardous:
  - [ ] Reactive
  - [ ] Toxic
  - [ ] Flammable
  - [ ] Irritant
  - [ ] Infectious
  - [ ] Radioactive

Sample Disposal Instructions:
- [x] Lab disposal
- [ ] Return to FWENC
- [ ] Hold for pickup (will call)

ANALYSES REQUEST (circle appropriate method number)

SAMPLE IDENTIFICATION	TIME COLLECTED	NO. OF CONTAINERS, SIZE & TYPE	PRESERVATIVE	MATRIX	SAMPLE TYPE Composite	SAMPLE TYPE Grab	Method Standard	EXTRACTION	TCLP (1311) ____, Other ____	CLP Data Pkg.; Other ____	Halogenated Volatiles 8010, 601, 502.1, CLP	Aromatic Volatiles 8020, 602, 502.2, 503.1, CLP	BETX Only 8020, 602, CLP	GC/MS Vol. 8240, 8260, 624, 524.1, 524.2, CLP	GC/MS BNA (semi-vol.) 8250, 8270, 625, 525, CLP	Pesticides & PCBs 8080, 8081, 608, 505, 508, CLP	PCBs Only 8080, 608, 508A, CLP	HPLC PNA/PAHs 8310, 610	Ordnance/Explosives HPLC 8330 mod, GC/ECD	TPH-HCID AK, OR, WA, 418.1	TPH-G AK, OR, WA, 8015 mod	TPH-D AK, OR, WA, 8015 mod	Lead 6010, 7420, 7421	Priority Poll. Metals (13) 6010 & 7000 Series CLP	TCL Metals (23) 6010 & 7000 Series, CLP	TCLP 1311 (metals, VOAs, SVOAs, Pest., Herb.)	NW TPH-G	NW TPH-DX	REMARKS
BF-02	0915	2-202	—	Soil		X																					X		0015807 CC60
BF-02	0915	2-802	—	Soil		X																						X	

Turnaround Time:
- [ ] Standard
- [x] 1 Week
- [ ] 72 Hours
- [ ] 48 Hours
- [ ] 24 Hours
- [ ] Other ____

Sample Receipt:
Total # Containers Recvd.: ____
COC Seals Present? ____
COC Seals Intact? ____
Received Cold? ____
Received Intact? ____
Received Via: ____

Relinquished by: (signature)	Relinquished by: (signature)	Relinquished by: (signature)	Relinquished by: (signature)
Newton Morgan			
Date: 9/7/00 Time: 1130	Date: Time:	Date: Time:	Date: Time:
Received by: (signature)	Received by: (signature)	Received by: (signature)	Received by: (signature)
9/7/00 1130			
Date: Time:	Date: 9/7/00 Time: 1130	Date: Time:	Date: Time:

ADM409—10/96

000004

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg Toluene to Naphthalene

ANALYTICAL RESOURCES INCORPORATED

QC Report No: CC60-Foster Wheeler
Matrix: Soil Project: Del Order 75 Repairs At OUA
1453.7500.0505.00000
Data Release Authorized: CH 9/14/00 Date Received: 09/07/00
Reported: 09/14/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range Hydrocarbons		Gasoline ID	Surr A Rec	Surr B Rec
CC60-0913MB	Method Blank	09/13/00	1:1	5.0	U	NO	94.4%	93.5%
00-15807-CC60A	BF-02	09/13/00	1:1	5.7	U	NO	97.1%	104%

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.
Values reported in ppm (mg/kg) on a dry weight basis.
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

ANALYTICAL RESOURCES INCORPORATED

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID
and Motor Oil

LIMS ID: 00-15807
Matrix: Soil

QC Report No: CC60-Foster Wheeler
Project: Del Order 75 Repairs At OUA
1453.7500.0505.00000

Data Release Authorized: CH
Reported: 09/12/00 9/12/00

Date Received: 09/07/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surrogate Recovery
CC60MB	Method Blank	09/08/00	09/11/00	1:1	5.0 U	---	10 U	71.0%
CC60A	**BF-02**	09/08/00	09/11/00	1:4	**140**	NO	**1,000**	40.0%

Values reported in ppm (mg/kg) on a dry weight basis.

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U	Compound not detected at the given detection limit.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
E	Indicates a value above the linear range of the detector. Dilution required.
NR	Indicates no recovery due to matrix interference.
B	Indicates compound also detected in the method blank.

FORM-1 TPHD

QA/QC Review

DATA QUALITY ASSURANCE/QUALITY CONTROL

DO 0075, Naval Station, Bremerton
Sampling on May 8, 2000 – Water Matrix (SDG BP78)
Sampling on May 8, 2000 – Soil Matrix (SDG BP79)
Sampling on May 8, 2000 – TCLP performed on Soil Matrix (SDG BR46)

The following summary report is based on review of the final data packages submitted from Analytical Resources, Incorporated for SDGs BP78, BP79, and BR46. The samples in SDGs BP78 and BP79 were analyzed for Volatiles (EPA Method 8260B), Semivolatiles (EPA Method 8270C), Metals (EPA Method 6010B/6020/7470/7471), Pesticides (EPA Method 8081A), PCBs (EPA Method 8082), and TPH (Washington Ecology Methods NWTPH-G and NWTPH-Dx). Based on the total metals results for the soil sample in SDG BP79, the soil sample (Soil-2) was analyzed for three TCLP Metals (arsenic, barium, and lead by EPA Method 1311/6010B). The results for the TCLP Metals analyses were submitted in SDG BR46.

For SDG BP78, the laboratory listed the analytical method for the metals (with the exception of mercury) as 200.8. The laboratory was contacted and verified that the analytical method utilized was actually EPA Method 6020. (On the COC, the Foster Wheeler sampler requested metals analyses by EPA Method 6010B. The laboratory substituted EPA Method 6020 for the water samples in order to meet required detection limits for all analytes.)

Sample Reciept Conditions and Holding Times
Some samples were received outside the acceptable temperature range of 4.0°C ± 2.0°C. The outlying temperatures ranged from 6.6°C to 6.8°C. Since the temperature exceedances were slight, and the samples were received at the laboratory within five hours of collection, the non-compliant temperatures were judged to have no adverse impact on data quality. All samples were extracted and analyzed within the specified method holding times.

Accuracy
Surrogate recoveries, laboratory control sample (LCS), matrix spike (MS), and matrix spike duplicate (MSD) recoveries were within control limits for the specified methods with the following exceptions:

<u>Volatiles Analyses</u>

SDG BP78

Surrogates: Surrogate outliers include three of four surrogates for Sample QA-4 (with outliers ranging from 70.1% to 93.2%), one surrogate for Sample QA-5 (at 90.0%) and two surrogates for Sample QA-6 (at 67.2% and 87.8%). No positive results were reported for samples with surrogate outliers. It is recommended that reporting limits for all volatile compounds be considered as estimated (UJ) for Samples QA-4 and QA-6. No action is recommended for Sample QA-5 as the recovery was judged acceptable (i.e. the lower control limit of 93% for surrogate 1,2-dichloroethane was very stringent).

LCS: For the two water LCS analyses, the %R values for chloromethane were less than the lower control limit (at 49.8% and 66.4%). No positive results for chloromethane were reported for

associated samples; reporting limits for this compound should be considered as estimated (UJ) for Samples DW-2, QA-4, QA-5, and QA-6.

MS/MSD: An MS/MSD set was performed on Sample DW-2. The %R outliers include acetone (176% and 183%), carbon disulfide (28.6% and 41.2%), 2-butanone (143% and 149%), 2-hexanone (130% and 134%), and 4-methyl-2-hexanone (126% in the MSD, the %R was within control limits in the MS). The positive result for 2-butanone for the unspiked sample (DW-2) should be considered estimated (J). No positive results were reported for any other compound with %R outliers. The reporting limit for carbon disulfide for Sample DW-2 should be considered estimated (UJ) as the outlier was less than the lower control limit.

SDG BP79

MS/MSD: The soil MS/MSD set was performed on a non-project sample; several %R values for the MS/MSD set were outside control limits. As the MS/MSD results are not directly related to samples for this project, and all %R values for the LCS are acceptable, no action is recommended based on the non-project MS/MSD results.

Semivolatiles Analyses

SDG BP78

Surrogates: For the water method blank and LCS, the %R values for one surrogate (nitrobenzene-d5) were slightly greater than the upper control limit of 101% (at 102% and 105% respectively). No action is recommended as the recoveries for the outliers were judged acceptable (i.e. the upper control limit for surrogate 1,2-dichloroethane was very stringent).

MS/MSD: An MS/MSD set was performed on Sample DW-2. The %R values for two target compounds (4-nitrophenol and pentachlorophenol) in the MS were less than the lower control limits. No positive results for 4-nitrophenol or pentachlorophenol were reported for the unspiked sample (DW-2). As the %R values for the LCS and MSD were acceptable, no action was recommended for reporting limits.

SDG BP79

Surrogates: For the soil method blank, the %R value for one surrogate (nitrobenzene-d5) was slightly greater than the upper control limit of 100% (at 102%). No action is recommended as the recovery for the outlier was judged acceptable (i.e. the upper control limit for surrogate nitrobenzene-d5 was very stringent).

MS/MSD: The soil MS/MSD set was performed on a non-project sample; the %R value for pentachlorophenol for the MSD was less than the lower control limit. As the MS/MSD results are not directly related to samples for this project, and the %R values for the MS and LCS are acceptable, no action is recommended.

Pesticide/PCB Analyses

SDG BP78	Surrogates: For Sample DW-2MSD, the %R value for one surrogate (TCMX) was less than the lower control limit of 47% (at 44.5%). No action is recommended for pesticide/PCB analysis for one surrogate outlier.

Metals Analyses

SDG BP78	MS: For Sample DW-2MS, the %R value for silver was less than the lower control limit of 75% (at 61.2%). No positive results for silver were reported for associated samples; reporting limit for silver should be considered as estimated (UJ) for all water samples in SDG BP78 (QA-4, QA-5, QA-6, and DW-2).

Precision

The relative percent difference (RPD) values were within the laboratory control limits for the specified methods with the following exceptions:

Semivolatiles Analyses

SDG BP78	The RPD values for 4-nitrophenol and pentachlorophenol for the water MS/MSD set were greater than the upper control limit. No positive results were reported for these compounds for associated samples; therefore, no action is recommended.
SDG BP79	The RPD value for pentachlorophenol for the soil MS/MSD set was greater than the upper control limit. No positive result for pentachlorophenol was reported for the associated sample; therefore, no action is recommended.

Metals Analyses

SDG BP79	The RPD value for chromium for the laboratory duplicate was greater than the upper control limit. The positive result for chromium for Sample Soil-2 should be considered as estimated (J).

Blanks

All analytes were undetected for the specified analytical methods with the following exceptions:

Volatiles Analyses

SDGs BP78 and BP79	The field blank, Sample QA-5 in SDG BP78, contained acetone at 7.7 ug/L. A positive value for this compound was reported for Sample Soil-2 (SDG BP79), at a concentration of 24 ug/kg. As it is difficult to evaluate the effect of field blank contamination (water matrix) on a soil sample, no action is recommended.

Metals Analyses

SDG BP79	The method blank contained copper (0.3 mg/kg) and zinc (19 mg/kg). One CCB also contained copper (2.0 ug/L). As positive results for copper and zinc for associated soil sample Soil-2 were greater than five times the amount reported in the blanks, no action is recommended.

SDG BR46	The method blank contained barium (0.003 mg/L). As the concentration for barium for the associated sample was greater than five times the amount reported in the blank, no action is recommended.

Completeness

No samples were lost during collection, shipment, or analysis. Samples were analyzed as specified by the chain-of-custody. On the basis of this evaluation, no data are rejected. Therefore, completeness is considered to be 100%.

Representativeness

Representativeness is a qualitative parameter that expresses the degree to which the sample data are characteristic of a population, parameter, or environmental condition. Representativeness is most concerned with the proper design of a sampling system and QA program. Results for field duplicate sets can provide information to evaluate representativeness. Since no field duplicate sets were collected, an assessment of representativeness was not performed as part of this evaluation.

Conclusion

No unusual problems or significant out-of-control conditions were found during this evaluation. As discussed in the above sections, several results should be considered as estimated (J/UJ) due to control limit exceedances. No data were rejected. As determined by this evaluation, the data are considered usable for the intended purpose.

DATA QUALITY ASSURANCE/QUALITY CONTROL

DO 0075, Naval Station, Bremerton
Sampling on July 17, 2000 – Soil Matrix (SDG BW46)
Sampling on July 17, 2000 – Soil Matrix (SDG BW47)

The following summary report is based on review of the final data packages submitted from Analytical Resources, Incorporated for SDGs BW46 and BW47. The project sample in SDG BW46 was analyzed for Volatiles (EPA Method 8260B), Semivolatiles (EPA Method 8270C), Priority Pollutant Metals (EPA Methods 6010B and 7471), Pesticides (EPA Method 8081A), and PCBs (EPA Method 8082). The project sample in SDG BW47 was analyzed for TPH (Washington Ecology Methods NWTPH-G and NWTPH-Dx). Additionally, a trip blank was analyzed for Volatiles (EPA Method 8260B) and TPH (Washington Ecology Methods NWTPH-G).

Sample Receipt Conditions and Holding Times
No sample receipt anomalies were noted by the laboratory. It was noted that the trip blank associated with SDGs BW46 (volatiles analysis) and BW47 (TPH analysis) was identified on the Chain-of-Custody form as "TB-01", but the laboratory identified the trip blank as "Trip Blank" on all other forms. As the discrepancy was unlikely to cause confusion, no action was taken.

All samples were extracted and analyzed within the specified method holding times, with the following exception:

SDG BW46: The date of collection for the trip blank was indicated as July 12, 2000 on the Chain-of-Custody form. This date corresponds to the date of generation in the laboratory. The trip blank was analyzed for volatiles two days past the 14-day analytical holding time. Since the project sample was collected on July 17, 2000, the holding time exceedance for the trip blank was judged to have no adverse impact on data quality.

Accuracy
Surrogate recoveries, laboratory control sample (LCS), matrix spike (MS), and matrix spike duplicate (MSD) recoveries were within control limits for the specified methods with the following exceptions:

<u>Volatiles Analyses</u>

SDG BW46

Surrogates: The percent recovery (%R) values for one surrogate compound (1,2-dichloroethane-d4) was less than the lower control limit for the following samples: FR-01 (90%), FR-01MS (87%), FR-01MSD (87%), LCS (85%), and trip blank TB-01 (86%). No action is recommended for the project sample FR-01 as the non-compliant %R value was only 1% less than the lower control limit of 91%.

MS/MSD: An MS/MSD set was performed on Sample FR-01. The %R outliers include chloromethane (68.1% for the MS, the %R was within control limits for the MSD), acetone (66.2% for the MSD, the %R was within control limits for the MS), and vinyl acetate (61.1% and 58.0%).

No positive results for compounds with non-compliant MS/MSD %R values remain after method blank qualification. Reporting limits for these three compounds for the unspiked sample (FR-02) should be considered estimated (UJ) as the outliers were less than the lower control limits.

Semivolatiles Analyses

SDG BW46

Surrogates: For the method blank, the %R value for one surrogate (2-fluorophenol) was greater than the upper control limit of 100% (at 107%). The non-complaint surrogate recovery for the method blank should have no adverse impact on the project sample (FR-01).

MS/MSD: An MS/MSD set was performed on Sample FR-01. The %R values for two target compounds (2-chlorophenol and pentachlorophenol) in the MSD were greater than the upper control limits. No positive results for 2-chlorophenol or pentachlorophenol were reported for the unspiked sample (FR-01). No action was recommended for reporting limits for Sample FR-01.

Pesticide Analyses

SDG BW46

Surrogates: For the LCS, the %R value for one surrogate (TCMX) was less than the lower control limit of 52% (at 48.8%). No action is recommended for QC samples.

Metals Analyses

SDG BW46

MS: For the MS performed on Sample FR-01, the %R value for antimony was less than the lower control limit of 75% (at 32.7%). No positive results for antimony were reported for the associated unspiked sample; the reporting limit for antimony should be considered estimated (UJ) for Sample FR-01.

Precision

The relative percent difference (RPD) values were within the laboratory control limits for the specified methods with the following exceptions:

Metals Analyses

SDG BW46

The RPD value for chromium for the laboratory duplicate was greater than the upper control limit. The positive result for chromium for Sample FR-01 should be considered estimated (J).

Blanks

All analytes were undetected for the specified analytical methods with the following exceptions:

Volatiles Analyses

SDG BW46

The trip blank (TB-01) contained methylene chloride at 2.4 ug/L. As this compound was not detected in the associated project sample (FR-01), no action is necessary. The method blank associated with the soil sample contained acetone at 4.0 ug/kg. The positive result for acetone

for Sample FR-01 (reported at 5.5 ug/kg B) should be considered as not detected (U).

Metals Analyses

SDG BW46 — Two continuing calibration blanks contained copper (2.3 ug/L and 2.7 ug/L). As the positive result for copper for associated soil sample FR-01 was greater than five times the amount reported in either blank, no action is recommended.

Completeness

No samples were lost during collection, shipment, or analysis. Samples were analyzed as specified on the Chain-of-Custody form. On the basis of this evaluation, no data are rejected. Therefore, completeness is considered to be 100%.

Representativeness

Representativeness is a qualitative parameter that expresses the degree to which the sample data are characteristic of a population, parameter, or environmental condition. Representativeness is most concerned with the proper design of a sampling system and QA program. Results for field duplicate sets can provide information to evaluate representativeness. Since no field duplicate sets were collected, an assessment of representativeness was not performed as part of this evaluation.

Conclusion

No unusual problems or significant out-of-control conditions were found during this evaluation. As discussed in the above sections, several results should be considered as estimated (J/UJ) due to control limit exceedances. The positive result for acetone for Sample FR-01 (SDG BW46) should be considered as not detected (U) due to method blank contamination. No data were rejected. As determined by this evaluation, the data are considered usable for the intended purpose.

DATA QUALITY ASSURANCE/QUALITY CONTROL REPORT

DO 0075, Naval Station, Bremerton
Sampling on August 29, 2000 – Soil Matrix (SDG CB57)
Sampling on August 29, 2000 – Water Matrix (SDG CB58)
Sampling on September 7, 2000 – Soil Matrix (SDG CC60)

The following summary report is based on review of the final data packages submitted from Analytical Resources, Incorporated for SDGs CB57, CB58, and CC60. Each sample was analyzed for one or more of the following parameters: Gasoline Range Hydrocarbons (Washington Ecology Method NWTPH-G), Diesel Range Hydrocarbons (Washington Ecology Method NWTPH-Dx), and Metals (8 RCRA metals plus copper, nickel, and zinc by EPA Methods 6010B/6020/7470A). Prior to analysis for metals, six soil samples in SDG CB57 were extracted using the Toxicity Characteristic Leaching Procedure (EPA Method 1311).

For SDG CB58, it was noted that the laboratory listed the analytical method for the metals (with the exception of mercury) as 200.8, instead of 6020 as requested on the Chain-of-Custody form. A prior communication with the laboratory indicates that all requirements for EPA Method 6020 are met when the laboratory lists 200.8 as the analytical method.

Sample Receipt Conditions and Holding Times
All samples were received within the acceptable temperature range of 4.0°C ± 2.0°C. All samples were extracted and analyzed within the method-specified holding times.

Accuracy
Surrogate recoveries, laboratory control sample (LCS), matrix spike (MS), and matrix spike duplicate (MSD) recoveries were within control limits for the specified methods with the following exceptions:

<u>Gasoline Range Hydrocarbon Analyses</u>

SDG CB58	MS/MSD: An MS/MSD set was performed on Sample OUA-MIS-LQ-1. The %R values for Gasoline Range Hydrocarbons for the MS/MSD set slightly exceeded the laboratory's upper control limit of 117% (at 118% for each analysis). As no positive result for Gasoline Range Hydrocarbons was reported for any associated sample, no action is recommended.

<u>Diesel Range Hydrocarbon Analyses</u>

SDG CB57	Surrogates: The %R values for the surrogate compound for the following samples and QC samples were less than the method-specified lower control limit of 50%: Soil-4-DUPL (48%), Soil-5 (44%), Soil-5MS (44%), and Soil-6 (48%). Positive results for Diesel Range and Motor Oil Range Hydrocarbons were reported for all samples and QC samples with non-compliant surrogate %R values. Results for Diesel Range and Motor Oil Range Hydrocarbons for Samples Soil-5 and Soil-6 should be considered estimated (J) on the basis of surrogate recovery. No qualifiers are assigned to QC samples.

SDG CB58

LCS: The %R value for Diesel Range Hydrocarbons for the LCS was slightly lower than the laboratory's lower control limit of 76% (at 75.2%). No action is recommended as the outlying value was only 0.8% less than the lower control limit, and the %R values for the associated MS/MSD set were acceptable (at 79.2% and 81.6%).

SDG CC60

Surrogates: The %R values for the surrogate compound for Sample BF-02 (40%) and BF-02MSD (36%) were less than the method-specified lower control limit of 50%. Positive results for Diesel Range and Motor Oil Range Hydrocarbons were reported for Sample BF-02; these results should be considered estimated (J) on the basis of surrogate recovery. No qualifiers are assigned to QC samples.

MS/MSD: An MS/MSD set was performed on Sample BF-02. The %R values for Diesel Range Hydrocarbons for the MS/MSD were less than the laboratory's lower control limit of 31% (at 23.3% for each analysis). Positive results for Diesel Range and Motor Oil Range Hydrocarbons for Sample BF-02 should be considered estimated (J) on the basis of MS/MSD recovery. (As discussed in the above paragraph, qualifiers were also recommended on the basis of surrogate recovery.)

Metals Analyses

SDG CB57

LCS: No LCS was analyzed. As accuracy was judged to be acceptable, as demonstrated by compliant %R values for the MS, no action is recommended regarding the omission of the LCS.

Precision

The relative percent difference (RPD) values for laboratory duplicate and matrix spike/matrix spike duplicate sets were within control limits, with the following exceptions. For metals analyses, a control limit of plus or minus the reporting limit is used to evaluate duplicate results for concentrations less than five times the reporting limit.

Metals Analyses

SDG CB58

For the laboratory duplicate performed on Sample OUA-MIS-LQ-1, the control limit of plus or minus the reporting limit was not met for copper. The reported values for copper were 0.5 ug/L U (not detected) for Sample OUA-MIS-LQ-1 and 1.1 ug/L for the laboratory duplicate. As the difference between the two results is slight (less than one part-per-billion), no action is recommended.

Blanks

Blanks were analyzed at the required frequencies, and no positive results were reported for target analytes in the blanks, with the following exceptions:

Gasoline Range Hydrocarbon Analyses

SDG CB57

A positive result for Gasoline Range Hydrocarbons was reported for one of the two soil method blanks, at a concentration of 5.2 ug/kg. As no

positive result for Gasoline Range Hydrocarbons was reported for any associated sample, no action is necessary.

SDG CC60 — A trip blank was not included in the cooler for the field sample collected on September 7, 2000. As Gasoline Range Hydrocarbons were not detected in the field sample (BF-02), the omission of a trip blank was judged to have no adverse impact on data quality.

Metals Analyses

SDG CB57 — Positive results for barium (0.007 mg/L) and zinc (0.016 mg/L) were reported for the TCLP method blank. As the concentrations for barium and zinc for the associated samples were greater than five times the amounts reported for the blank, no action is recommended.

Comments

Diesel Range Hydrocarbon Analyses

SDGs CB57 and CC60 — Positive results for Diesel Range and Motor Oil Range Hydrocarbons were reported for all soil samples. The laboratory noted that the sample chromatograms did not match the chromatographic patterns for any of the requested products. As per method requirements, the laboratory is required to report positive results when peaks are present in the applicable hydrocarbon ranges.

Completeness

No samples were lost during collection, shipment, or analysis. Samples were analyzed as specified on the Chain-of-Custody form. On the basis of this evaluation, no data are rejected. Therefore, completeness is considered to be 100%.

Representativeness

Representativeness is a qualitative parameter that expresses the degree to which the sample data are characteristic of a population, parameter, or environmental condition. Representativeness is most concerned with the proper design of a sampling system and QA program.

Results for field duplicate sets can provide additional information to assess representativeness. Therefore, results for the field duplicate set (Soil-3 and Soil-6) were evaluated. All analytical results were in agreement within a factor of two, except for Motor Oil Range Hydrocarbons. For Motor Oil Range Hydrocarbons, positive results were reported for Soil-3 (430 mg/kg) and Soil-6 (920 mg/kg). The variability in the results is attributed to sample inhomogenuity. No action is recommended on the basis of field duplicate results.

Conclusion

No unusual problems or significant out-of-control conditions were found during this evaluation. As discussed in the above sections, a few positive results should be considered as estimated (J) due to control limit exceedances. No data were rejected. As determined by this evaluation, the data are considered usable for the intended purpose.

APPENDIX H

TOPSOIL DATA EVALUATION

CONTROLLED COPY
The document number 3, entitled _____, Section 0, has been assigned to S. Montgomery on 9/27/00. This document is a controlled copy. If superceded by a revised copy, document must be destroyed or clearly marked "superceded" to prevent inadvertent use.

FOSTER WHEELER ENVIRONMENTAL

NAVY RAC PROJECT

CONTRACT NO. N44255-95-D-6030

FIELD CHANGE REQUEST (FCR)

DELIVERY ORDER NAME	DELIVERY ORDER #:	CHANGE REQUEST NO.
Repairs at Operable Unit A	RAC II DO 75	FCR-75-28

TO NAVY NTR/RPM/COTR	LOCATION:	DATE
Jim Tennyson	Naval Station Bremerton	9/2200

RE:	Drawing No:	Title:
X	Spec. No: Section 02805, Rev. 0	Title: Vegetation Enhancements
X	Other : Final Site Work Plan, Rev. 0, Section 4 DTO 6-9-2000	Title: Sampling and Analysis

1. DESCRIPTION (Items involved, submit sketch, if applicable):
Final Site Work Plan, Section 4.1.2 requires NWTPH-G and –Dx analysis of imported backfill material.
Specification Section 02805, Part 2B provides the acceptance criteria for the imported soil medium used to fill the planter area [TPH (Gas) - <5.0 mg/kg; TPH (Diesel) - <25.0 mg/kg; TPH (Other) - <60.0 mg/kg].

2. REASON FOR CHANGE:
Results of analysis of a sample collected from the source of soil proposed by the landscape subcontractor indicate a TPH (Diesel) concentration of 140 mg/kg and a TPH (Motor Oil) concentration of 1,000 mg/kg (see attached laboratory report). The report indicates that there was not a good hydrocarbon ID for any of the requested products. (continued Sht. 2)

3. RECOMMENDED DISPOSITION (Submit sketch, if applicable):

Approve the use of the proposed topsoil source (Morrison Sand & Gravel).

__X__ Minor Change _____ Major Change Impacts Cost, Schedule or Technical)

3a. Will this change result in a contract cost or time change? _____ YES __X__ NO
3b. Estimate of cost or time charge (if any) _____

PREPARER (Signature)	DATE	PREPARER'S TITLE	SITE SUPERINTENDENT (Signature)	DATE
T. Bacon	9/22/00	Site CQC Representative	N/A	

4. DISPOSITION

_____ Not approved (give reason).
__X__ Considered minor change – approved per Recommended Disposition - Documents will not formally be revised, field to maintain as-built records.
_____ Considered major change – Navy approval required via contract modification process.

1) FOSTER WHEELER ~~DESIGN MANAGER~~ (Signature) (~~IF ENGINEERING RELATED~~) Supervising Chemist	DATE	2) FOSTER WHEELER DELIVERY ORDER ~~MANAGER~~ (Signature)	DATE
N/A	9/26/00		9/26/00
3) HEALTH AND SAFETY MANAGER (Signature) (IF HEALTH AND SAFETY RELATED) NA	DATE	4) QC REVIEWER (Signature)	DATE
_____ Comments (attached) _____ No Comments		Comments (attached) __X__ No Comments	9-26-2000

Delivery Order Manager distributes to:

Foster Wheeler Design	Contracts Manager	QC Manager	FCR Preparer
Integrated Project Team Manager	Site Superintendent	Project Controls Supervisor	PHSM

2. Reason for Change:

Also, the soil exhibited no petroleum odor. This suggests that the organic content of the soil mixture may be responsible for producing false TPH readings. On the instruction of the Supervising Chemist, a jar was partially filled with a sample of the soil, then water was added to a level above that of the soil. The soil/water mixture was thoroughly shaken, allowed to settle, and checked periodically for the next two days for any evidence of oil sheen. No sheen was produced, supporting the suspicion that the TPH readings were a result of interference produced by the organic content of the soil.

ANALYTICAL RESOURCES INCORPORATED

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID
and Motor Oil

LIMS ID: 00-15807
Matrix: Soil

QC Report No: CC60-Foster Wheeler
Project: Del Order 75 Repairs At OUA
1453.7500.0505.00000

Data Release Authorized: CH
Reported: 09/12/00 9/12/00

Date Received: 09/07/00

Lab ID	Sample ID	Date Extracted	Date Analyzed	Dilution Factor	Diesel Range	*HC ID	Motor Oil Range	Surrogate Recovery
CC60MB	Method Blank	09/08/00	09/11/00	1:1	5.0 U	---	10 U	71.0%
CC60A	BF-02	09/08/00	09/11/00	1:4	140	NO	1,000	40.0%

Values reported in ppm (mg/kg) on a dry weight basis.

Surrogate is Methyl-Arachidate.

* ID indicates, in the opinion of the analyst, the petroleum product with the best pattern match. 'NO' indicates that there was not a good match for any of the requested products.
Diesel quantitation on total peaks in the range from C12 to C24.
Motor Oil quantitation on total peaks in the range from C24 to C38.

Data Qualifiers

U	Compound not detected at the given detection limit.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
E	Indicates a value above the linear range of the detector. Dilution required.
NR	Indicates no recovery due to matrix interference.
B	Indicates compound also detected in the method blank.

FORM-1 TPHD

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID

ANALYTICAL RESOURCES INCORPORATED

Sample No: BF-02
Lab Sample ID: CC60A
QC Report No: CC60-Foster Wheeler
LIMS ID: 00-15807
Project: Del Order 75 Repairs At OUA
Matrix: Soil
1453.7500.0505.00000
Date Received: 09/07/00

Data Release Authorized: ch
Reported: 09/12/00 9/12/00

MATRIX SPIKE/SPIKE DUPLICATE RECOVERY

Date extracted: 09/08/00
Date analyzed: 09/11/00

CONSTITUENT	SAMPLE VALUE	SPIKE VALUE	SPIKE ADDED	% RECOVERY	RPD
MATRIX SPIKE					
Diesel Range Hydrocarbons	137	164	116	23.3%	
MATRIX SPIKE DUPLICATE					
Diesel Range Hydrocarbons	137	164	116	23.3%	0.1%

TPHd Surrogate Recovery

Matrix Spike	Methylarachidate	52.0%
Matrix Spike Dup	Methylarachidate	36.0%

Values reported in ppm (mg/kg) on a dry weight basis.

FORM-III

TOTAL DIESEL RANGE HYDROCARBONS
NWTPHD Range C12 to C24 by GC/FID

ANALYTICAL RESOURCES INCORPORATED

Lab Sample ID: CC60SB
LIMS ID: 00-15807
Matrix: Soil

QC Report No: CC60-Foster Wheeler
Project: Del Order 75 Repairs At OUA
1453.7500.0505.00000

Data Release Authorized: CH
Reported: 09/12/00 9/12/00

LABORATORY CONTROL SAMPLE RECOVERY REPORT
Date extracted: 09/08/00
Date analyzed: 09/11/00

CONSTITUENT	SPIKE FOUND	SPIKE ADDED	% RECOVERY
Diesel Range Hydrocarbons	82.8	100	82.8%

TPHd Surrogate Recovery

Methylarachidate 62.0%

Values reported in ppm (mg/kg) on a dry weight basis.

FORM-III

ANALYTICAL RESOURCES INCORPORATED

TOTAL DIESEL HYDROCARBONS COMPOUND SUMMARY

Matrix: Soil

QC Report No: CC60

LIMS ID	Lab ID	Extracted	Client ID	MeArach	TOT OUT
00-15807MB	091100MB	09/08/00	Method Blank	71%	0
00-15807LC	091100LC	09/08/00	Lab Control	62%	0
00-15807	CC60A	09/08/00	BF-02	40%*	1
00-15807	CC60A-MS	09/08/00	BF-02-MS	52%	0
00-15807	CC60A-MSD	09/08/00	BF-02-MSD	36%*	1

	Control QC LIMITS	Sample QC LIMITS
(MeArach) = Methylarachidate	(56-114)	(42-113)

\# Column to be used to flag recovery values

* Values outside of required QC limits

D System Monitoring Compound diluted out

Page 1 for CC60

FORM-II TPHD

TOTAL GASOLINE RANGE HYDROCARBONS
NWTPHg Toluene to Naphthalene

QC Report No: CC60-Foster Wheeler
Matrix: Soil Project: Del Order 75 Repairs At OUA
1453.7500.0505.00000
Data Release Authorized: Date Received: 09/07/00
Reported: 09/13/00

Lab ID	Client Sample ID	Date Analyzed	Dilution Factor	Gas Range Hydrocarbons		Gasoline ID	Surr A Rec	Surr B Rec
CC60-0909MB	Method Blank	09/09/00	1:1	5.0	U	NO	102%	99.6%
00-15807-CC60A	BF-02	09/09/00	1:1	5.7	U	NO	81.1%	94.9%

Preliminary

Surrogate A is Trifluorotoluene.
Surrogate B is Bromobenzene.
Values reported in ppm (mg/kg) on a dry weight basis.
Quantitation on total peaks in the gasoline range from Toluene to Naphthalene.

Data Qualifiers

U	Compound not detected at the given detection limit.
X	Value detected above linear range of instrument. Dilution required.
J	Indicates an estimated value below the calculated detection limit.
S	No value reported due to saturation of the detector. Dilution required.
D	Indicates the surrogate was not detected because of dilution of the extract.
NR	Indicates no recovery due to matrix interference.

FORM-1 TPH-g

APPENDIX I

ORNAMENTAL PICKET

FENCE SPECIFICATION

FOSTER WHEELER ENVIRONMENTAL CORPORATION

SECTION 02831
ORNAMENTAL PICKET FENCE

ENGINEER: Foster Wheeler Environmental Corporation

CONTRACT: Environmental Remedial Action Contract
Contract No. N44255-95-D-6030

PROJECT: Delivery Order No. 0075, Site Work Plan for Repairs at Operable Unit A, Naval Station Bremerton, Bremerton, Washington

LOCATION: Naval Station Bremerton, Bremerton, Washington

Rev.	Status	Date	Prepared By	Reviewed By	Approved By
0	Issued for Construction	6/5/00	William Elmer	Lee Boreen	William Elmer/ Shanti Montgomery

SECTION 02831
ORNAMENTAL PICKET FENCE

PART 1 – GENERAL

1.01 SUMMARY

This section provides the technical requirements for furnishing and installing ornamental picket fencing.

1.02 SUBMITTALS

A. SD-02, Manufacturer's Catalog Data

Ornamental Picket Fence Components and Accessories

B. SD-04, Drawings

Ornamental Picket Fence layout, post spacing, and connection details

C. SD-13, Certificates

Pickets, Posts, and Rails

1.03 DELIVERY, STORAGE, AND HANDLING

Deliver materials to the site undamaged. Store materials off the ground to provide protection against oxidation caused by ground contact.

PART 2 – PRODUCTS

2.01 ORNAMENTAL PICKET FENCE AND ACCESSORIES

A. Pickets

Hot rolled structural steel of 18 or 16 gauge wall thickness manufactured in accordance with ASTM A513. Tubes shall be hot dip galvanized in accordance with ASTM A525-G90. Provide pickets and picket spacing as indicated. Pickets shall have a flat top.

B. Rails

Hot rolled structural steel, rolled into "U" channel measuring 1-3/8 inches wide by 1-1/2 inches deep by 0.120 inch wall thickness. Manufactured in accordance with ASTM A513 and hot dip galvanized in accordance with ASTM A525-G90.

C. Posts

Hot rolled structural steel with wall thickness of 14 gauge. Tubes manufactured in accordance with ASTM A513 and hot dip galvanized in accordance with ASTM A525-G90. Sizes as indicated on the drawings.

D. Rail Attachment Brackets

Cast malleable iron in accordance with ASTM A47, Grade 32510. Hot dip galvanized in accordance with ASTM A153.

2.02 FABRICATION

A. Pickets

Shop assemble pickets in sections using six rails that are punched out to insert pickets through rails and secure pickets to rails with 1/4 inch industrial drive rivets.

B. Finish

All fence components shall be galvanized, chemically washed, and finished with electrostatically applied and powder baked coat of polyester.

PART 3 – EXECUTION

3.01 FENCE INSTALLATION

Install fence on prepared surfaces to lines, grades, and post location and spacing indicated on the drawings. Ensure posts are plumb prior to placing concrete/grout around them. Allow concrete/grout to cure a minimum of 72 hours prior to performing other work on the posts.

3.02 CLEANUP

Remove waste fencing materials and other debris from the site.

END OF SECTION

FOSTER WHEELER ENVIRONMENTAL CORPORATION

October 26, 2000
FWBEL-RACII-00-3038
2.5/Delivery Order

Mr. Bill Sloman
Viking Fence Company
3015 State Highway 3
Bremerton, WA 98312

Subject: **ORNAMENTAL PICKET FENCE – DELIVERY ORDER 75**
REPAIRS AT OPERABLE UNIT A
NAVAL STATION BREMERTON, BREMERTON, WASHINGTON

Reference: Contract N44255-95-D-6030, Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana and Alaska

Dear Mr. Sloman:

We have reviewed the information provided by Merchant Metals (letters dated October 12 and October 24, 2000) and agree that the proposed material and process specifications will satisfy the intent of the design documents provided the fence is manufactured to conform with ASTM A 525 for the base material specification and ASTM A 780-93a (A3 Metallizing) for coating repair using the material specified in ASTM B 833.

Sincerely,

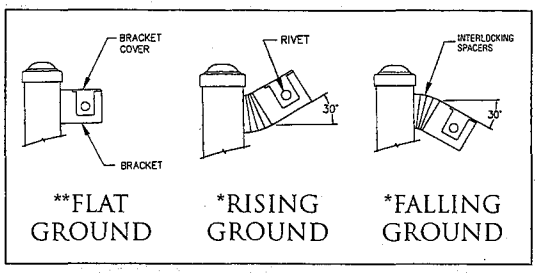
Lee Boreen
FWENC – Navy RAC II

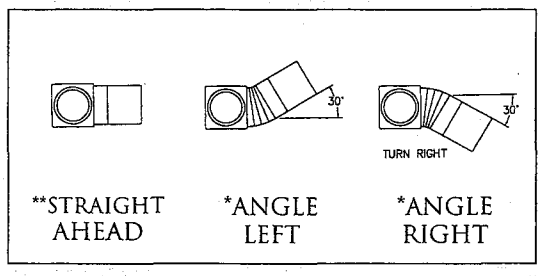
1050 N.E. Hostmark Street, Suite 202, Poulsbo, WA 98370
Phone: (360) 598-8100 Fax(360) 598-8195

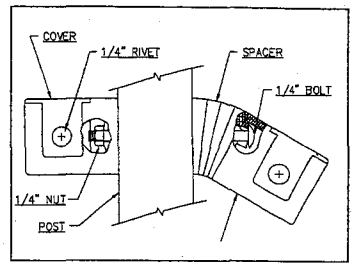
IMPORTANT
CONSTRUCTION FEATURES OF YOUR "GUARDSMAN™" FENCE.

The "Guardsman™" is a modular system. Made up of brackets, rails, pickets and fasteners...

A NEW ANGLE ON SECURITY – "THE COVERED BRACKET"... *Patent Pending



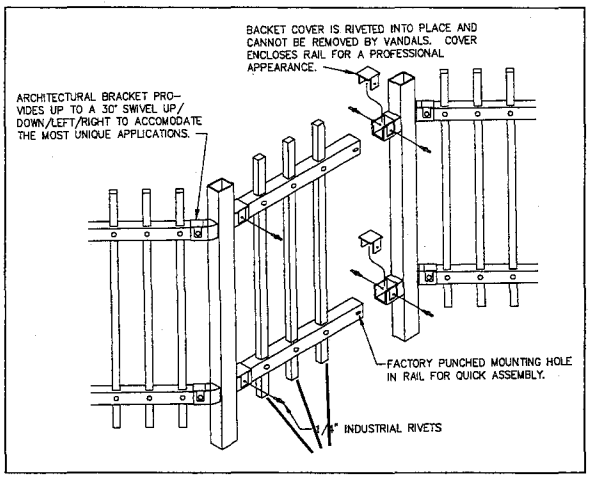




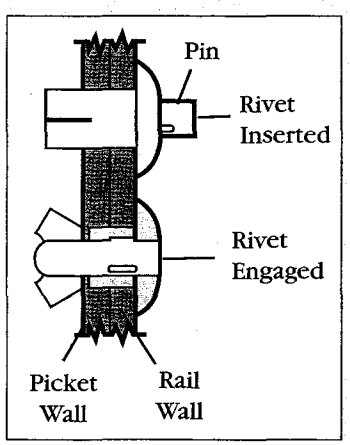
**By adding one or more interlocking spacers you can change direction or angle as required.*
***No spacers are needed for straight runs on level ground.*

Because the cover of our bracket is riveted on, ours is the most secure in the industry

RIVETED CONSTRUCTION



No other method is as strong



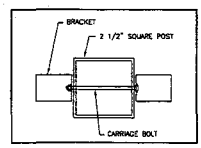
When pin is driven into rivet, the back of the rivet expands, pulling the 2 pieces of metal together and holding them tight.

Each rivet has
1500 lb. Shear Strength and 1100 lb. Holding Power

BOLT THRU BRACKET AND THRU POST

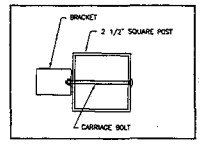
Holds up to 2200 lbs.

LINE POST



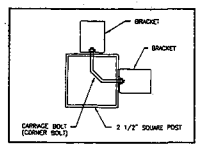
Bolt thru Post and 2 Brackets

END POST



Bolt thru Post and 1 Bracket

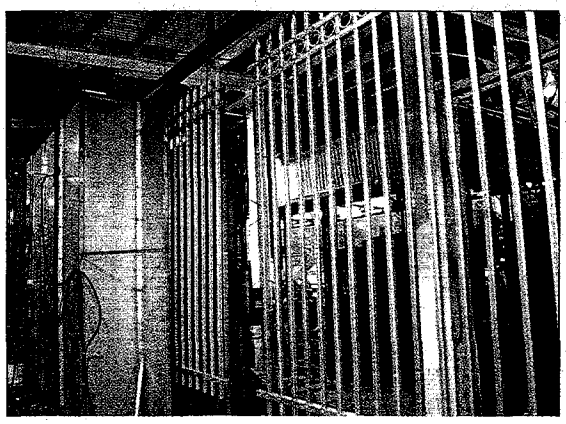
CORNER POST



Special bolt holds 2 Brackets

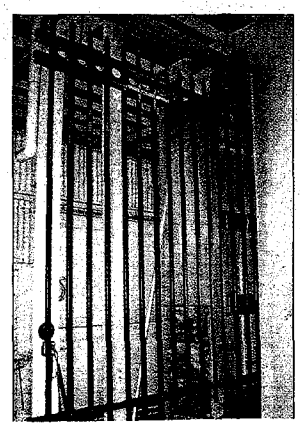
Top View in all cases

POWDER COATED OUTERCOAT IN YOUR CHOICE OF COLORS...



Assembled, galvanized sections are fed into system. They are chemically treated, washed and dried before polyester powder coat is applied and baked in a 400° oven. All of this work is done in our own factory.

The Finish on the "Guardsman™" is Guaranteed for 10 years from date of purchase.



MERCHANTS METALS

The First Name In Fence

October 12, 2000

Mr. Bill Sloman
Viking Fence Company
State Highway 3
Bremerton, WA. 98312-5015

Reference: Contract No. N44255-95-D-6030
Ornamental Iron Fencing Project

The following is to certify that the Guardsman Ornamental Iron Fence System supplied to Viking Fence, for the above referenced fencing project meets the following specifications:

Pickets - ¾" square 18 gauge galvanized steel per ASTM A-787, ASTM A525-G90
Posts - 4" square 11 gauge galvanized steel per ASTM A-787, ASTM A525-G90
Rails - 1 3/8"x1 ½" U channel 11 gauge galvanized steel per ASTM A-653, ASTM A525-G90
Rivets - ¼" industrial drive rivets per ASTM A-446
Brackets – die cast zinc alloy (ZAMAC #3) per ASTM B86-832-33521
Finish - ASTM A525 G90 galvanized .9 ounces of zinc per square foot of surface with a minimum of 3 mils baked polyester powder coated finish

As discussed, the Guardsman Ornamental Iron Fence System is manufactured to meet or exceed the above stated specifications.

Should additional information regarding specifications be required please contact Jim Scheide at 1-410-560-2673. Jim is our specifications expert and will be able to address any issues relative to our product's specifications.

Yours truly,

Jonathan Ogilvie
Northwest Regional Manager
Merchants Metals

MERCHANTS METALS

The First Name In Fence

October 24, 2000

Mr. Lee Boreen
Foster Wheeler Environmental
1050 Hostmark Street
Poulsbo, Wa 98370

Re: Viking Fence Guardsman Ornamental Iron Installation

Dear Lee,

This letter is intended to complete communication regarding the metallizing of the welded seam of the galvanized tubular steel that is used to manufacture Guardsman Ornamental Iron.

I must first tell you that the specifications that I have obtained were so obscure in nature that the manufacturing plant Q.C. personnel had to research the process to identify the applicable specifications I mention this detail for two reasons the first of which relates to the time that it has taken to get the answer to you; I apologize that it wasn't sooner.

Secondly, I want to caution you to rely on the ASTM A525 G90 specification for future jobs of this nature. The manufacturer that we use abides by the attached specifications for metallizing the weld in order to meet the ASTM A525 G90 specification. You cannot meet one specification without first meeting the others (attached).

The applicable standard for the Zinc and Alloy Wire for Thermal Spraying (Metallizing) is ASTM B833-99.

The applicable standard for the repair of Damaged and Uncoated Areas of Hot-Dip Galvanized Coatings is ASTM A780-93a.

I hope this information meets your needs and allows all involved to move ahead with the production and subsequent installation of the Guardsman Ornamental Iron Fencing for the U.S. Navy.

Thank you for your patience. I look forward to your review of the enclosed information and your subsequent approval.

Sincerely,

Jonathan Ogilvie
N.W. Regional Manager

MERCHANTS METALS, A DIVISION OF MMI PRODUCTS, INC. • 7303 GOLDEN GIVEN ROAD EAST • TACOMA, WA 98404
Office: (253) 531-5454 • Toll Free: (800) 441-4847 • Fax: (253) 537-8239

APPENDIX J

WASTE INFORMATION SHEETS/SOLID WASTE TRACKING SHEETS

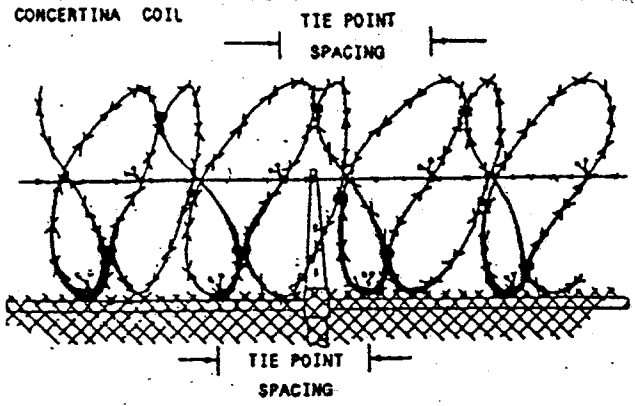
Waste Information Sheets

TABLE 1 Maximum Allowable Tolerance (Concertina)

NOTE 1—Allow up to 2 ft material loss when covering inside or outside corners.

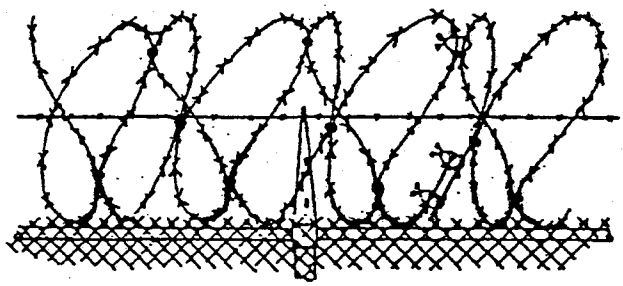
Coil Loops Per Roll	Spacing, in. ± 2 in.	Yield, Ln. ft	Yield, Not to Exceed ± Ln. ft
31 (18 in. Dia)	12	15	1
31	16	20	1
31/31	16/16	20	1
51	12	25	1
56 (Type II)	21	50	1
81	12	40	1
101	12	50	1

CONCERTINA COIL



Note: vertical coil installed Jul 12/5/00

CONCERTINA SPLICE CONNECTIONS



The number of connections opposite to the overlapping splice will vary depending on the number of clips.

Hog-rings or twistable tie wires are used to complete the splice.

Copyright by the American Society For Testing & Materials
Wed Nov 22 09:07:53 2000

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 107815

RECEIVED JUN 20 2000

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

J. O. 89K882000001

Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: DO 75 Seawall Repairs	3. LOCATION (Bldg, Pier, etc): OUA Mooring G
4. POINT OF CONTACT (Name): Newton Morgan / Shanti Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8180 / 360-598-8173
6. DESCRIPTION OF WASTE: Drill Cuttings	7. QUANTITY TO SHIP NOW: 4-55 gal drums 7a. TOTAL TO BE SHIPPED (approx): 4-55 gal drums	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Exploratory Geotechnical Well drilling

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-0-6030, Delivery Order 75	12. MSDS #: N/A
13. STOCK NO.: N/A	14. MANUFACTURER: N/A
15. COLOR OF WASTE: Black to Gray	

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

___ % ASBESTOS ___ % PCBs ___ % METALS ___ % SOLVENTS ___ % OIL ___ OTHER ___

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility) TBD

TRANSPORTER COMPANY (name & phone number) Onyx to Diablo

DISPOSITION FACILITY (name & phone number) WM @ Arlington

18. AUTHORIZED SIGNATURE: (sign) Newton Morgan / [signature] (print) Newton Morgan / Shanti Montgomery	BADGE NO./RANK: 757 356	DATE: 6/20/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1	AA902405	55 Gal OT					
2	AA902406	55 Gal OT					
3	AA902407	55 Gal OT					
4	AA950862	55 Gal OT					
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0027	26. DATE: 6/28/00	27. TECH'S INIT: PAB	28. PROFILE: Z-Prob

29. LABELS/PPE: ID / SG, G

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☒ Other non haz ☐ Landfill Controlled - WDA #: 512782

31. REMARKS:

Page 1 of ___

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

"Solids"

GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Service Agreement on File? ☐YES ☐NO

Profile Number: WMI 512782
Renewal Date: / /

A. Waste Generator Information

1. Generator Name: Puget Sound Naval Shipyard
2. SIC Code: 3731
3. Facility Street Address: 1400 Farragut Ave.
4. Phone: (360) 476-8887
5. Facility City: Bremerton
6. State/Province: WA
7. Zip/Postal Code: 98314-5001
8. Generator USEPA/Federal ID #: WA2170023418
9. County: Kitsap
10. State/Province ID #: N/A
11. Customer Name: EFA NW - Foster Wheeler
12. Customer Phone: (360) ~~434-5237~~ 396-0143
13. Customer Contact: Jim Tennyson
14. Customer Fax: (360) 396-0857

B. Waste Stream Information

1. Name of Waste: Soil - Non Hazardous
2. State Waste Code: N/A
3. Process Generating Waste: drill cuttings from geotechnical well drilling
4. Estimated Annual Volume: 5 ☐Tons ☒Yards ☐Other (specify)
5. Personal Protective Equipment Requirements:
6. Transporter/Transfer Station: Onyx Environmental Services and Diablo Trucking
7. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip 8, 9, & 10)..... ☐YES ☒NO
8. Reportable Quantity (lbs.; kgs.): N/A
9. Hazard Class/ID #: N/A
10. USDOT Shipping Name: Material Not Regulated by DOT

☐Check if additional information is attached. Indicate the number of attached pages:

C. Generator's Certification (Please check appropriate responses, sign, and date below.)

1. Is the waste represented by this waste profile sheet a "Hazardous Waste," as defined by USEPA, Canadian, Mexican and/or state/province regulation, in the location where generated or ultimately managed?..... ☐YES ☒NO
2. Does the waste represented by this waste profile sheet contain regulated radioactive material or regulated concentrations of Polychlorinated Biphenyls (PCBs)?..... ☐YES ☒NO
3. Does this waste profile sheet and all attachments contain true and accurate descriptions of the waste material?..... ☒YES ☐NO
4. Has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor?..... ☒YES ☐NO
5. Is the analytical data attached hereto derived from testing a representative sample in accordance with 40 CFR 261.20 (c) or equivalent rules?..... ☐NA ☒YES ☐NO
6. Will all changes that occur in the character of the waste be identified by the Generator and disclosed to the Contractor prior to providing the waste to the Contractor?..... ☒YES ☐NO

Certification Signature: [signature] Title: Environ. Engineer
Name (Type or Print): Jeff Hilgart Company Name: Puget Sound Naval SY Date: 6/28/00

D. WMI Management's Decision — FOR WMI USE ONLY

1. Management Method: ☐Landfill ☐Solidify ☐Bioremediation ☐Other (Specify)
2. Proposed Ultimate Management Facility:
3. Hours of acceptance: ☐NA
4. Supplemental Information:
5. Precautions, Special Handling Procedures, or Limitations on Approval:

Special Waste Decision..... ☐Approved ☐Disapproved
Salesperson's Signature: Date:
Division Approval Signature (Optional): Date:
Special Waste Approvals Person Signature: Date:

Form WMI-4152

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

RECEIVED JUN 20 2000 J.O.

SERIAL NO. 107810

89K8820000001

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: D075 Seawall Repairs	3. LOCATION (Bldg, Pier, etc): OUA mooring G
4. POINT OF CONTACT (Name): Shanti Newton Morgan/Morgan	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8180/SCU-598-8173
6. DESCRIPTION OF WASTE: Decon water Note: no decon agent used; just water/steam	7. QUANTITY TO SHIP NOW: 2-55gal drums	7a. TOTAL TO BE SHIPPED (approx): 2-55gal drums
8. WASTE STREAM NO. (If known): Just water/steam	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): liquid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Rinsing and Cleaning soil boring auger flutes and split spoons

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6039, Delivery Order 75		12. MSDS #: N/A
13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: Clear

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____ % ASBESTOS ____ % PCBs ____ % METALS ____ % SOLVENTS ____ % OIL ____ OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility) TBD

TRANSPORTER COMPANY (name & phone number) ____

DISPOSITION FACILITY (name & phone number) ____

18. AUTHORIZED SIGNATURE: (sign) Newton Morgan / (print) Newton Morgan / Shanti Morgan	BADGE NO./RANK: 757 356	DATE: 6/20/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1	AA911226	55Gal BT					
2	AA950861	55Gal BT					
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-1660-0019	26. DATE: 7-3-00	27. TECH'S INIT: Kate Schuller	28. PROFILE: Z-Sewer

29. LABELS/PPE: ID

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ____ ☐ Landfill Controlled - WDA #: ____

31. REMARKS:

C-106.3 authorization to go to sewer attached.

Page 1 of ____

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

WASTE WATER DISCHARGE TO SANITARY SEWER
For generators use

From: S/90 HM: Louis Alden-Burley **DATE:** 6-22-00

To: Generator/POC: FWENC/Shanti Montgomery

Phone # 360-598-8180 **WIS:** 107810

Per the attached Lab/pH analysis # Analytical Services, **waste water from waste stream #** CN-1060-0019 **, may be discharged to the sanitary sewer.**

☒ Authorization applies to this batch only. Subsequent batches must be analyzed and authorized separately.

☐ Authorization applies to this waste stream for **one year** from the date of this notice, or when otherwise notified, provided the process does not change. It is the responsibility of the waste originator to contact S/90 HM for re-designation if the process changes (different materials or equipment used, different substrate etc.) or when this notice expires.

Name of Product which will go to sewer: N/A

Max. gallon amount per day to sewer: 200 gallons

C/106.31 Concurrence: [signature]

Date: 6/23/00

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 131714

SEP 1 4 2000 J. O. 89K8820000001

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side. Shaded sections **MUST** be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Env.	2. PROJECT/SHIP: Scawell Repair at OUA	3. LOCATION (Bldg, Pier, etc): Mooring G; Missouri Parking Lot
4. POINT OF CONTACT (Name): Sharon Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8173 / 360-509-0833 Jim's cell
6. DESCRIPTION OF WASTE: non-hazardous soil and plastic liner	7. QUANTITY TO SHIP NOW: 200 tons est 90cy 7a. TOTAL TO BE SHIPPED (approx): 200 tons	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): plastic liner was used to cover stockpile; soil removed during installation of sheetpile nearing Mooring G

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030 DO #75		12. MSDS #: N/A
13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: Brown to Black

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____% ASBESTOS ____% PCBs ____% METALS ____% SOLVENTS ____% OIL ____ OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility) PAB

TRANSPORTER COMPANY (name & phone number) ~~FSD~~ ~~PAB~~ ~~Onyx~~ ECTI

DISPOSITION FACILITY (name & phone number) ~~FSD~~ ~~PAB~~ OVSR

18. AUTHORIZED SIGNATURE: (sign) [signature] (print) Sharon Montgomery	BADGE NO./RANK: 765020	DATE: 9/13/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0027	26. DATE: 10/4/00	27. TECH'S INIT: PAB	28. PROFILE: Z-Prop

29. LABELS/PPE: ID (optional) / SG, G

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☒ Other NON HAZ ☒ Landfill Controlled - WDA #: ____

31. REMARKS: Class 3 soil

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

WASTE MANAGEMENT

OLYMPIC VIEW SANITARY LANDFILL

PERMIT # 2000-159

PERMIT TO DISPOSE OF NON-HAZARDOUS/ NON-DANGEROUS MATERIALS

EXPIRES: 1/5/01

GENERATOR: PUGET SOUND NAVAL SHIPYARD		
DESCRIPTION: *PCS AND PLASTIC LINER - CLASS III*		**TONS:** *175*
LOCATION: *BREMERTON, WASHINGTON*		
CONTACT: *SHANTI MONTGOMERY*		**PHONE:** *206-598-8173*
BILLING: onyx environmental	**PO#:**	**JOB#:**

We accept business checks, cash or charge (with prior approval)

SPECIAL HANDLING : *NONE:*

APPROVED: KC Kristin Castner DATE: *10/05/00 2:40:12 PM*

A COPY OF THIS PERMIT MUST BE SHOWN BY EACH DRIVER

HAZARDOUS/DANGEROUS WASTE IS STRICTLY PROHIBITED

USA WASTE SERVICES, INC....THE QUALITY PLUS CHOICE

LF

Olympic View Sanitary Landfill Disposal Application
(Not applicable to MSW)

To: Olympic View Sanitary Landfill, Inc.
P.O. Box 438
Bremerton, WA 98377
Phone (360) 674-2331
Fax (360) 674-2370

OVSL # _____

Renewal # _____

NOTE TO OVSL, Inc.: PLEASE REFERENCE THE ABOVE SHIPYARD SERIAL NUMBER IN ALL CORRESPONDENCE WITH THE SHIPYARD.

All questions must be answered for waste to be approved.

1. Generator Information:

Puget Sound Naval Shipyard
Commander
1400 Farragut Ave.
Bremerton, WA 98314-5001
Contact: 90HM.12 @ Bldg. 351
Phone: (360) 476-8607

Title: **Soil and Plastic Liner**
Project: **Seawall Repairs at Operable Unit A, DO 75**
Project Location: **Mooring G @ PSNS**

2. Other Contacts (if applicable):

Consulting firm: **90HM.12**
Contact: **Louise Alden-Burley**
Phone: **(360) 476-8607**

Contractor: **Foster Wheeler Environmental Corporation**
Contact: **Shanti Montgomery**
Phone: **360-598-8173**

Laboratory: **Analytical Resources Incorporated**
Contact: **Mary Lou Fox**
Phone: **206-389-6155**

Bill to : **Onyx Environmental Services**
Vikki Anderson
14240 Interurban Ave South, STE 244, Tukwila, WA 98168
206-433-7131

LF

3. Source of Waste:
Check the appropriate box below and briefly describe the project, process and/or cleanup that will or has produced the waste requiring disposal. Include the gasoline service station number (if applicable).

☐ CERCLA/MTCA Remediation Agency Contact:

☐ Independent Remedial Action

☐ UST Removal Tank Number:

☐ Unused Chemical Product Spill:

☒ **Other Source: Repair of sea wall**

Source Remarks/Comments:
Excess soil generated during installation of sheet pile wall.

4. Waste Material Composition: (Check all that apply and include a percent of total)

☐	Preserved Wood	%	☒	**Soil**	**85-94%**
☐	Dredge Spoils	%	☐	Slag	%
☐	Free Liquids	%	☐	Coal Ash	%
☒	**Other (list): concrete, asphalt, wood debris**			**1-5%**	
	plastic liner			**5-10%**	
☐	Wood Ash	%			

5. Waste Material Contaminants: (Check all that apply)

☐	Gasoline	☐	Metals	☐	Solvents
☒	Diesel	☐	Heating Oil	☐	PCBs
☐	Unused Motor Oil	☐	Other (describe) :		

☒ **Other Petroleum Product (describe): heavy oils (diesel and motor oil)**

☐ Unknown

6. Estimated Quantity of Waste Disposal:

☒ **175 Tons/** _____ ☐ Other (describe):

☐ ____ Drums/ ____ (Drum size)
Note: Estimated quantity for disposal must be within 20% of the quantity actually disposed. (10% for projects over 7500 tons or 5000 cubic yards).

LF

7. Frequency of Disposal:

☒ **One time** ☐ Monthly ☐ Annual ☐ Other (describe)

8. Waste Sampling:

Proper characterization of the waste for disposal requires the collection of representative samples. The methods and equipment necessary for obtaining representative samples of a waste, and the frequency of sampling, will vary depending on the type and form of the waste.

☒ **COMPOSITES:** **No. of composite samples: 6**
No. of discrete samples per composite: 5

☒ **DISCRETE:** **No. of non-composite discrete samples: 6**

Sample diagram attached ☒ **Yes** ☐ No

Note 1: unless OVSL, INC. has granted prior approval, the following sampling frequency should be used for stockpiled contaminated soil:

0-25 cubic yards	=	1 composite sample
25 - 100 cubic yards =	3 composite samples	
101 - 500 cubic yards	=	5 composite samples
501 - 1000 cubic yards	=	7 composite samples
1001 - 2000 cubic yards	=	10 composite samples
> 2000 cubic yards	=	10 plus one sample for each additional 500 cubic yards

Note 2: One composite sample should contain a minimum of three discrete samples.

9. Waste Analysis:

The "Dangerous Waste Regulations" (Chapter 173-303 WAC) should be used to determine appropriate analytical requirements for the waste designation. Ecology document 91-30, "Guidance for remediation of Petroleum Contaminated oils" should also be used to characterize petroleum contaminated soils from UST releases. Submit laboratory analytical results and QA/QC data with this application. The Washington State Department of Ecology must accredit the laboratory.

a) List analytical methods used:
NWTPH-G, NWTPH-Dx, and TCLP Metals (8 RCRA plus copper, nickel, and zinc [1311/6010B or 6020/7000])

b) Provide narrative describing why the analytical methods were selected.
Soil was excavated in order to repair the failing seawall. Previous analytical data from this area indicated that the only contaminants of concern were total petroleum hydrocarbons and metals.

10. Soil Classification: (**FOR PETROLEUM CONTAMINATED SOIL ONLY**)

☐ Class I ☐ Class II ☒ **Class III** ☐ Class IV

11. Dangerous Waste Regulations:

This waste does not classify as a Dangerous or Extremely Hazardous Waste.

LF

12. Certification:

I certify that this application is true to the best of my knowledge. All information provided is correct and the enclosed analytical results represent the proposed waste to the best of my ability. **All QA/QC was within acceptable limits.**

Jeff Cizek
Waste Designation Section
90HM.12
Puget Sound Naval Shipyard
Date: 10/4/00

13. OVSL, Inc. Approval:

Authorized Signature _____

Date _____

Approval Expiration Date _____

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 098240

RECEIVED AUG 1 2000 J. O.

89K882000001 JAB

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side. Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: Do 75 Repairs at OUA	3. LOCATION (Bldg, Pier, etc): OU A, mooring G
4. POINT OF CONTACT (Name): Newton Morgan	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8180
6. DESCRIPTION OF WASTE: PPE - Tyvek, nitrile gloves	7. QUANTITY TO SHIP NOW: <10 pounds 7a. TOTAL TO BE SHIPPED (approx): <10 pounds	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Worn by site personnel during excavation and seawall construction

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75	12. MSDS #: NA

13. STOCK NO.: NA	14. MANUFACTURER: NA	15. COLOR OF WASTE: white, green, gray

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

___ % ASBESTOS ___ % PCBs ___ % METALS ___ % SOLVENTS ___ % OIL ___ OTHER ___

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) Brem-Air 360-415-2744

DISPOSITION FACILITY (name & phone number) OUSL 360-674-2331

18. AUTHORIZED SIGNATURE: (sign) Newton Morgan (print) Newton Morgan	BADGE NO./RANK: 757-356	DATE: 7-27-00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0701	26. DATE: 8/9/00	27. TECH'S INIT: JAB	28. PROFILE: Z-NONHAZ

29. LABELS/PPE: ID/SG, G

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☒ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ___ ☐ Landfill Controlled - WDA #: ___

31. REMARKS:

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 098241

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste. AUG 1 2000 J. O. 89K882000001 RAB

Full instructions are provided on reverse side. Shaded sections **MUST** be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: D675 Repairs at OU A	3. LOCATION (Bldg, Pier, etc): OU A, mooring G
4. POINT OF CONTACT (Name): Newton Morgan	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8180
6. DESCRIPTION OF WASTE: Oily Rags	7. QUANTITY TO SHIP NOW: < 5 pounds 7a. TOTAL TO BE SHIPPED (approx): < 5 7/27/00	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Equipment maintenance

11. WORK DOCUMENT (DOC #, IPL Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75	12. MSDS #: NA

13. STOCK NO.: NA	14. MANUFACTURER: NA	15. COLOR OF WASTE: White to gray to black

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____ % ASBESTOS ____ % PCBs ____ % METALS ____ % SOLVENTS X % OIL ____ OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) Brem-Air 360-415-2744

DISPOSITION FACILITY (name & phone number) OUSL 360-674-2331

18. AUTHORIZED SIGNATURE: (sign) Newton Morgan (print) Newton Morgan	BADGE NO./RANK: 757 356	DATE: 7-27-00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-840-0010	26. DATE: 8/9/00	27. TECH'S INIT: RAB	28. PROFILE: Z-OILDEB

29. LABELS/PPE: ID/SG, G

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☒ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ____ ☐ Landfill Controlled - WDA #: ____

31. REMARKS: Non-HAZ - No free liquids.

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 131709

SECTION I (Waste Originator)

J. O.

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: OLA Seawall Repair	3. LOCATION (Bldg, Pier, etc): OLA; Mooring G
4. POINT OF CONTACT (Name): Sharon Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8173 / 360-509-0833
6. DESCRIPTION OF WASTE: crushed rock	7. QUANTITY TO SHIP NOW: 7a. TOTAL TO BE SHIPPED (approx): 200 tons	
8. WASTE STREAM NO. (if known): CN-635-0001	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Import rock placed on site to stabilize slope for crane work

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030 D075		12. MSDS #: N/A
13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: Gray

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____% ASBESTOS ____% PCBs ____% METALS ____% SOLVENTS ____% OIL ____ OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) Kitsap Reclamation & Materials / Sound Excavation

DISPOSITION FACILITY (name & phone number) Foster Wheeler Environmental @ JPHC

18. AUTHORIZED SIGNATURE: (sign) Sharon Montgomery (print) Sharon Montgomery	BADGE NO./RANK:	DATE: 9/5/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0001	26. DATE: 9-6-00	27. TECH'S INIT: Kate Schuller	28. PROFILE: Z-REU

29. LABELS/PPE: ID (optional)

30. DISPOSITION: ☒ Reutilize ☐ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ____ ☐ Landfill Controlled - WDA #: ____

31. REMARKS: To be taken to Foster Wheeler Jobsite at Jackson Park. (SWTS)

Page 1 of ____

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

concrete - recycle

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 131700

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

JUN 2 8 2000

J. O. 89K882000001

Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: @OUA D075-Seawall Repairs	3. LOCATION (Bldg, Pier, etc): OUA, Mooring G
4. POINT OF CONTACT (Name): Shanti Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: (office) (cell) 360-598-8173/360-780-1433
6. DESCRIPTION OF WASTE: Concrete debris	7. QUANTITY TO SHIP NOW: 7a. TOTAL TO BE SHIPPED (approx): 500 tons	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): demolition of concrete debris seawall west of Mooring G

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75	12. MSDS #: N/A

13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: light to dark grey

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

___% ASBESTOS ___% PCBs ___% METALS ___% SOLVENTS ___% OIL ___ OTHER ___

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility) TBD

TRANSPORTER COMPANY (name & phone number) Sound Excavating

DISPOSITION FACILITY (name & phone number) KRM

18. AUTHORIZED SIGNATURE: (sign) Shanti Montgomery (print) Shanti Montgomery	BADGE NO./RANK: 765020	DATE: 6/27/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0026	26. DATE: 6/28/00	27. TECH'S INIT: LAB	28. PROFILE: Z-Recyc

29. LABELS/PPE: ID (optional) / SG, G

30. DISPOSITION: ☐ Reutilize ☒ Recycle ☒ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ___ ☐ Landfill Controlled - WDA #: ___

31. REMARKS:

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

metal - recycle

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

RECEIVED JUL 19 2000 I. O.

SERIAL NO. 131706

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

Shaded sections **MUST** be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: D075-Sewall Repairs at OUA	3. LOCATION (Bldg, Pier, etc): OUA Mooring G
4. POINT OF CONTACT (Name): Shanti Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: (office) 360-598-8173 / (call) 360-780-1433
6. DESCRIPTION OF WASTE: misc metal debris for recycling	7. QUANTITY TO SHIP NOW: 2CY 7a. TOTAL TO BE SHIPPED (approx): 10CY	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): removal of bollards near MWs 307, 308, removal of fence rail, rebar, misc metal from OUA; 419, 420, and 421 in OUB.

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030-D075		12. MSDS #: N/A
13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: various white, yellow, grey ~~misc~~ 7/19/00

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

___% ASBESTOS ___% PCBs ___% METALS ___% SOLVENTS ___% OIL ___ OTHER ___

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) Foster Wheeler Environmental

DISPOSITION FACILITY (name & phone number) Navy City Metals

18. AUTHORIZED SIGNATURE: (sign) Shanti Montgomery (print) Shanti Montgomery	BADGE NO./RANK: 765020	DATE: 7/19/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0026	26. DATE: 7/19/00	27. TECH'S INIT: LAB	28. PROFILE: Z-RecyC

29. LABELS/PPE: ID/SG, G

30. DISPOSITION: ☐ Reutilize ☒ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ___ ☐ Landfill Controlled - WDA #: ___

31. REMARKS:

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 129498

RECEIVED JUL 12 2000 J.O.

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side. Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: D075 Seawall Repairs OUA	3. LOCATION (Bldg, Pier, etc): OUA, mooring G
4. POINT OF CONTACT (Name): Newton Morgan	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: 360-598-8180
6. DESCRIPTION OF WASTE: 6' chain link fence for recycling	7. QUANTITY TO SHIP NOW: 70' / 7a. TOTAL TO BE SHIPPED (approx): 70'	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Removal of fence to allow Seawall repair

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75	12. MSDS #: NA
13. STOCK NO.: N/A	14. MANUFACTURER: Viking fence co. / 15. COLOR OF WASTE: gray

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____% ASBESTOS ____% PCBs ____% METALS ____% SOLVENTS ____% OIL ____ OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) Viking fence co. 360-779-5978

DISPOSITION FACILITY (name & phone number) Viking fence co. 360-779-5978

18. AUTHORIZED SIGNATURE: (sign) Newton Morgan (print) Newton Morgan	BADGE NO./RANK: 757 356	DATE: 7-12-00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0026	26. DATE: 7/12/00	27. TECH'S INIT: PAB	28. PROFILE: Z-Recyc
29. LABELS/PPE: ID (optional)/SG, G.	30. DISPOSITION: ☐ Reutilize ☒ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ____ ☐ Landfill Controlled - WDA #: ____		

31. REMARKS:

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

asphalt-recycle

RECEIVED JUN 28 2000 J. O.

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 107812

89K882000001

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side. Shaded sections **MUST** be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: 0075-Seawall Repairs	3. LOCATION (Bldg, Pier, etc): OUA Mooring G
4. POINT OF CONTACT (Name): Shanti Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE (Office) / (Cell): 360-595-8173 / 360-780-1433
6. DESCRIPTION OF WASTE: asphalt debris	7. QUANTITY TO SHIP NOW: / 7a. TOTAL TO BE SHIPPED (approx): 100 tons	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): removal of asphalt from Missouri Parking Lot during seawall repairs

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75	12. MSDS #: N/A

13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: black

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

% ASBESTOS ____ % PCBs ____ % METALS ____ % SOLVENTS ____ % OIL ____ OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☑ Contractor-arranged (enter proposed transporter & disposition facility) TGD

TRANSPORTER COMPANY (name & phone number): Sound Excavation

DISPOSITION FACILITY (name & phone number): KRM

18. AUTHORIZED SIGNATURE: (sign) Shanti Montgomery (print) Shanti Montgomery	BADGE NO./RANK: 765020	DATE: 6/27/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0026	26. DATE: 6/28/00	27. TECH'S INIT: FAB	28. PROFILE: Z - Recycle

29. LABELS/PPE: ID (optional) / ~~FAB~~, 56, G1

30. DISPOSITION: ☐ Reutilize ☑ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ____ ☐ Landfill Controlled - WDA #: ____

31. REMARKS:

Page 1 of ____

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

common trash

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 107813

89K8820000001

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side. Shaded sections **MUST** be completed by originator.

J. O. JUN 28 2000

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: D075-Seawall Repairs	3. LOCATION (Bldg, Pier, etc): OUA Mooring
4. POINT OF CONTACT (Name): Shanti Montgomery	4a. GOV'T POC (Contractors only): Jim Tanyosen	5. PHONE: (office) 360-598-8173 (cell) 360-780-1433
6. DESCRIPTION OF WASTE: Common Trash		7. QUANTITY TO SHIP NOW: 7a. TOTAL TO BE SHIPPED (approx): ~~40~~ 40 CY
8. WASTE STREAM NO. (If known):		9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): Solid

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Common trash generated during project at OUA

11. WORK DOCUMENT (DOC #, IPL, Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75	12. MSDS #: N/A

13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE:

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____ % ASBESTOS ____ % PCBs ____ % METALS ____ % SOLVENTS ____ % OIL ____ OTHER

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) Bean Air

DISPOSITION FACILITY (name & phone number) OVSL

18. AUTHORIZED SIGNATURE: (sign) Shanti Montgomery (print) Shanti Montgomery	BADGE NO./RANK: 76502B	DATE: 6/27/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CW-985-0001	26. DATE: 6/28/00	27. TECH'S INIT: KAD	28. PROFILE: Z-Non HAZ

29. LABELS/PPE: ID /SG, G

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☒ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ____ ☐ Landfill Controlled - WDA #: ____

31. REMARKS: See attached list

Page 1 of ____

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

COMMON TRASH
985-0001

CONSISTS OF:

1. PAPER - FAX PAPER, NOTE BOOKS, COPY PAPER, PACKING PAPERS, CARDBOARD, STICKIES, ENVELOPES, FOLDERS, ETC. RECYCLE WHEN POSSIBLE.

2. LUNCHROOM WASTES - FOOD WRAPPERS, UTENSILS, FOOD STUFFS, SODA AND FOOD CANS, BOTTLES, CARTONS, NAPKINS, BAGS, ETC. USE APPROPRIATE CONTAINERS AND RECYCLE WHEN POSSIBLE.

3. PLASTICS - WRAPPERS PLASTIC BAGS, CASES, SODA BOTTLES, MILK JUGS, UNCONTAMINATED TARPS, SHRINK WRAP, ETC. RECYCLE WHEN POSSIBLE. (Includes Styrofoam) LAB 6/27/00

4. PERSONAL CARE ITEMS - COMBS, BRUSHES, TOILETRIES, CIGARETTE BUTTS, SHAMPOOS BOTTLES, COTTON SWABS, ETC. RECYCLE WHEN POSSIBLE.

5. INERT OFFICE MATERIALS - PENCILS, PENS, PAPER, TAPE DISPENSERS, PAPER CLIPS, STAPLES, FOLDERS, BINDERS, DISKETTE HOLDERS, TAPE, RUBBER BANDS, ETC. RECYCLE AND REUSE WHEN POSSIBLE.

6. CLOTH - UNCONTAMINATED RAGS, CLOTHING, SHOES, HEAD GEAR, ROPE, TWINE, CANVAS, TARPS, ETC.

7. WOOD - UNCONTAMINATED PALLETS, POLES, HAND RAILS, WEDGES, SCRAPS, SAWDUST, FURNITURE FIXTURES, ETC. RECYCLE AND REUSE WHEN POSSIBLE.

8. GLASS (NON-LEADED) - FOOD AND DRINK BOTTLES, BROKEN PICTURE FRAMES, WINDOWS, CASES, LIGHT BULBS, ETC. RECYCLE WHEN POSSIBLE AND PROTECT PERSONNEL FROM CUTS.

9. TANK LEVEL INDICATORS, NO LIQUIDS. (ONLY WITH C/910HZ APPROVAL.)

10. GENERAL INFO: DISPOSAL CONTAINERS, THE ID LABEL AND PPE ARE OPTIONAL AND AT THE GENERATORS DISCRETION. TO BE CONSIDERED COMMON TRASH, YOUR MATERIAL SHOULD FIT INTO ONE OF THE ABOVE CATEGORIES. IF YOUR MATERIAL DOES NOT SPECIFICALLY FIT INTO ONE OF THESE CATEGORIES, SUBMIT A WIS TO C/910HZ. MATERIALS MUST NOT BE CONTAMINATED THE ANY POTENTIALLY HAZARDOUS MATERIALS, SUCH AS GREASE, OIL, SOLVENTS, CLEANERS, PCBS, METALS, ETC.

Concrete Sawcutting liquids

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

RECEIVED JUN 28 2000 J. O.

SERIAL NO. 131698

89K8812000001

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental	2. PROJECT/SHIP: DO 75 Seawall Repair	3. LOCATION (Bldg, Pier, etc): OUA, Mooring G
4. POINT OF CONTACT (Name): Sharon Montgomery	4a. GOV'T POC (Contractors only): Jim Tennyson	5. PHONE: (office) 360-598-8173 / (cell) 360-780-1433
6. DESCRIPTION OF WASTE: Asphalt Concrete Sawcutting Liquids	7. QUANTITY TO SHIP NOW: 7a. TOTAL TO BE SHIPPED (approx): <15 gals	
8. WASTE STREAM NO. (If known):	9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): liquid	

10. HOW THE WASTE WAS MADE (Specific process which created this waste): Water generated during concrete sawcutting

11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030 Delivery Order 75	12. MSDS #: N/A

13. STOCK NO.: N/A	14. MANUFACTURER: N/A	15. COLOR OF WASTE: clear

16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

____% ASBESTOS ____% PCBs ____% METALS ____% SOLVENTS ____% OIL ____OTHER ____

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) ____

DISPOSITION FACILITY (name & phone number) ____

18. AUTHORIZED SIGNATURE: (sign) Sharon Montgomery (print) Sharon Montgomery	BADGE NO./RANK: 765020	DATE: 6/27/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")	19a. INSPECTOR'S INIT:	20. DELIVER TO:
21. TRANSPORTED BY (Signature & Date):	22. RECEIVED BY (Signature & Date):	

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-630-0150	26. DATE: 6/28/00	27. TECH'S INIT: LAB	28. PROFILE: Z-Sewer

29. LABELS/PPE: ID / SG, G

30. DISPOSITION: ☐ Reutilize ☐ Recycle ☐ Trash ☐ HW, PCB ☐ Asbestos ☒ Other NonHAZ ☐ Landfill Controlled - WDA #: ____

31. REMARKS: See attached list

Decant liquids from solids!

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

CONCRETE CUTTING WATER

WSN: 630-0150

MUST BE IN OPEN TOP TYPE CONTAINER FOR DECANTING!

DO NOT ALLOW LIQUIDS TO SETTLE FOR LONGER THAN 24 HOURS!!

This WSN can **ONLY** be assigned by 90HM technicians.

Decant liquids from solids. Check pH of liquid. If pH is <11 and amount is **MORE** than 250 gals, you must contact C/106.31 (476-0122) and acquire a signed sewer discharge form.

If pH is <11 **AND** total volume is 250 gallons or less, decant water from solids and send water to the sanitary sewer.

Solids can be handled in one of 3 ways:

a) Recycled under WSN 635-0026

OR

b) Disposed of to trash under WSN 635-0701 (ensure ***NO*** free liquids)

OR

c) Placed back in excavation area to be filled with concrete, prior to pour.

NOTE: If pH is above 11, **DO NOT DISCHARGE TO SEWER!**
Contact 90HM Technical staff at 476-8607

If the pH is more than 11 OR the water has been sitting more than 24 hours,

!!DO NOT USE THIS WASTE STREAM NUMBER!!

Contact 90HM (476-8607) for the correct number to use

Concrete Sawcutting - solids

Ref: NAVSHIPYDPUGETINST P5090.5

WASTE INFORMATION SHEET (WIS)

SERIAL NO. 107814

JUN 28 2000 J. O.

89K88200000001

SECTION I (Waste Originator)

Complete a separate WIS for each type of waste.

Full instructions are provided on reverse side.

Shaded sections MUST be completed by originator.

1. ORIGINATOR (Shop, Ship, Code, Contractor): Foster Wheeler Environmental
2. PROJECT/SHIP: ~~D075 - Seawall Repairs~~ Cow
3. LOCATION (Bldg, Pier, etc): OU A, Mooring G
4. POINT OF CONTACT (Name): Shanti Montgomery
4a. GOV'T POC (Contractors only): Jim Tennyson
5. PHONE: (office) 360-598-8173 / 360-~~[illegible]~~ 780-1433 (cell)
6. DESCRIPTION OF WASTE: Asphalt / Concrete Sawcutting Solids
7. QUANTITY TO SHIP NOW:
7a. TOTAL TO BE SHIPPED (approx): < 1 lb
8. WASTE STREAM NO. (If known):
9. PHYSICAL STATE (solid, liquid, sludge, aerosol, (etc): solids
10. HOW THE WASTE WAS MADE (Specific process which created this waste): Concrete shavings generated during concrete ~~cutting~~ Saw cutting
11. WORK DOCUMENT (DOC #, IPI, Contract #, MIL Spec, etc): N44255-95-D-6030, Delivery Order 75
12. MSDS #: N/A
13. STOCK NO.: N/A
14. MANUFACTURER: N/A
15. COLOR OF WASTE: light to dark grey
16. POTENTIAL CONTAMINANTS (Either check or include approx percentage):

___% ASBESTOS ___% PCBs ___% METALS ___% SOLVENTS ___% OIL ___ OTHER ___

17. DISPOSITION TO BE PERFORMED BY (Contractors only):

☐ PSNS ☒ Contractor-arranged (enter proposed transporter & disposition facility)

TRANSPORTER COMPANY (name & phone number) ___

DISPOSITION FACILITY (name & phone number) ___

18. AUTHORIZED SIGNATURE:
(sign) Shanti Montgomery
(print) Shanti Montgomery

BADGE NO./RANK: 765020

DATE: 6/27/00

SECTION II - CONTAINER INFORMATION (Originators Complete Barcode & Cont. Type Columns Only)

ITEM NO.	BARCODE	CONT. TYPE & CAPACITY	WEIGHT (LBS)	OPEN & INSPECT (Initials)	START DATE	STORAGE SECTION	ANALYSIS NO.
1							
2							
3							
4							
5							

SECTION III - 910HZ RECEIPT/INVENTORY

19. INSPECTION SAT? (Circle One): YES NO (explain in "REMARKS")

19a. INSPECTOR'S INIT:

20. DELIVER TO:

21. TRANSPORTED BY (Signature & Date):

22. RECEIVED BY (Signature & Date):

SECTION IV - WASTE DISPOSITION BY 910HZ ☐ If WSN in Block 8 is correct & tech resolution not reqr'd, check this box

25. WSN ASSIGNED: CN-635-0701
26. DATE: 6/28/00
27. TECH'S INIT: LAB
28. PROFILE: Z-NONHAZ
29. LABELS/PPE: ID/SG, G
30. DISPOSITION: ☐ Reutilize ☐ Recycle ☒ Trash ☐ HW, PCB ☐ Asbestos ☐ Other ___ ☐ Landfill Controlled - WDA #: ___
31. REMARKS:

Page 1 of 1

PSNS 4855/612 (Rev. 8-97) (FRONT) Routing: White: 910HZ Pink: Data Entry Blue: Handlers Yellow: Originator

Solid Waste Tracking Sheets

FOSTER WHEELER ENVIRONMENTAL CORPORATION

November 2, 2000
FWBEL-RACII-00-3096
7.0 / Site Specific

Mr. Jim Tennyson
Navy Technical Representative
Engineering Field Activity, Northwest
Naval Facilities Engineering Command
19917 7th Avenue N.E.
Poulsbo, WA 98370-7570

SUBJECT: OCTOBER 2000 CONTRACTOR'S MONTHLY WASTE SUMMARY REPORT, REPAIRS AT OPERABLE UNIT A, DELIVERY ORDER 75

Ref: Contract N44255-95-D-6030 (RAC II), Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana and Alaska

Dear Mr. Tennyson:

Please find attached the October 2000 monthly waste summary for Delivery Order 75. This report contains SWTSs for concrete recycling, common trash, non-hazardous soil and scrap metal recycling. The SWTSs for non-hazardous soil loads 1-6 are included with this report. The SWTS for non-hazardous soil load #7 is outstanding and will be included with the November Contractor's Monthly Waste Summary.

If you require additional information, please contact me at (360) 598-8180.

Sincerely,

Newton Morgan

Newton Morgan
Waste Coordinator
FWENC – Navy RAC

1050 N.E. Hostmark Street, Suite 202, Poulsbo, WA 98370
Phone: (360) 598-8100 Fax(360) 598-8195

CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT (CMPWSR)

Ref: NAVSHIPYDPUGETINST P5090.11C

CONTRACT NUMBER: N44255-95-D-6030

CONTRACT TITLE/DELIVERY ORDER: Repairs at Operable Unit A

CONTRACTOR: Foster Wheeler Environmental Corporation

GOVERNMENT POINT OF CONTACT'S NAME: Jim Tennyson

PHONE: 360-396-0143

REPORTING DATES: From 10 / 01 / 00 To 11 / 01 / 00

➢ **CHECK HERE IF NO WASTE ORIGINATED FROM YOUR PROJECT THIS MONTH** ☐

Discarded items were: *(Refer to the SWTS, Section II. **Check** the applicable disposition box **and enter the discarded items** as described.)*					**SWTS SERIAL #**	**LOAD NUMBERS**	**POUNDS** *See * footnotes below*
Example:		☐ Reused	☐ Recycled	☐ Disposed			
Concrete Recycling	1.	Reused	[X] Recycled	Disposed	FW-75-06	31	19,940
Common Trash (65% Construction Debris) (30% common trash) (5% oily rags)	2.	☐ Reused	☐ Recycled	[X] Disposed	FW-75-02	5	750
Non-hazardous soil and plastic	3.	☐ Reused	☐ Recycled	[X] Disposed	FW-75-09	1-6	435302
Metal Recycling	4.	☐ Reused	[X] Recycled	☐ Disposed	FW-75-05	3	280
	5.	☐ Reused	☐ Recycled	☐ Disposed			
	6.	☐ Reused	☐ Recycled	☐ Disposed			
	7.	☐ Reused	☐ Recycled	☐ Disposed			
	8.	☐ Reused	☐ Recycled	☐ Disposed			
	9.	☐ Reused	☐ Recycled	☐ Disposed			
	10.	☐ Reused	☐ Recycled	☐ Disposed			
	11.	☐ Reused	☐ Recycled	☐ Disposed			
	12.	☐ Reused	☐ Recycled	☐ Disposed			
	13.	☐ Reused	☐ Recycled	☐ Disposed			
	14.	☐ Reused	☐ Recycled	☐ Disposed			
	15.	Reused	Recycled	Disposed			

* For waste soil where no scales are available at place of delivery, calculate 2600 pounds per cubic yard removed.

** For common trash which as been collected by a disposal transporter and combined with others' trash in the truck, estimate 250 pounds per cubic yard. Base your estimate on how many cubic yards were removed, NOT the size of the box.

FINAL REPORT:

➢ **CHECK HERE IF YOUR PROJECT/DELIVERY ORDER IS COMPLETE AND THIS IS THE LAST REPORT** ☐

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 31

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/3/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-3-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date: 10-3-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 46792

TICKET 4371
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 46540 LB
K TARE 26600 LB
NET 19940 LB
NET 9.97 TON

TIME 08:07 AM 03 OCT 00
P. O. NUMBER

Customer Name

Job 29771 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

Foster wheeler Missouri Gate PCC-47196

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-02

Load Number: 06

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 107813

Waste Stream Number (WSN) *[25]*: CN-985-0001 Common Trash, CN-635-0701

Waste Description *[6]*: Constr. Debris, CN- Oily Rags

30 %Common Trash 65 %Constr.Db 5 %Oily Rags

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☒ OTHER dumpster

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/12/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-12-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: _____

Print Name: Lennie Halo Date: 10-12-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** ***[25]***: CN-635-0027

Waste Description ***[6]***: Non-hazardous soil and plastic liner

Directed Disposition ***[30]***: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 74,260 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

***(Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: LENNIE HULO Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address: PUGET SOUND NAVEL SHIPYARD Adjunct to Mooring G and Missouri Gate Bremerton, WA Contact Person: Shanti Montgomery Telephone Number: 360-598-8173	Waste Profile # (Permit No. 2000-159) Waste Type ☐ CDL ☑ Contaminated Soil ☐ Asbestos ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek Name (Please Print)	Puget Sound Naval Shipyard Company
See attached landfill disposal application (Olympic View) Signature (Generator's Authorized Representative)	10/10/00 Date

Deliver To: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331	Disposal Facility: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

William Lyles
Driver Name (Please Print)

10/10/00
Driver Signature Date

Transporter #2 Name:

_____
Driver Name (Please Print)

_____
Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 8

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** ***[25]***: CN-635-0027

Waste Description ***[6]***: Non-hazardous soil and plastic liner

Directed Disposition ***[30]***: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-154

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 69,560 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-10-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: LENNIE HULD Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address:
PUGET SOUND NAVEL SHIPYARD
Adjunct to Mooring G and Missouri Gate
Bremerton, WA

Contact Person: Shanti Montgomery

Telephone Number: 360-598-8173

Waste Profile # (Permit No. 2000-159)

Waste Type
- ☐ CDL
- ☑ Contaminated Soil
- ☐ Asbestos
- ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek
Name (Please Print)

Puget Sound Naval Shipyard
Company

See attached landfill disposal application (Olympic View)
Signature (Generator's Authorized Representative)

10/10/00
Date

Deliver To:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Disposal Facility:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

Bill Jennings
Driver Name (Please Print)

Bill Jennings 10-10-00
Driver Signature Date

Transporter #2 Name:

_____
Driver Name (Please Print)

_____
Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** ***[25]***: CN-635-0027

Waste Description ***[6]***: Non-hazardous soil and plastic liner

Directed Disposition ***[30]***: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 69,000 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-10-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: [signature] Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address: PUGET SOUND NAVEL SHIPYARD Adjunct to Mooring G and Missouri Gate Bremerton, WA Contact Person: Shanti Montgomery Telephone Number: 360-598-8173	Waste Profile # (Permit No. 2000-159) Waste Type ☐ CDL ☑ Contaminated Soil ☐ Asbestos ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek Name (Please Print)	Puget Sound Naval Shipyard Company
See attached landfill disposal application (Olympic View) Signature (Generator's Authorized Representative)	10/10/00 Date

Deliver To: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331	Disposal Facility: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

Bill Jennings
Driver Name (Please Print)

Bill [signature] 10-10-00
Driver Signature Date

Transporter #2 Name:

_____
Driver Name (Please Print)

_____
Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 4

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** ***[25]***: CN-635-0027

Waste Description ***[6]***: Non-hazardous soil and plastic liner

Directed Disposition ***[30]***: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 77,960 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331
(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED
(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER
(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.
*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: [signature] Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address: PUGET SOUND NAVEL SHIPYARD Adjunct to Mooring G and Missouri Gate Bremerton, WA Contact Person: Shanti Montgomery Telephone Number: 360-598-8173	Waste Profile # (Permit No. 2000-159) Waste Type ☐ CDL ☑ Contaminated Soil ☐ Asbestos ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek Name (Please Print)	Puget Sound Naval Shipyard Company
See attached landfill disposal application (Olympic View) Signature (Generator's Authorized Representative)	10/10/00 Date

Deliver To: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331	Disposal Facility: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

William Lyles
Driver Name (Please Print)

Driver Signature 10/10/00
Date

Transporter #2 Name:

Driver Name (Please Print)

Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 5

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** ***[25]***: CN-635-0027

Waste Description ***[6]***: Non-hazardous soil and plastic liner

Directed Disposition ***[30]***: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

70,346 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-10-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: Jennie Hello Date: 10-10-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address: PUGET SOUND NAVEL SHIPYARD Adjunct to Mooring G and Missouri Gate Bremerton, WA Contact Person: Shanti Montgomery Telephone Number: 360-598-8173	Waste Profile # (Permit No. 2000-159) Waste Type ☐ CDL ☑ Contaminated Soil ☐ Asbestos ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek Name (Please Print)	Puget Sound Naval Shipyard Company
See attached landfill disposal application (Olympic View) Signature (Generator's Authorized Representative)	10/10/00 Date

Deliver To: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331	Disposal Facility: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

Bill Jennings
Driver Name (Please Print)

Bill [signature] 10-10-00
Driver Signature Date

Transporter #2 Name:

_____
Driver Name (Please Print)

_____
Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 6

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** *[25]*: CN-635-0027

Waste Description *[6]*: Non-hazardous soil and plastic liner

Directed Disposition *[30]*: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here ~~74,180 lbs~~ 2/14/00

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

74,220 lbs

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (see also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: Jennie Lulo Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address:
PUGET SOUND NAVEL SHIPYARD
Adjunct to Mooring G and Missouri Gate
Bremerton, WA

Contact Person: Shanti Montgomery

Telephone Number: 360-598-8173

Waste Profile # (Permit No. 2000-159)

Waste Type
- ☐ CDL
- ☑ Contaminated Soil
- ☐ Asbestos
- ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek
Name (Please Print)

Puget Sound Naval Shipyard
Company

See attached landfill disposal application (Olympic View)
Signature (Generator's Authorized Representative)

10/10/00
Date

Deliver To:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Disposal Facility:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

William Lyles
Driver Name (Please Print)

Driver Signature 10/10/00 Date

Transporter #2 Name:

Driver Name (Please Print)

Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: ~~6~~ 7 NM 11/30/00

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** ***[25]***: CN-635-0027

Waste Description ***[6]***: Non-hazardous soil and plastic liner

Directed Disposition ***[30]***: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here ~~74,182~~ 105 LM

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

64,480

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: Jennie Hulo Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address:
PUGET SOUND NAVEL SHIPYARD
Adjunct to Mooring G and Missouri Gate
Bremerton, WA

Contact Person: Shanti Montgomery

Telephone Number: 360-598-8173

Waste Profile # (Permit No. 2000-159)

Waste Type
- ☐ CDL
- ☑ Contaminated Soil
- ☐ Asbestos
- ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek
Name (Please Print)

Puget Sound Naval Shipyard
Company

See attached landfill disposal application (Olympic View)
Signature (Generator's Authorized Representative)

10/10/00
Date

Deliver To:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Disposal Facility:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

William Lyles
Driver Name (Please Print)

Driver Signature 10/10/00 Date

Transporter #2 Name:

Driver Name (Please Print)

Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9356

Date 10/10/00

To:

2000-159 Anyx

	Loose cu. yds @		
ECT1	Compacted cu. yds. @ PCS		
76	Septic gals. @		
	C-115120	38.98	
	T-37160		
	77960		

INVOICE No. _____ Signature B.H. Load #4

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9353

Date 10/10/00

To:

2000-159 Anyx

	PSNS-KITSAP		
	Loose cu. yds @		
ECT1	Compacted cu. yds. @ PCS		
76	Septic gals. @	37.13	
	C-111420		
	T-37160		

INVOICE No. _____ Signature B.H. Load #1

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9358

Date 10/10/00

To: Load #6

2000-159 Anyx

	Loose cu. yds @		
ECT1	Compacted cu. yds. @ PCS		
76	Septic gals. @	37.11	
	C-111380		
	T-37160		
	74220		

INVOICE No. _____ Signature B.H.

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9355

Date 10/10/00

To:

2000-159 Onyx

ECT1 Loose cu. yds @

506 Compacted cu. yds. @ PCS

Septic gals. @

G-107480

T-38480

34.50

Load #3

INVOICE No.

Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

Load #2

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9354

Date 10/10/00

To:

2000-159 Onyx

PSNS-KITSAP

Loose cu. yds @

ECT1 Compacted cu. yds. @ PCS

506 Septic gals. @

G-108040

34.28

T-38480

INVOICE No.

Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9359

Date 10/10/00

To: Load #7

2000-159 Onyx

Loose cu. yds @

ECT1 Compacted cu. yds. @ PCS

506 Septic gals. @

G-107768

T-38480

32.24

INVOICE No.

Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9357

Date 10/10/00

To: Load #5

2000-159 Onyx

Loose cu. yds @

ECT1 Compacted cu. yds. @ PCS

506 Septic gals. @

35.17

G-108820

T-38480

INVOICE No.

Signature

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-05

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131706

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: Miscellaneous metal debris for recycling

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

2280 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Navy City Metals

Facility Owner: Elizabeth O'Leary

Facility Address: 3805 State Highway 305 West, Bremerton, WA 98312 Phone: 360-373-6595

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☒ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/11/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Glenn B. White Date: 10-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

***(Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: Elizabeth O'Leary Date: 10-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Please mail completed form to: Newton Morgan 1050 NE Hostmark St. #202
C/O Foster Wheeler Poulsbo, WA, 98370

FOSTER WHEELER ENVIRONMENTAL CORPORATION

October 4, 2000
FWBEL-RACII-00-2778
7.0 / Site Specific

Mr. Jim Tennyson
Navy Technical Representative
Engineering Field Activity, Northwest
Naval Facilities Engineering Command
19917 7th Avenue N.E.
Poulsbo, WA 98370-7570

SUBJECT: SEPTEMBER 2000 CONTRACTOR'S MONTHLY WASTE SUMMARY REPORT, REPAIRS AT OPERABLE UNIT A, DELIVERY ORDER 75

Ref: Contract N44255-95-D-6030 (RAC II), Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana and Alaska

Dear Mr. Tennyson:

Please find attached the September 2000 monthly waste summary for Delivery Order 75. This report contains SWTS for common trash, asphalt, metal, concrete and crushed rock.

If you require additional information, please contact me at (360) 598-8180.

Sincerely,

Newton Morgan

Newton Morgan
Waste Coordinator
FWENC – Navy RAC II

1050 N.E. HOSTMARK STREET, SUITE 202, POULSBO, WA 98370
PHONE: (360) 598-8100 FAX(360) 598-8195

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address:
PUGET SOUND NAVEL SHIPYARD
Adjunct to Mooring G and Missouri Gate
Bremerton, WA

Contact Person: Shanti Montgomery

Telephone Number: 360-598-8173

Waste Profile # (Permit No. 2000-159)

Waste Type
- ☐ CDL
- ☑ Contaminated Soil
- ☐ Asbestos
- ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek
Name (Please Print)

Puget Sound Naval Shipyard
Company

See attached landfill disposal application (Olympic View)
Signature (Generator's Authorized Representative)

10/10/00
Date

Deliver To:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Disposal Facility:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

William Lyles
Driver Name (Please Print)

Driver Signature 10/10/00
Date

Transporter #2 Name:

Driver Name (Please Print)

Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 4

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** *[25]*: CN-635-0027

Waste Description *[6]*: Non-hazardous soil and plastic liner

Directed Disposition *[30]*: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 77,960 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: [signature] Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9356

Date 10/10/00

To:

2000-159 Cuyx

	Loose cu. yds @		
ECT1	Compacted cu. yds. @ PCS		
76	Septic gals. @		
	C-115120	38.98	
	T-37160		
	77960		

INVOICE No. _____ Signature Bill

load #4

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9353

Date 10/10/00

To:

2000-159 Cuyx

	PSNS-Kitsap		
	Loose cu. yds @		
ECT1	Compacted cu. yds. @ PCS		
76	Septic gals. @	37.13	
	C-111420		
	T-37160		

INVOICE No. _____ Signature Bill

load #1

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9358

Date 10/10/00

To: load #6

2000-159 Cuyx

	Loose cu. yds @		
ECT1	Compacted cu. yds. @ PCS		
76	Septic gals. @	37.11	
	C-111380		
	T-37160		
	74220		

INVOICE No. _____ Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9355 Date 10/10/00

To:

2000-159 Cnyx

ECT1 Loose cu. yds @

506 Compacted cu. yds. @ PCS

Septic gals. @

G-107480

T-38480 34.50

Load #3

INVOICE No. Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

Load #2

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9354 Date 10/10/00

To:

2000-159 Cnyx

PSNS-Kitsap

Loose cu. yds @

ECT1 Compacted cu. yds. @ PCS

506 Septic gals. @

G-108040 34.28

T-38480

INVOICE No. Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9359 Date 10/10/00

To: Load #7

2000-159 Cnyx

Loose cu. yds @

ECT1 Compacted cu. yds. @ PCS

506 Septic gals. @

G-107768

T-38480 32.24

INVOICE No. Signature

OLYMPIC VIEW
SANITARY LANDFILL INC

P.O. BOX 990 • BREMERTON, WA 98337
674-2331

№ 9357 Date 10/10/00

To: Load #5

2000-159 Cnyx

Loose cu. yds @

ECT1 Compacted cu. yds. @ PCS

506 Septic gals. @

35.17

G-108820

T-38480

INVOICE No. Signature

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address:
PUGET SOUND NAVEL SHIPYARD
Adjunct to Mooring G and Missouri Gate
Bremerton, WA

Contact Person: Shanti Montgomery

Telephone Number: 360-598-8173

Waste Profile # (Permit No. 2000-159)

Waste Type
- ☐ CDL
- ☑ Contaminated Soil
- ☐ Asbestos
- ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek
Name (Please Print)

Puget Sound Naval Shipyard
Company

See attached landfill disposal application (Olympic View)
Signature (Generator's Authorized Representative)

10/10/00
Date

Deliver To:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Disposal Facility:
OLYMPIC VIEW LANDFILL
10015 SW BARNEY-WHITE LANE
PORT ORCHARD, WA 98337
TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

William Lyles
Driver Name (Please Print)

Driver Signature

10/10/00
Date

Transporter #2 Name:

Driver Name (Please Print)

Driver Signature

Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT (CMPWSR)

Ref: NAVSHIPYDPUGETINST P5090.11C

CONTRACT NUMBER: N44255-95-D-6030

CONTRACT TITLE/DELIVERY ORDER: Repairs at Operable Unit A

CONTRACTOR: Foster Wheeler Environmental Corporation

GOVERNMENT POINT OF CONTACT'S NAME: Jim Tennyson

PHONE: 360-396-0143

REPORTING DATES: From 10 / 01 / 00 To 11 / 01 / 00

➢ CHECK HERE IF NO WASTE ORIGINATED FROM YOUR PROJECT THIS MONTH ☐

Discarded items were: *(Refer to the SWTS, Section II. **Check** the applicable disposition box **and enter the discarded items** as described.)*					**SWTS SERIAL #**	**LOAD NUMBERS**	**POUNDS** *See * footnotes below*
Examples:		☐ Reused	☐ Recycled	☐ Disposed			
Concrete Recycling	1.	Reused	☒ Recycled	Disposed	FW-75-06	31	19,940
Common Trash (65% Construction Debris) (30% common trash) (5% oily rags)	2.	☐ Reused	☐ Recycled	☒ Disposed	FW-75-02	5	750
Non-hazardous soil and plastic	3.	☐ Reused	☐ Recycled	☒ Disposed	FW-75-09	1-6	435302
Metal Recycling	4.	☐ Reused	☒ Recycled	☐ Disposed	FW-75-05	3	280
	5.	☐ Reused	☐ Recycled	☐ Disposed			
	6.	☐ Reused	☐ Recycled	☐ Disposed			
	7.	☐ Reused	☐ Recycled	☐ Disposed			
	8.	☐ Reused	☐ Recycled	☐ Disposed			
	9.	☐ Reused	☐ Recycled	☐ Disposed			
	10.	☐ Reused	☐ Recycled	☐ Disposed			
	11.	☐ Reused	☐ Recycled	☐ Disposed			
	12.	☐ Reused	☐ Recycled	☐ Disposed			
	13.	☐ Reused	☐ Recycled	☐ Disposed			
	14.	☐ Reused	☐ Recycled	☐ Disposed			
	15.	Reused	Recycled	Disposed			

* For waste soil where no scales are available at place of delivery, calculate 2600 pounds per cubic yard removed.

** For common trash which as been collected by a disposal transporter and combined with others' trash in the truck, estimate 250 pounds per cubic yard. Base your estimate on how many cubic yards were removed, NOT the size of the box.

FINAL REPORT:

➢ CHECK HERE IF YOUR PROJECT/DELIVERY ORDER IS COMPLETE AND THIS IS THE LAST REPORT ☐

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 6

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** *[25]*: CN-635-0027

Waste Description *[6]*: Non-hazardous soil and plastic liner

Directed Disposition *[30]*: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here ~~74,182 lbs~~ 2/14/00

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

74,220 lbs

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (see also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature:

Print Name: Jennie Lulo Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: ~~6~~ 7 NM 11/30/00

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131714

Waste Stream Number (WSN) *[25]*: CN-635-0027

Waste Description *[6]*: Non-hazardous soil and plastic liner

Directed Disposition *[30]*: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here ~~74,180 lbs~~ NM

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

64,480

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (see also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10/10/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature:

Print Name: Jennie Lulo Date: 10/10/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-09

Load Number: 5

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131714

Waste Stream Number **(WSN)** *[25]*: CN-635-0027

Waste Description *[6]*: Non-hazardous soil and plastic liner

Directed Disposition *[30]*: *(Check applicable box)*

☒ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # 2000-159

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

70,340 Lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/10/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following: (See also attached Bill of Lading)

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-10-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature:

Print Name: Denise Hello Date: 10-10-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

ONYX ENVIRONMENTAL SERVICES

ONYX

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address: PUGET SOUND NAVEL SHIPYARD Adjunct to Mooring G and Missouri Gate Bremerton, WA Contact Person: Shanti Montgomery Telephone Number: 360-598-8173	Waste Profile # (Permit No. 2000-159) Waste Type ☐ CDL ☑ Contaminated Soil ☐ Asbestos ☐ Other: _____

Acknowledgment of Loading:

Jeff Cizek Name (Please Print)	Puget Sound Naval Shipyard Company
See attached landfill disposal application (Olympic View) Signature (Generator's Authorized Representative)	10/10/00 Date

Deliver To: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331	Disposal Facility: OLYMPIC VIEW LANDFILL 10015 SW BARNEY-WHITE LANE PORT ORCHARD, WA 98337 TELEPHONE #: (360) 674-2331

Transporter # 1 Name:
E.C.T. I.
P.O. BOX 740
MUKILTEO, WA 98275
(800) 887-4206

BILL JENNINGS
Driver Name (Please Print)

10-10-00
Driver Signature Date

Transporter #2 Name:

_____
Driver Name (Please Print)

_____
Driver Signature Date

DISPOSAL NOTES:
WPS: (Permit No. 2000-159)
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 31

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/3/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 10-3-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date: 10-3-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-05

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131706

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Miscellaneous metal debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

2280 lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Navy City Metals

Facility Owner: Elizabeth O'Leary

Facility Address: 3805 State Highway 305 West, Bremerton, WA 98312 Phone: 360-373-6595

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☒ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 10/11/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Glenn B. White Date: 10-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Elizabeth O'Leary Date: 10-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for ***each load****. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the* ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Please mail completed form to: Newton Morgan 1050 NE Hostmark St. #202
c/o Fosterwheeler Poulsbo, WA, 98370

FOSTER WHEELER ENVIRONMENTAL CORPORATION

October 4, 2000
FWBEL-RACII-00-2778
7.0 / Site Specific

Mr. Jim Tennyson
Navy Technical Representative
Engineering Field Activity, Northwest
Naval Facilities Engineering Command
19917 7th Avenue N.E.
Poulsbo, WA 98370-7570

SUBJECT: SEPTEMBER 2000 CONTRACTOR'S MONTHLY WASTE SUMMARY REPORT, REPAIRS AT OPERABLE UNIT A, DELIVERY ORDER 75

Ref: Contract N44255-95-D-6030 (RAC II), Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana and Alaska

Dear Mr. Tennyson:

Please find attached the September 2000 monthly waste summary for Delivery Order 75. This report contains SWTS for common trash, asphalt, metal, concrete and crushed rock.

If you require additional information, please contact me at (360) 598-8180.

Sincerely,

Newton Morgan

Newton Morgan
Waste Coordinator
FWENC – Navy RAC II

1050 N.E. HOSTMARK STREET, SUITE 202, POULSBO, WA 98370
PHONE: (360) 598-8100 FAX(360) 598-8195

CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT (CMPWSR)

Ref: NAVSHIPYDPUGETINST P5090.11C

CONTRACT NUMBER: N44255-95-D-6030

CONTRACT TITLE/DELIVERY ORDER: Repairs at Operable Unit A

CONTRACTOR: Foster Wheeler Environmental Corporation

GOVERNMENT POINT OF CONTACT'S NAME: Jim Tennyson **PHONE:** 360-396-0143

REPORTING DATES: From 09 / 01 / 00 To 10 / 01 / 00

➢ **CHECK HERE IF NO WASTE ORIGINATED FROM YOUR PROJECT THIS MONTH** ☐

Discarded items were: *(Refer to the SWTS, Section II. **Check** the applicable disposition box **and enter the discarded items** as described.)*					**SWTS SERIAL #**	**LOAD NUMBERS**	**POUNDS** *See * footnotes below*
Example:		☐ Reused	☐ Recycled	☐ Disposed			
Drill Cutting Soil	1.	☐ Reused	☐ Recycled	☐ Disposed	FW-75-01		
Common Trash (50% oily rags)	2.	☐ Reused	☐ Recycled	☒ Disposed	FW-75-02	4	750
Fence for Recycling	3.	☐ Reused	☐ Recycled	☐ Disposed	FW-75-03		
Asphalt for Recycling	4.	☐ Reused	☒ Recycled	☐ Disposed	FW-75-04	2-6	93,480
Metal Recycling	5.	☐ Reused	☒ Recycled	☐ Disposed	FW-75-05	2	400
Concrete Recycling	6.	☐ Reused	☒ Recycled	☐ Disposed	FW-75-06	29-30	32,340
Decontamination Water	7.	☐ Reused	☐ Recycled	☐ Disposed	FW-75-07		
Crushed rock for recycling	8.	☒ Reused	☐ Recycled	☐ Disposed	FW-75-08	1-14	390,000
	9.	☐ Reused	☐ Recycled	☐ Disposed			
	10.	☐ Reused	☐ Recycled	☐ Disposed			
	11.	☐ Reused	☐ Recycled	☐ Disposed			
	12.	☐ Reused	☐ Recycled	☐ Disposed			
	13.	☐ Reused	☐ Recycled	☐ Disposed			
	14.	☐ Reused	☐ Recycled	☐ Disposed			
	15.	☐ Reused	☐ Recycled	☐ Disposed			

* For waste soil where no scales are available at place of delivery, calculate 2600 pounds per cubic yard removed.

** For common trash which as been collected by a disposal transporter and combined with others' trash in the truck, estimate 250 pounds per cubic yard. Base your estimate on how many cubic yards were removed, NOT the size of the box.

FINAL REPORT:

➢ **CHECK HERE IF YOUR PROJECT/DELIVERY ORDER IS COMPLETE AND THIS IS THE LAST REPORT** ☐

NOTE: The **SOLID WASTE TRACKING SHEET (SWTS), PSNS 5090/114**, describes each load removed from the Bremerton Naval Complex by the Contractor or subsequent Sub-Contractors, and is used as a custody sheet to track all discarded items which have been designated by the Government as not Hazardous and do not contain PCBs or Asbestos. This report is a monthly summary of the SWTSs for this project.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-05

Load Number: 0

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131706

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Miscellaneous metal debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 400 Lbs

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Navy City Metals

Facility Owner: Elizabeth O'Leary

Facility Address: 3805 State Highway 305 West, Bremerton, WA 98312 Phone: 360-373-6595

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/18/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-18-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: JAMES KELLY Date: 9-18-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Please mail completed form to: Newton Morgan 1050 NE Hostmark St. #202
c/o Foster Wheeler Poulsbo, WA, 98370

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-04

Load Number: 2

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107812

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: Asphalt Debris

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

10.70 Tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Kitsap Reclamation

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Phone: 360-373-1613

(Physical address only)

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☑ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-11-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

***(Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: ____ Date: 9-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 45827

TICKET 3109
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 16 ASPHALT
GROSS 48000 LB
K TARE 26600 LB
NET 21400 LB
NET 10.70 TON

TIME 08:04 AM 11 SEP 00
P. O. NUMBER

Customer Name

Job 26432 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-04

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107812

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: Asphalt Debris

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here 8.00 Tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Kitsap Reclamation

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Phone: 360-373-1613

(Physical address only)

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-11-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: ____ Date: 9-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 45830

TICKET 3413
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 16 ASPHALT
GROSS 44200 LB
K TARE 26600 LB
NET 17600 LB
NET 8.80 TON

TIME 08:46 AM 11 SEP 00
P. O. NUMBER

Customer Name

Job 26432 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-04

Load Number: 4

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107812

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: Asphalt Debris

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

10.23 Tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Kitsap Reclamation

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Phone: 360-373-1613

(Physical address only)

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-11-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: ____ Date: 9-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 45833

TICKET 3116
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 16 ASPHALT
GROSS 47060 LB
K TARE 26600 LB
NET 20460 LB
NET 10.23 TON

TIME 09:23 AM 11 SEP 00
P. O. NUMBER

Customer Name

Job 26432 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-04

Load Number: 5

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 107812

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Asphalt Debris

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here 11.98 Tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation

Facility Owner: Pat Lockhart

Facility Address: *(Physical address only)* 3020 W. Sherman Heights Road, Phone: 360-373-1613

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-11-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: _____ Date: 9-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 45835

TICKET 3118
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 16 ASPHALT
GROSS 50560 LB
K TARE 26600 LB
NET 23960 LB
NET 11.98 TON

TIME 10:00 AM 11 SEP 00
P. O. NUMBER

Customer Name

Job 26432 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-04

Load Number: 6

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107812

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: Asphalt Debris

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here 5.03 Tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Phone: 360-373-1613

(Physical address only)

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☑ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me ~~and are~~ as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-11-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added ~~or removed after~~ loading and verification signature at the work site, and

b. I delivered the load contents ~~as stated~~ to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-11-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the ~~load~~ contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: _____ Date: 9-11-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 45840

TICKET 3123
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 16 ASPHALT
GROSS 36660 LB
K TARE 26600 LB
NET 10060 LB
NET 5.03 TON

TIME 10:34 AM 11 SEP 00
P. O. NUMBER

Customer Name 26432

Job Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 29

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road
Bremerton, WA 98312

(Physical address only)

Phone: 360-373-1613

RECEIVED
ACCOUNTS PAYABLE
SEP 20 2000
FOSTER WHEELER ENVIRONMENTAL

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as ASBESTOS, PCB, or HW.

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section I and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/14/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9/14/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Diane Seevers

Print Name: Date: 9-14-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO 46071

TICKET 3429
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 49080 LB
K TARE 26600 LB
NET 22480 LB
NET 11.24 TON

TIME 02:40 PM 14 SEP 00
P. O. NUMBER

RECEIVED
ACCOUNTS PAYABLE
SEP 20 2000
FOSTER WHEELER
ENVIRONMENTAL

Customer Name 27888

Job Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 30

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road
Bremerton, WA 98312

(Physical address only)

Phone: 360-373-1613

RECEIVED
ACCOUNTS PAYABLE
SEP 25 2000
FOSTER WHEELER ENVIRONMENTAL

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-20-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-20-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: PAT STEVENS Date: 9-20-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO. 46256

TICKET 3680
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 21 MIX LOAD
GROSS 36460 LB
K TARE 26600 LB
NET 9860 LB
NET 4.93 TON

TIME 09:15 AM 20 SEP 00
P. O. NUMBER

RECEIVED
ACCOUNTS PAYABLE
SEP 25 2000
FOSTER WHEELER
ENVIRONMENTAL

Customer Name

Job 27858 Truck # 09

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

Foster Wheeler

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-02

Load Number: 04

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107813, 098241

Waste Stream Number **(WSN)** ***[25]***: CN-985-0001 Common Trash, CN-635-0701

Waste Description ***[6]***: Constr. Debris, CN- Oily Rags CN-840-0010

50 %Common Trash %Constr.Db 50 %Oily Rags

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☒ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Date: 9/18/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Date: 9-18-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

***(Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature:

Print Name: Jeanie Hello Date: 9/18/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

PSNS 5090/114 (Rev. 11-99) (Front)

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sn 9/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

13 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: Date: 9/6/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 2

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131709

Waste Stream Number **(WSN)** ***[25]***: CN-635-0001

Waste Description ***[6]***: Crushed rock for recycling

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

Sa 9/5/00 ☒ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

14 Tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex, Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED **X** RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-6-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: ____ Date: ____

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sa 9/5/00 ~~X~~ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-6-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 4

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sn 4/5/00 ~~X~~ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-6-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 5

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sa 9/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me ~~and are as described in~~ Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-6-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 6

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

Sa 9/5/00 ☒ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-6-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: ____ Date: 9/6/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for ***each load****. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the* ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 7

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131709

Waste Stream Number **(WSN)** *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

Sa 9/5/00 ☒ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex, Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED **X** RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9-6-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: ____ Date: 9/6/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 8

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 131709

Waste Stream Number **(WSN)** ***[25]***: CN-635-0001

Waste Description ***[6]***: Crushed rock for recycling

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

Sa 9/5/00 ☒ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex, Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents ~~as stated to~~ the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: *Approved receiver sites for soil* ***reuse*** *are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [signature]

Print Name: ____ Date: ____

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for ***each load****. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the* ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 9

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sn 9/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 10

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sn 4/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 11

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sa 9/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Dan Toppen

Print Name: Date: 9-6-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 12

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sn 9/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 13

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Sn 4/5/00 X Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: David Tuny Date: 2/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 2-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: Gary W

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-08

Load Number: 14

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131709

Waste Stream Number (WSN) *[25]*: CN-635-0001

Waste Description *[6]*: Crushed rock for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

9/5/00 ~~X~~ Recycle ☒ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

14 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Jackson Park Housing Complex Remedial Action, Delivery Order 55

Facility Owner: United States Government

Facility Address: Jackson Park Housing Complex Bremerton, WA Phone: 360-373-4966

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 9/6/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 9-6-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

FOSTER WHEELER ENVIRONMENTAL CORPORATION

September 1, 2000
FWBEL-RACII-00-2423
7.0 / Site Specific

Mr. Jim Tennyson
Navy Technical Representative
Engineering Field Activity, Northwest
Naval Facilities Engineering Command
19917 7th Avenue N.E.
Poulsbo, WA 98370-7570

SUBJECT: AUGUST 2000 CONTRACTOR'S MONTHLY WASTE SUMMARY REPORT, REPAIRS AT OPERABLE UNIT A, DELIVERY ORDER 75

Ref: Contract N44255-95-D-6030 (RAC II), Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana and Alaska

Dear Mr. Tennyson:

Please find attached the August 2000 monthly waste summary for Delivery Order 75. This report contains SWTS for common trash and recyclable concrete. The SWTS for common trash load #1 is included with this report to complete the July summary. Common trash loads #2 and #3 were removed in August and are included in this report. The SWTSs for seven loads of recyclable concrete, which were removed from Delivery Order 75 during August, are included with this report.

If you require additional information, please contact me at (360) 598-8180.

Sincerely,

Newton Morgan

Newton Morgan
Waste Coordinator
FWENC – Navy RAC II

1050 N.E. HOSTMARK STREET, SUITE 202, POULSBO, WA 98370
PHONE: (360) 598-8100 FAX(360) 598-8195

CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT (CMPWSR)

Ref: NAVSHIPYDPUGETINST P5090.11C

CONTRACT NUMBER: N44255-95-D-6030

CONTRACT TITLE/DELIVERY ORDER: Repairs at Operable Unit A

CONTRACTOR: Foster Wheeler Environmental Corporation

GOVERNMENT POINT OF CONTACT'S NAME: Jim Tennyson **PHONE:** 360-396-0143

REPORTING DATES: From 08 / 01 / 00 To 09 / 01 / 00

> CHECK HERE IF NO WASTE ORIGINATED FROM YOUR PROJECT THIS MONTH ☐

Discarded items were: *(Refer to the SWTS, Section II. **Check the** applicable disposition box **and enter the discarded items** as described.)*		SWTS SERIAL #	LOAD NUMBERS	POUNDS *See * footnotes below*
Example:	☐ Reused ☐ Recycled ☐ Disposed			
Drill Cutting Soil	1. ☐ Reused ☐ Recycled ☐ Disposed	FW-75-01		
Common Trash	2. ☐ Reused ☐ Recycled ☒ Disposed	FW-75-02	1-3	1900
Fence for Recycling	3. ☐ Reused ☐ Recycled ☐ Disposed	FW-75-03		
Asphalt for Recycling	4. ☐ Reused ☐ Recycled ☐ Disposed	FW-75-04		
Metal Recycling	5. ☐ Reused ☐ Recycled ☐ Disposed	FW-75-05		
Concrete Recycling	6. ☐ Reused ☒ Recycled ☐ Disposed	FW-75-06	22-28	189920
Decontamination Water	7. ☐ Reused ☐ Recycled ☐ Disposed	FW-75-07		
	8. ☐ Reused ☐ Recycled ☐ Disposed			
	9. ☐ Reused ☐ Recycled ☐ Disposed			
	10. ☐ Reused ☐ Recycled ☐ Disposed			
	11. ☐ Reused ☐ Recycled ☐ Disposed			
	12. ☐ Reused ☐ Recycled ☐ Disposed			
	13. ☐ Reused ☐ Recycled ☐ Disposed			
	14. ☐ Reused ☐ Recycled ☐ Disposed			
	15. ☐ Reused ☐ Recycled ☐ Disposed			

* For waste soil where no scales are available at place of delivery, calculate 2600 pounds per cubic yard removed.

** For common trash which as been collected by a disposal transporter and combined with others' trash in the truck, estimate 250 pounds per cubic yard. Base your estimate on how many cubic yards were removed, NOT the size of the box.

FINAL REPORT:
> CHECK HERE IF YOUR PROJECT/DELIVERY ORDER IS COMPLETE AND THIS IS THE LAST REPORT ☐

NOTE: The **SOLID WASTE TRACKING SHEET (SWTS), PSNS 5090/114**, describes each load removed from the Bremerton Naval Complex by the Contractor or subsequent Sub-Contractors, and is used as a custody sheet to track all discarded items which have been designated by the Government as not Hazardous and do not contain PCBs or Asbestos. This report is a monthly summary of the SWTSs for this project.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-02

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107813

Waste Stream Number **(WSN)** ***[25]***: CN-985-001

Waste Description ***[6]***: Common Trash from jobsite

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☒ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7/19/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Michael Ray Date: 7-19-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: Anita Van Ruth

Print Name: ANITA VAN RUTH Date: 7/19/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Foster Wheeler Environment Corp - 47196 PO # 27484

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-02

Load Number: 2

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107813

Waste Stream Number **(WSN)** ***[25]***: CN-985-0001

Waste Description ***[6]***: Common Trash from jobsite

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

☐ Recycle ☐ Reutilize (Reuse) ☒ Trash ☐ Other ____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☒ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/8/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8-8-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

***(Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: ____

Print Name: Jennie Shelo Date: 8/8/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Foster Wheeler Environment. Missouri Gate BLC-47196

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref. NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-02

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 107813

Waste Stream Number (WSN) *[25]*: CN-985-0001 Common Trash, CN-635-0701

Waste Description *[6]*: Constr. Debris, CN- Oily Rags

%Common Trash %Constr.Db %Oily Rags

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Olympic View Sanitary Landfill

Facility Owner: Waste Management Inc.

Facility Address: 9300 Barney White Road Phone: 360-674-2331

(Physical address only)

Port Orchard, WA 98366

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 8-30-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 8-30-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [illegible]

Print Name: [illegible] Date: 8-30-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

PSNS 5090/114 (Rev. 11-99) (Front)

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 22

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/1/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8-1-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: _____ Date: 8-1-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 44171

TICKET 1026
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 46860 LB
K TARE 26600 LB
NET 20260 LB
NET 10.13 TON

TIME 09:54 AM 01 AUG 00
P. O. NUMBER

#22

Customer Name

Job 27888 Truck #

Item Over 3K3 ☐ In ☐ Out

KPM hauler.

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 23

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here NM

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/1/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8-1-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: _____ Date: 8-1-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 44175

TICKET 1031
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 46740 LB
K TARE 26600 LB
NET 20140 LB
NET 10.07 TON

TIME 10:39 AM 01 AUG 00
P. O. NUMBER

#23

Customer Name 27888

Job KRM hauler. Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 29

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/7/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8-2-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: _____ Date: 8-2-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 44224

TICKET 1093
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 44840 LB
K TARE 26600 LB
NET 18240 LB
NET 9.12 TON

TIME 09:38 AM 02 AUG 00
P. O. NUMBER

#24

Customer Name

Job Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 25

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613
Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/2/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8/2/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: _____ Date: 8-2-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613 P.O. Box 1129
(360) 373-1958 FAX Port Orchard, WA 98366

NO. 44245

TICKET 1121
TRUCK ID S96
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 44980 LB
K TARE 25480 LB
NET 19500 LB
NET 9.75 TON

TIME 12:39 PM 02 AUG 00
P. O. NUMBER
TICKET 1122 18.82
TRUCK ID S97
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 29040 LB
K TARE 10900 LB
NET 18140 LB
NET 9.07 TON

TIME 12:39 PM 02 AUG 00
P. O. NUMBER

total net 37,640# #25

Customer Name

Job Truck #

Item Sound Ex [illegible] ☐ In ☐ Out

Big pieces

TAX

TOTAL

RECEIVED / DELIVERED BY:

X [signature]

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 1e

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/2/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8/2/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: _____ Date: 8-2-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 44255

TICKET 1133
TRUCK ID S96
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 45940 LB
K TARE 25480 LB
NET 20460 LB
NET 10.23 TON

TIME 01:41 PM 02 AUG 00
P. O. NUMBER
18.92
TICKET 1134
TRUCK ID S97
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 28280 LB
K TARE 10900 LB
NET 17380 LB
NET 8.69 TON

TIME 01:42 PM 02 AUG 00
P. O. NUMBER

total net: 37,840 #26

Customer Name

Job Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 27

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 19.80 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/2/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8/2/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date: 8-2-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 44262

TICKET 1141
TRUCK ID S96
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 47720 LB
K TARE 25480 LB
NET 22240 LB
NET 11.12 TON

TIME 02:25 PM 02 AUG 00
P. O. NUMBER 1980
TICKET 1142
TRUCK ID S97
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 28260 LB
K TARE 10900 LB
NET 17360 LB
NET 8.68 TON

TIME 02:25 PM ~~02 AUG 00~~ #27
P. O. NUMBER

total net #39600

Customer Name

Job 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 78

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 7.92 tons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 8/4/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 8/4/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date: 8-4-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613 P.O. Box 1129
(360) 373-1958 FAX Port Orchard, WA 98366

NO. 44361

TICKET 1271
TRUCK ID S96
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 38400 LB
K TARE 25480 LB
NET 12920 LB
NET 6.46 TON

TIME 12:37 PM 04 AUG 00
P. O. NUMBER
TICKET 1272
TRUCK ID S97
CUSTOMER 169 FOSTER WHEELER

7.92

#28

PRODUCT 18 CON W-METAL
GROSS 13820 LB
K TARE 10900 LB
NET 2920 LB
NET 1.46 TON

TIME 12:38 PM 04 AUG 00
P. O. NUMBER

total net 15,840 #

Customer Name KRM Hauler

Job P.O. # 27888 Truck #

Item	☐ In	☐ Out
TAX		
TOTAL		

RECEIVED / DELIVERED BY:

X

FOSTER WHEELER ENVIRONMENTAL CORPORATION

August 1, 2000
FWBEL-RACII-00-2067
7.0 / Site Specific

Mr. Jim Tennyson
Navy Technical Representative
Engineering Field Activity, Northwest
Naval Facilities Engineering Command
19917 7th Avenue N.E.
Poulsbo, WA 98370-7570

SUBJECT: JULY 2000 CONTRACTOR'S MONTHLY WASTE SUMMARY REPORT, REPAIRS AT OPERABLE UNIT A, DELIVERY ORDER 75

Ref: Contract N44255-95-D-6030 (RAC II), Environmental Remedial Action Contract for Sites in Washington, Oregon, Idaho, Montana and Alaska

Dear Mr. Tennyson:

Please find attached the July 2000 monthly waste summary for Delivery Order 75. This report contains SWTS for drill cuttings and decontamination water. It also includes SWTS for recyclable fence, asphalt, metal debris and concrete. SWTS # FW-75-02, common trash, is outstanding and will be submitted with the August report.

If you require additional information, please contact me at (360) 598-8180.

Sincerely,

Newton Morgan

Newton Morgan
Waste Coordinator
FWENC – Navy RAC II

1050 N.E. HOSTMARK STREET, SUITE 202, POULSBO, WA 98370
PHONE: (360) 598-8100 FAX(360) 598-8195

CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT (CMPWSR)

Ref: NAVSHIPYDPUGETINST P5090.11C

CONTRACT NUMBER: N44255-95-D-6030

CONTRACT TITLE/DELIVERY ORDER: Repairs at Operable Unit A

CONTRACTOR: Foster Wheeler Environmental Corporation

GOVERNMENT POINT OF CONTACT'S NAME: Jim Tennyson **PHONE:** 360-396-0143

REPORTING DATES: From 07 / 01 / 00 To 08 / 01 / 00

➢ **CHECK HERE IF NO WASTE ORIGINATED FROM YOUR PROJECT THIS MONTH** ☐

Discarded items were: *(Refer to the SWTS, Section II. **Check** the applicable disposition box **and enter the discarded items** as described.)*							SWTS SERIAL #	LOAD NUMBERS	POUNDS *See * footnotes below*
Example:		☐	Reused	☐	Recycled	☐	Disposed			
Drill Cutting Soil	1.		Reused		Recycled	X	Disposed	FW-75-01	1	2600
Common Trash	2.	☐	Reused	☐	Recycled	☐	Disposed	FW-75-02		
Fence for Recycling	3.	X	Reused	☐	Recycled	☐	Disposed	FW-75-03	1	300
Asphalt for Recycling	4.	☐	Reused	X	Recycled	☐	Disposed	FW-75-04	1	22180
Metal Recycling	5.	☐	Reused	X	Recycled	☐	Disposed	FW-75-05	1	900
Concrete Recycling	6.	☐	Reused	X	Recycled	☐	Disposed	FW-75-06	1-21	392940
Decontamination Water	7.	☐	Reused	☐	Recycled	X	Disposed	FW-75-07	1	833
	8.	☐	Reused	☐	Recycled	☐	Disposed			
	9.	☐	Reused	☐	Recycled	☐	Disposed			
	10.	☐	Reused	☐	Recycled	☐	Disposed			
	11.	☐	Reused	☐	Recycled	☐	Disposed			
	12.	☐	Reused	☐	Recycled	☐	Disposed			
	13.	☐	Reused	☐	Recycled	☐	Disposed			
	14.	☐	Reused	☐	Recycled	☐	Disposed			
	15.	☐	Reused	☐	Recycled	☐	Disposed			

* For waste soil where no scales are available at place of delivery, calculate 2600 pounds per cubic yard removed.

** For common trash which as been collected by a disposal transporter and combined with others' trash in the truck, estimate 250 pounds per cubic yard. Base your estimate on how many cubic yards were removed, NOT the size of the box.

FINAL REPORT:
➢ **CHECK HERE IF YOUR PROJECT/DELIVERY ORDER IS COMPLETE AND THIS IS THE LAST REPORT** ☐

NOTE: The **SOLID WASTE TRACKING SHEET (SWTS), PSNS 5090/114**, describes each load removed from the Bremerton Naval Complex by the Contractor or subsequent Sub-Contractors, and is used as a custody sheet to track all discarded items which have been designated by the Government as not Hazardous and do not contain PCBs or Asbestos. This report is a monthly summary of the SWTSs for this project.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS) Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title:

Government Point of Contact: Jim Tonnyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-01

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 107815

Waste Stream Number (WSN) *[25]*: CN-635-0027

Waste Description *[6]*: Drill Cuttings

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

☐ Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Columbia Ridge Landfill

Facility Owner: Waste Management

Facility Address: 18177 Cedar Springs Lane, Arlington, OR 97812 Phone: (541) 454-2643

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED ☐ RECYCLED ☒ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-5-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: (see attached bill of lading) Date:

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)* — for Columbia Ridge Landfill's signature only

I hereby verify I received the load contents as described in Section II at the address stated in Section III.
(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Julie Valdez - CRLRC

Print Name: Julie Valdez Date: 7/18/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

PSNS 5090/114 (Rev. 11-99) (Front)

ATTACHMENT A

ONYX ENVIRONMENTAL SERVICES

14240 Interurban Ave South, STE 244
Tukwila, WA 98168
(206) 433-7131

BILL OF LADING

Generator Name & Loading Address:
PUGET SOUND NAVEL SHIPYARD
1400 FARRAGUT AVENUE
BREMERTON, WA 98314

Contact Person: SHANTY MONTGOMERY

Telephone Number: 360-780-1433

Waste Profile # 512782

Waste Type
- ☐ CDL
- ☑ Contaminated Soil
- ☐ Asbestos
- ☐ Other: _____

Acknowledgment of Loading: (for contractor verification, see attached SWTS)

Jeff Huggart — Name (Please Print)

Puget Sound Naval Shipyard — Company

See attached signed profile 512782 — Signature (Generator's Authorized Representative)

7/5/00 — Date

Deliver To:
COLUMBIA RIDGE LANDFILL AND
RECYCLING FACILITY
18177 CEDAR SPRINGS LANE
ARLINGTON, OREGON 97812
TELEPHONE #: (541) 454-2030

Disposal Facility:
COLUMBIA RIDGE LANDFILL AND
RECYCLING FACILITY
18177 CEDAR SPRINGS LANE
ARLINGTON, OREGON 97812
TELEPHONE #: (541) 454-2030

Transporter # 1 Name:
ONYX ENVIRONMENTAL SERVICES
1 EDEN LANE
FLANDERS, NJ 07836
EPA ID#: NJD080631369
(973) 347-7111

Brad Zulewski — Driver Name (Please Print)

Brad Zulewski — Driver Signature

7/5/2000 — Date

Transporter #2 Name:
DIABLO TRANSPORTATION
P.O. BOX 297
BYRON, CA 94514
EPA ID#: CA0000367755
(800) 826-2953

T.A. Robertson — Driver Name (Please Print)

Driver Signature

7-6-00 — Date

DISPOSAL NOTES:
WPS: 512752 – 4X55
ERG#: N/A
EMERGENCY RESPONSE PHONE NUMBER: (800) 535-5053

Nicole Lowska 07/11/00

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-03

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 129498

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: 6 foot chain link fence for recycling

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here 300 LBS

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Viking Fence

Facility Owner: Viking Fence

Facility Address: 3015 State Highway #3 West Phone: 360-779-5978

(Physical address only)

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☑ REUTILIZED ☑ RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 7-13-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Russell Warren Date: 7-13-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

***(Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: HAndrews

Print Name: Heidi Andrews Date: 7-13-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

PSNS 5090/114 (Rev. 11-99) (Front)

Please return completed form to: Newton Morgan c/o Foster Wheeler 1050 NE Hostmark St. #202 Poulsbo, WA 98370

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-04

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107812

Waste Stream Number **(WSN)** ***[25]***: CN-635-0026

Waste Description ***[6]***: Asphalt Debris

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Phone: 360-373-1613

(Physical address only)

Bremerton, WA 98312

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Muriel Morgan Date: 7-21-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/21/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: Diane Stevens

Print Name: _____ Date: 7-21-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43890

TICKET 668
TRUCK ID S3
CUSTOMER 169

Foster Wheeler
~~[illegible] HOUSING~~

PRODUCT 16	ASPHALT
GROSS	48780 LB
K TARE	26600 LB
NET	22180 LB
NET	11.09 TON

TIME 08:39 AM 21 JUL 00
P. O. NUMBER

Customer Name KRM Hauler

Job # 27679 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-05

Load Number: 01

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131706

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Miscellaneous metal debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # ____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other ____

Attach weight ticket here

900 LBS

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* ____

Facility Name: Navy City Metals

Facility Owner: Elizabeth O'Leary

Facility Address: 3805 State Highway 305 West, Bremerton, WA 98312 Phone: 360-373-6595

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER ____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 7/20/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 7/20/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: James Kelley Manager

Print Name: JAMES KELLEY Date: 7-20-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Please mail completed form to: Newton Morgan 1050 NE Hostmark St. #202
c/o Foster Wheeler Poulsbo, WA, 98370

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-21-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/21/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: [illegible]

Print Name: Date: 7-21-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Please return completed forms to: Newton Morgan c/o Foster Wheeler 1050 NE Hostmark St. Suite 202 Poulsbo, WA 98370

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43886

TICKET 862
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 43140 LB
K TARE 26600 LB
NET 16540 LB
NET 8.27 TON

TIME 07:52 AM 21 JUL 00
P. O. NUMBER

#1

Customer Name KRM-hauler

Job Truck #

Item P.O. 27888 ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X Mark

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 2

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Nurter Morgan Date: 7-21-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/21/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Diane Sievers

Print Name: Date: 7-21-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO 43901

TICKET 682
TRUCK ID 83
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 44180 LB
K TARE 26600 LB
NET 17580 LB
NET 8.79 TON

TIME 11:18 AM 21 JUL 00
P. O. NUMBER

#2

Customer Name KRM Hauler
P.O. Job # 27888 Truck #

Item ☐ In ☐ Out

TAX
TOTAL

RECEIVED / DELIVERED BY:
X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 3

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613
Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Renita Morgan Date: 7-21-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/21/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: Diane Sievers

Print Name: _____ Date: 7-21-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43906

TICKET 692
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 47040 LB
K TARE 26600 LB
NET 20440 LB
NET 10.22 TON

TIME 12:45 PM 21 JUL 00
P. O. NUMBER

#3

Customer Name KRM Hauler
~~Job~~ P.O.# 27888 Truck #

Item ☐ In ☐ Out

TAX
TOTAL

RECEIVED / DELIVERED BY:
X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number:

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here 4

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613
Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Hunter Morgan Date: 7-21-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/21/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.
*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: Diane Sievers

Print Name: Date: 7-21-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO. 43910

TICKET 696
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 46080 LB
K TARE 26600 LB
NET 19480 LB
NET 9.74 TON

TIME 01:25 PM 21 JUL 00
P. O. NUMBER

#4

Customer Name KRM Hauler

Job P.O. # 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 5

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Renita Morgan Date: 7-24-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/24/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [illegible]

Print Name: Date: 7-24-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO 43941
TICKET 735
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 46820 LB
K TARE 26600 LB
NET 20220 LB
NET 10.11 TON

TIME 08:04 AM 24 JUL 00
P. O. NUMBER

#5

Customer Name @ 9.00T

Job PO 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 6

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-24-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Mark Olson Date: 7/24/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: Date: 7-24-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO 43942

TICKET 736
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 47220 LB
K TARE 26600 LB
NET 20620 LB
NET 10.31 TON

TIME 08:42 AM 24 JUL 00
P. O. NUMBER

#6

Customer Name @ 9.00T

Job PO # 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 7

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Renita Morgan Date: 7-24-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/24/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: Date: 7-24-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO 43947

TICKET 743
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 48320 LB
K TARE 26600 LB
NET 21720 LB
NET 10.86 TON

TIME 09:30 AM 24 JUL 00
P. O. NUMBER

#7

Customer Name @ 9.00

Job P. 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 8

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan–refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road, Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Reuben Morgan Date: 7-24-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/24/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [illegible] Stevens

Print Name: _____ Date: 7-24-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO 43951

TICKET 748
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 43320 LB
K TARE 26600 LB
NET 16720 LB
NET 8.36 TON

TIME 10:17 AM 24 JUL 00
P. O. NUMBER

#8

Customer Name @ 9.00 T

Job 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

x

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 9

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 7-24-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [signature] Date: 7/24/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [signature]

Print Name: Date: 7-24-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO 43953

TICKET 750
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 44500 LB
K TARE 26600 LB
NET 17900 LB
NET 8.95 TON

TIME 10:56 AM 24 JUL 00
P. O. NUMBER

#9

Customer Name @ 9.00

Job 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 10

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613
Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-24-06

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/24/06

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [illegible]

Print Name: Date: 7-24-06

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43958

TICKET 758
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 18 CON W-METAL
GROSS 48580 LB
K TARE 26600 LB
NET 21980 LB
NET 10.99 TON

TIME 11:39 AM 24 JUL 00
P. O. NUMBER

#10

Customer Name @9.00

Job 27888 Truck #

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I **CONTRACT NUMBER / TITLE** *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 11

(Leave blank until copies of original have been made.)

SECTION II **WASTE ID** *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III **FINAL DESTINATION** *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV **FINAL DISPOSITION** *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V **CONTRACTOR VERIFICATION** *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☑ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Nuita Morgan Date: 7-25-00

SECTION VI **TRANSPORTER VERIFICATION** *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Mark [illegible] Date: 7/25/00

SECTION VII **RECEIVER SITE VERIFICATION** *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Gatte

Print Name: Date: 7/25/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43973

TICKET 778
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 46780 LB
K TARE 26600 LB
NET 20180 LB
NET 10.09 TON

TIME 06:42 AM 25 JUL 00
P. O. NUMBER

#11

Customer Name

Job KRM- Hauser Truck #

Item ☐ In ☐ Out

27888

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I **CONTRACT NUMBER / TITLE** *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 12

(Leave blank until copies of original have been made.)

SECTION II **WASTE ID** *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III **FINAL DESTINATION** *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV **FINAL DISPOSITION** *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V **CONTRACTOR VERIFICATION** *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-25-00

SECTION VI **TRANSPORTER VERIFICATION** *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Scott Thompson Date: 7-25-00

SECTION VII **RECEIVER SITE VERIFICATION** *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat

Print Name: Date: 7-25-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO. 43975

TICKET 780
TRUCK ID K8
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 45380 LB
K TARE 24960 LB
NET 20420 LB
NET 10.21 TON

TIME 06:58 AM 25 JUL 00
P. O. NUMBER

#12

Customer Name KRM - Dawes

Job Truck #

Item 27888 ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 13

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Renita Morgan Date: 7-25-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/25/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat

Print Name: Date: 7-25/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613 P.O. Box 1129
(360) 373-1958 FAX Port Orchard, WA 98366

NO. 43977

TICKET 782
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 48400 LB
K TARE 26600 LB
NET 21800 LB
NET 10.90 TON

TIME 07:26 AM 25 JUL 00
P. O. NUMBER

#B

Customer Name 27888

Job Truck #

Item ☐ In ☐ Out

KRM - hauler

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 14

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-25-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Scott Thompson Date: 7-25-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Scott

Print Name: Date: 7-25-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613 P.O. Box 1129
(360) 373-1958 FAX Port Orchard, WA 98366

NO. 43978

TICKET 783
TRUCK ID K8
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 44640 LB
K TARE 24960 LB
NET 19680 LB
NET 9.84 TON

TIME 07:38 AM 25 JUL 00
P. O. NUMBER

#14

Customer Name KRM Hauling

Job Truck #

Item 27888 ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 15

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Hunter Morgan Date: 7-25-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: [illegible] Date: 7/25/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: [illegible]

Print Name: _____ Date: 7/25/00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for ***each load****. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the* ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO 43981

TICKET 786
TRUCK ID S
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 47500 LB
K TARE 21740 LB
NET 25760 LB
NET 12.88 TON

TIME 08:09 AM 25 JUL 00
P. O. NUMBER

#15

Customer Name

Job 27888 @ 800 Truck #

Item KRM Hauler ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 16

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7/25/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Scott Thompson Date: 7-25-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the ~~load contents~~ as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: _____ Date: 7-25-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO. 43983

TICKET 788
TRUCK ID K8
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 41360 LB
K TARE 24960 LB
NET 16400 LB
NET 8.20 TON

TIME 08:21 AM 25 JUL 00
P. O. NUMBER

#16

Customer Name 27888

Job KRM Hauler Truck#

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED/DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 17

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road
Bremerton, WA 98312

Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-25-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Mark Cobar Date: 7/25/00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: Date: 7-25-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43984

TICKET 789
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 47820 LB
K TARE 26600 LB
NET 21220 LB
NET 10.61 TON

TIME 08:56 AM 25 JUL 00
P. O. NUMBER

#17

Customer Name 27888

Job KPM Haul Truck #

Item	☐ In	☐ Out
	TAX	
	TOTAL	

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 18

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-25-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Scott Thompson Date: 7-25-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received ~~the load~~ contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: _____ Date: 7-25-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43985

TICKET 795
TRUCK ID K8
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 45400 LB
K TARE 24960 LB
NET 20440 LB
NET 10.22 TON

TIME 09:25 AM 25 JUL 00
P. O. NUMBER

#18

Customer Name 27888

Job KRM Hauler

Item ☐ In ☐ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I **CONTRACT NUMBER / TITLE** *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 19

(Leave blank until copies of original have been made.)

SECTION II **WASTE ID** *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III **FINAL DESTINATION** *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613

Bremerton, WA 98312

(Physical address only)

SECTION IV **FINAL DISPOSITION** *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V **CONTRACTOR VERIFICATION** *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-25-00

SECTION VI **TRANSPORTER VERIFICATION** *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Mark Silva Date: 7/25/00

SECTION VII **RECEIVER SITE VERIFICATION** *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: _____ Date: 7-25-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for each load. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX
P.O. Box 1129
Port Orchard, WA 98366

NO. 43991

TICKET 797
TRUCK ID S3
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 35860 LB
K TARE 26600 LB
NET 9260 LB
NET 4.63 TON

TIME 10:10 AM 25 JUL 00
P. O. NUMBER

#19

Customer Name

Job 2788 Truck #

Item KRM ☐ In ☑ Out

TAX

TOTAL

RECEIVED / DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I **CONTRACT NUMBER / TITLE** *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 20

(Leave blank until copies of original have been made.)

SECTION II **WASTE ID** *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III **FINAL DESTINATION** *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Phone: 360-373-1613
Bremerton, WA 98312

(Physical address only)

SECTION IV **FINAL DISPOSITION** *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V **CONTRACTOR VERIFICATION** *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section I and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 7/26/00

SECTION VI **TRANSPORTER VERIFICATION** *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Scott Thompson Date: 7-26-00

SECTION VII **RECEIVER SITE VERIFICATION** *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: _____ Date: 7-26-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

This form shall be completed for ***each load****. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the* ***CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613
(360) 373-1958 FAX

P.O. Box 1129
Port Orchard, WA 98366

NO. 44022

TICKET 836
TRUCK ID K8
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 35260 LB
K TARE 24960 LB
NET 10300 LB
NET 5.15 TON

TIME 08:45 AM 26 JUL 00
P. O. NUMBER

#20

Customer Name

Job 27888 Truck #

Item KPM Hauler ☐ In ☐ Out

TAX

TOTAL

RECEIVED/DELIVERED BY:

X

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-06

Load Number: 21

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet (WIS) Serial Number: 131700

Waste Stream Number (WSN) *[25]*: CN-635-0026

Waste Description *[6]*: Concrete debris for recycling

RECEIVED ACCOUNTS PAYABLE AUG 02 2000 FOSTER WHEELER ENVIRONMENTAL

Directed Disposition *[30]*: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application # _____

X Recycle ☐ Reutilize (Reuse) ☐ Trash ☐ Other _____

Attach weight ticket here

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by you to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from WIS block [17] and your approved Environmental Plan—refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)* _____

Facility Name: Kitsap Reclamation and Materials

Facility Owner: Pat Lockhart

Facility Address: 3020 W. Sherman Heights Road Bremerton, WA 98312 Phone: 360-373-1613

(Physical address only)

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED X RECYCLED ☐ DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE THIS FORM FOR waste designated as ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☒ TRUCK ☐ ROLL-OFF BOX ☐ OTHER _____

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: [signature] Date: 7/31/00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Scott Thompson Date: 7-31-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

(Note: Approved receiver sites for soil reuse are sometimes unattended. In this case, Transporter completes.)

Receiver's Signature: Pat Stevens

Print Name: _____ Date: 7-31-00

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

Kitsap Reclamation & Materials, Inc.

RECYCLING AND QUARRY ROCK

(360) 373-1613 P.O. Box 1129
(360) 373-1958 FAX Port Orchard, WA 98366

NO. 44152

TICKET 999
TRUCK ID K8
CUSTOMER 169 FOSTER WHEELER

PRODUCT 17 CONCRETE
GROSS 39240 LB
K TARE 24960 LB
NET 14280 LB
NET 7.14 TON

TIME 02:00 PM 31 JUL 00
P. O. NUMBER

#21

RECEIVED
ACCOUNTS PAYABLE

AUG 02 2000

FOSTER WHEELER
ENVIRONMENTAL

Customer Name @9.00

Job KRM. Shoulder. Truck #

Item ☐ In ☐ Out

PO 27888

TAX

TOTAL

RECEIVED / DELIVERED BY:

X [signature]

CONTRACTOR'S SOLID WASTE TRACKING SHEET (SWTS)

(FOR ALL DISCARDED ITEMS DESIGNATED BY THE GOVERNMENT AS NOT HAZARDOUS WASTE (HW), PCB, OR ASBESTOS)

Ref: NAVSHIPYDPUGETINST P5090.11C

SECTION I CONTRACT NUMBER / TITLE *(Contractor completes SECTIONS I - IV)*

Number: N44255-95-D-6030 Title: Repairs at Operable Unit A

Government Point of Contact: Jim Tennyson

Phone Number: 360-396-0143

(Enter the name and phone number of the Government POC monitoring this contract)

Serial Number: FW-75-07

Load Number: 1

(Leave blank until copies of original have been made.)

SECTION II WASTE ID *(The numbers shown in bold italics correspond to the blocks on the Waste Information Sheet.)*

Waste Information Sheet **(WIS)** Serial Number: 107810

Waste Stream Number **(WSN)** ***[25]***: CN-660-0019

Waste Description ***[6]***: Decontamination Water from equipment cleaning

Directed Disposition ***[30]***: *(Check applicable box)*

☐ Landfill-Controlled *Enter WDA* % % % Waste Disposal Application #

Recycle ☐ Reutilize (Reuse) ☐ Trash X Other To Sanitary sewer

Attach weight ticket here

100 Gallons

When scales are not available at place of delivery, enter number of cubic yards.

This number will be used by **you** to calculate weight for the summary.

SECTION III FINAL DESTINATION *(Obtain from **WIS block [17]** and your approved Environmental Plan--refer to Spec. Section 01575.)*

Permit Type and Number: *(if applicable)*

Facility Name: PSNS Sanitary sewer manhole near SW corner of building 513

Facility Owner:

Facility Address: *(Physical address only)* Phone:

SECTION IV FINAL DISPOSITION *(To be completed by the Contractor)*

Waste will be taken to the Section III address to be: ☐ REUTILIZED RECYCLED X DISPOSED

(Check applicable disposition above)

STOP!!! Make enough copies of this original to match the estimated number of loads to be transported. Number the first copy "01." If there will only be one load, use this original instead of a copy. **DO NOT USE** THIS FORM **FOR** waste designated as **ASBESTOS, PCB, or HW.**

SECTION V CONTRACTOR VERIFICATION *(To be completed by the Contractor)*

I hereby verify that the contents in this: ☐ CONTAINER ☐ TRUCK ☐ ROLL-OFF BOX X OTHER 2 Drums

(Check applicable description above)

have been inspected by me and are as described in Section II and the WIS. No additional waste has been added.

Contractor's Signature: Newton Morgan Date: 7-7-00

SECTION VI TRANSPORTER VERIFICATION *(To be completed by the Driver of the transport vehicle)*

I hereby verify the following:

a. No material or waste was added or removed after loading and verification signature at the work site, and

b. I delivered the load contents as stated to the address stated in Section III.

Transporter's Signature: Ralph O'Meyer Date: 7-7-00

SECTION VII RECEIVER SITE VERIFICATION *(To be completed by Receiver)*

I hereby verify I received the load contents as described in Section II at the address stated in Section III.

*(**Note:** Approved receiver sites for soil **reuse** are sometimes unattended. In this case, Transporter completes.)*

Receiver's Signature: NA

Print Name: NA Date:

ALL INFORMATION AND SIGNATURES MUST BE LEGIBLE.

*This form shall be completed for **each load**. See reverse side for explanation of disposition descriptions and form instructions. The data will be compiled and summarized by the Contractor on the **CONTRACTOR'S MONTHLY PROJECT WASTE SUMMARY REPORT, PSNS 5090/113.***

WASTE WATER DISCHARGE TO SANITARY SEWER
For generators use

From: S/90 HM: Louis Alden-Burley **DATE:** 6-22-00

To: Generator/POC: FWENC / Shanti Montgomery

Phone # 360-598-8180 **WIS:** 107810

Per the attached Lab/pH analysis # Analytical Resources **waste water from waste stream #** CN-1660-0019 **, may be discharged to the sanitary sewer.**

☒ Authorization applies to this batch only. Subsequent batches must be analyzed and authorized separately.

☐ Authorization applies to this waste stream for **one year** from the date of this notice, or when otherwise notified, provided the process does not change. It is the responsibility of the waste originator to contact S/90 HM for re-designation if the process changes (different materials or equipment used, different substrate etc.) or when this notice expires.

Name of Product which will go to sewer: N/A

Max. gallon amount per day to sewer: 200 gallons

C/106.31 Concurrence: [signature]

Date: 6/23/00